Washington Healthcare News

wahcnews.com | Articles, Interviews and Statistics for the Healthcare Executive

VOLUME 2, ISSUE 11 NOVEMBER 2007

Providence Health & Services: Evaluating Our Largest Hospital System

By David Peel
Publisher
Washington Healthcare News

Most of the hospitals and hospital systems in Washington State are medium sized organizations that serve relatively small catchment areas. Care is coordinated across catchment areas through agreement or tradition rather than common ownership. Rural hospitals may find coordinating care difficult due to different systems, procedures, and priorities of the urban hospital.

It wasn't until Providence Health & Services was created through the Providence Health System and Providence Services merger that a hospital system was large enough to serve most of Washington State through common ownership and control of urban and rural hospitals.

Will other large hospital systems form through mergers and/or acquisitions? To answer this question requires an evaluation of the new system and an assessment of the costs and benefits of hospital services delivered through a large hospital system rather than through independent hospitals or medium sized hospital systems.

Providence Health & Services

The Sisters of Providence's history in the Northwest started with the arrival of Mother Joseph on December 8, 1856. Their ministry first began with the creation of schools and soon branched out into health care with hospitals being built in eastern and western Washington and Montana. Facilities in eastern Washington and Montana were moved under the umbrella of Providence Services in 1992, and Providence Services coordinated and guided services such as hospitals, assisted living facilities, adult day centers, laboratories, hospice and home health care services until the merger with Providence Health System in 2006.

Providence Health System, the other party to the new merged organization, was originally incorporated as the Sisters of Charity of the House of Providence in 1859 in the Territory of Washington. Hospitals, assisted living facilities, adult day centers, laboratories, hospice and home health care services, physician groups and a health plan were its offerings.

Providence Health & Services is the merged organization with twenty-six hospitals, 47,000 employees and over four billion in assets. Its four operating "Regions" are comprised of Alaska, Washington/Montana and Oregon – all sponsored by the Sisters of Providence, and in California, by the Sisters of Providence and the Little Company of Mary. Washington State falls

Please see> System, P4

Inside This Issue

Washington Healthcare News
wahcnews.com Articles, Interviews and Statistics for the Healthcare Executive

Publishers
David Peel
Elizabeth Peel
Business Address
631 8th Avenue
Kirkland, WA 98033
Contact Information
Phone: 425-577-1334
Fax: 425-242-0452
E-mail: info@wahcnews.com
Web: www.wahcnews.com
Editor
David Peel
dpeel@wahcnews.com
Production & Distribution
Elizabeth Peel
epeel@wahcnews.com
Advertising
David Peel
dpeel@wahcnews.com

TO GET YOUR COPY

If you would like to be added to the distribution, send your contact information including name, title, organization, address, e-mail and phone number to dpeel@wahcnews.com. Charges may apply for special requests.

LETTERS TO THE EDITOR

If you have questions or suggestions regarding the Washington Healthcare News and its contents, please reply to dpeel@wahcnews.com. We will be happy to answer your questions in future newsletters.

Letter from the Editor

Dear Reader,

I had to laugh at myself the other day.

A long time business acquaintance, an insurance broker, had e-mailed me about how he had used information in the "Plan and Hospital Financial Information" section of the Washington Healthcare News to successfully negotiate terms with an insurance company.

I was the CFO of three separate Washington State health insurance companies so I have a lot of friends and acquaintances in the health insurance business. As I was reading the e-mail, I had the momentary feeling I had betrayed my brethren insurance company executives. Then I caught and laughed at myself because the broker had used the information just as I originally thought a broker would *and should*.

Over the next few months I'll write about the reasons some of the other content is included in the Washington Healthcare News.

Until then, if you need the name of a good insurance broker let me know.

David Peel, Publisher

Washington Healthcare News 2008 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2008	Healthcare Public Policy	December 3, 2007	December 21, 2007
February 2008	Urban Medical Clinics	January 7, 2008	January 25, 2008
March 2008	Rural Hospitals	February 4, 2008	February 22, 2008
April 2008	Insurance Carriers	March 3, 2008	March 21, 2008
May 2008	Healthcare IT	April 7, 2008	April 25, 2008
June 2008	Rural Medical Clinics	May 5, 2008	May 23, 2008
July 2008	Ancillary Services	June 2, 2008	June 22, 2008
August 2008	Healthcare Human Resources	July 7, 2008	July 25, 2008
September 2008	Community Health Centers	August 4, 2008	August 22, 2008
October 2008	Third Party Administrators	September 8, 2008	September 26, 2008
November 2008	Insurance Brokers and Agents	October 6, 2008	October 24, 2008
December 2008	Urban Hospitals	November 3, 2008	November 21, 2008

Providence Health & Services: Evaluating Our Largest Hospital System

<System
From Page 1

under the Washington/Montana Region.

The Washington /Montana Region

John Fletcher is the Chief Executive Officer of the largest Region, the Washington/Montana Region. Prior to the merger, Mr. Fletcher held executive positions in hospital administration, managed care and strategic planning at the Providence Health System.

Figure 1 depicts the organizational chart of the Providence Health & Services Washington/ Montana Region. Mr. Fletcher is shown in blue and his direct reports include six CEOs responsible for specific geographic areas. The CEOs are shown in green. Directors and C-level executives, shown in purple, report to him but are also accountable to the six CEOs. Corporate or "system" office executives are shown in red. The various legal, auditing and other resources available to Mr. Fletcher and his staff are through the system office and are not shown.

Figure 2 (page 6) depicts the facilities in each service area.

Many of the facilities in this region have separate Boards of Directors. A typical Board is composed of local physicians and community leaders. Although governance is local and decisions are made for the benefit of a particular community, each Board is ultimately accountable to the Providence Health & Services system office.

Benefits of a Large Hospital System

Economies of scale are evident throughout the large system model. For instance, a large system allows pooling of financial resources. Mr. Fletcher notes, "Using all of Providence Health & Services assets, a rural hospital was able to issue bonds with a much lower rate of interest through the Washington Health Care Facilities Authority than if we had used only the hospital's assets."

"We believe that these economies of scale will allow us to provide even greater investment in our technology, infrastructure and services in the future so we can better provide for the communities we service," said Mr. Fletcher.

From the health plan perspective, it's much easier to negotiate with one organization for health care

Please see> System, P6

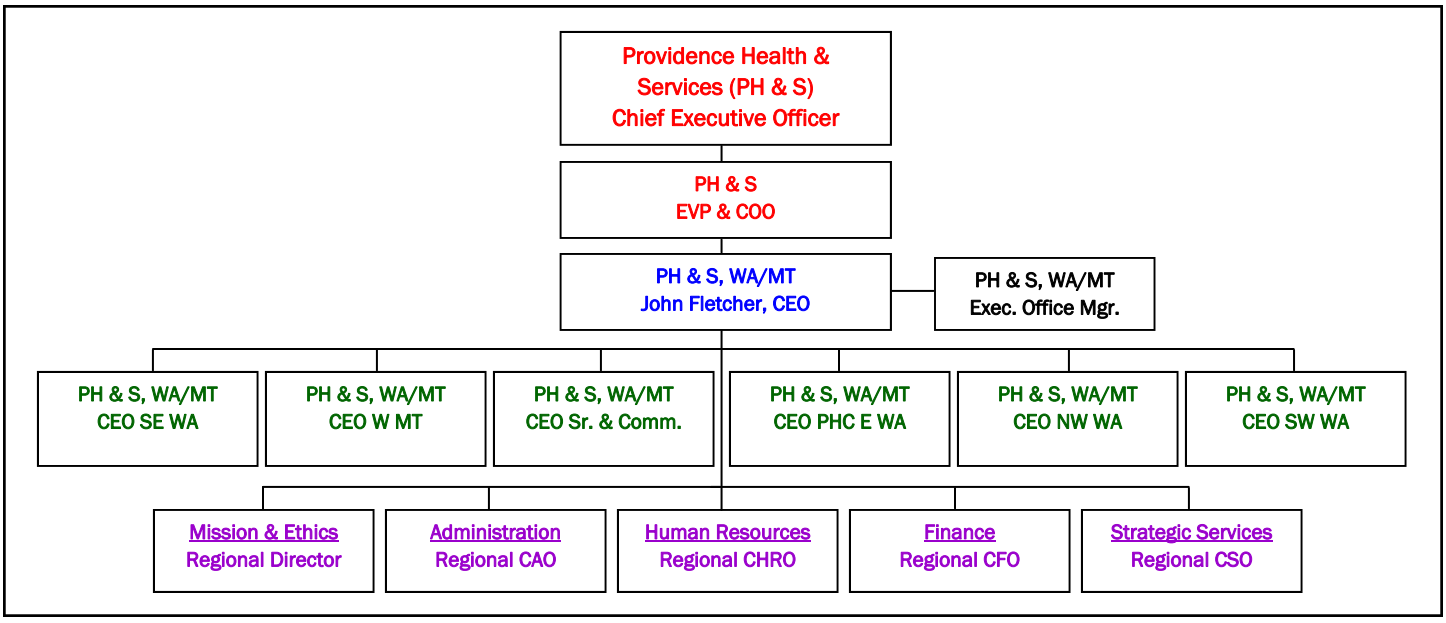

Figure 1_Providence Health & Services, Washington/Montana Region Organizational Chart

They work hard for you

Haven't your employees earned a health plan that works hard for them?

Before purchasing your new health plan consider:

- KPS offers flexible group benefit designs
- Fully-insured or self-funded plans available
- Extensive statewide and national provider network
- 60 years of providing quality health plans to residents of Washington State
- Coverage wherever you go
- Secure online access to claims status
- Friendly, local customer service

Let KPS design a plan to meet the needs of you and your employees.

For more information contact
KPS Sales and Marketing
800-628-3753 or 360-478-6786
www.kpshealthplans.com

KPS
health plans

Providence Health & Services: Evaluating Our Largest Hospital System

<System

From Page 4

services than it is with multiple entities. In addition, the plan should be able to purchase health care services less expensively given the system's ability to maximize its resources.

Costs of a Large Hospital System

When a hospital is the only game in town, there's no incentive to discount fees – a common occurrence in Washington State's rural areas – meaning a large system can have a serious impact on the competitive environment.

A system adds more layers of management. Lines of accountability may blur. Decision making may slow down or become too conservative due to approvals required by multiple managers. A "Management by Committee" culture may form.

The costs of organizing a large hospital system may never be recovered through efficiencies. Even change as seemingly incidental as e-mail nomenclature can cause short-term decreases in efficiency. Legal and consulting costs can be particularly expensive.

The Future of Washington State Large Hospital Systems

Providence Health & Services will be our only large hospital system for some time for several reasons:

- Many hospitals are public hospital districts created by state law. Many districts are fiercely independent, have the power to tax property owners (increase revenues) and have firm commitments to multi-year strategic plans. Financially they do well and do not appear amenable to losing control through a merger or acquisition.
- Rural hospitals are, for the most part, doing well financially. Critical access hospital funding for Healthy Options patients provides additional funding to shore-up their bottom lines. They are not suffering from the poor financials that can trigger a hospital's decision to be merged or acquired.
- The Providence System is unique. Two faith-based organizations merged. It also had the asset base to absorb the high costs of such a merger.

It will be interesting to watch Providence Health & Services push to obtain the efficiencies and economies of scale it hopes to achieve. If it is successful, it could force our other hospitals to reconsider the benefits of independence.

Providence Health & Services Washington/Montana Region

Service Area	Facilities
Southwest Washington	Providence St. Peter Hospital; Providence Centralia Hospital
Southeast Washington	St. Mary Medical Center
Western Montana	St. Joseph Medical Center; St. Patrick Hospital and Health Sciences Center
Senior & Community Services	Providence Home Services; Providence Hospice of Seattle, Providence Marianwood; Providence Mount St. Vincent; Providence Mother Joseph Care Center; Providence Heritage House at the Market; Providence Infusion & Pharmacy Services; Providence ElderPlace; Providence Housing Ministry (12 apartment buildings for the elderly & disabled); Providence SoundHomeCare and Hospice; Providence Hospice and Home Care of Snohomish County
Eastern Washington	Sacred Heart Medical Center & Children's Hospital; Holy Family Hospital; Deer Park Hospital; Mount Carmel Hospital; St. Joseph's Hospital & Nursing Home; Emilie Court Assisted Living; DominiCare; PAML; Holy Family Adult Day Centers; VNA Home Health Care Services, St. Joseph Care Center
Northwest Washington	Providence Everett Medical Center Colby Campus; Providence Everett Medical Center/Pacific Campus; Providence Everett Medical Center/Mill Creek Campus; Providence Physician Group

Figure 2_Service Facilities, Providence Health & Services Washington/Montana Region

An Interview with Johnese Spisso, RN, MPA of UW Medicine

Johnese Spisso, RN, MPA, is the Vice President of Medical Affairs and Clinical Operations Officer of UW Medicine and the Interim Executive Director of Harborview Medical Center. The UW Medicine Organization includes Harborview Medical Center, University of Washington Medical Center, University of Washington School of Medicine, UW Medicine Neighborhood Clinics and UW Physicians. This October 2007 interview was held in Seattle.

Editor: Describe your background and how you came to your current position.

Spisso: My career in health care began over 20 years ago as a Registered Nurse. I have a Bachelors Degree in Health Sciences and a Masters degree in Health and Public Administration from the University of San Francisco.

I began my career at UW Medicine at Harborview Medical Center. In 1994, was promoted to Chief Nursing Officer and then in 2000 was promoted to Chief Operating Officer.

During that time I also held a leadership role in setting up the trauma system that is currently in use throughout Washington State. Harborview was the first designated Level I Trauma Center and there have since been 74 others added to the system at Levels III, IV and V. The system that is now in place has shown its value in saving lives by getting patients to the right hospital at the right time.

In July 2007 I was promoted to Vice President for Medical Affairs and Clinical Operations Officer of UW Medicine. I'm also serving in an interim role as the Executive Director of Harborview Medical Center while a search for a new Executive Director takes place.

Editor: Describe the organizational structure of UW Medicine to include all of its significant entities.

Spisso: UW Medicine is the health system that owns or operates:

- Harborview Medical Center (owned by King County)
- University of Washington Medical Center
- University of Washington School of Medicine
- UW Medicine Neighborhood Clinics
- UW Physicians

UW Medicine shares in the governance of:

- Children's University Medical Group
- Seattle Cancer Care Alliance

Editor: What is the mission of UW Medicine?

Spisso: Part of the University of Washington, UW Medicine works to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty medical care to people of the region, and preparing tomorrow's physicians, scientists and other health professionals.

Editor: You either Chair, administer or serve as a Director of many different organizations. How do you manage to be so effective in so many different roles at so many different organizations?

Spisso: It is challenging but my ability to manage these different roles is a direct reflection of the quality of the individual leadership on the management teams of the various entities.

I'm focused on leading our health care system into the future by continuing to improve quality and safety, reducing unnecessary costs, and providing cost effective types of care.

Editor: What new services or expansion does UW Medicine plan in the future?

Spisso: Harborview is in the midst of a $400 million expansion. There will be 50 new beds and 8 new operating rooms.

There will be a new building to house Orthopedics and the Spine Center, the UW Medicine Neuroscience Institute, and Global Health.

We are also in the planning stages for a new patient bed

Continued on next page

Continued from prior page

Tower to expand clinical care at The University of Washington Medical Center.

Editor: How are you dealing with the shortage of physicians, nurses and other medical professionals?

Spisso: UW Medicine has the benefit of having one of the lowest medical personnel turnovers in the region. We do a good job of retaining physicians that graduate from University of Washington School of Medicine. We fund scholarships for people that want to be physicians and have various outreach programs for youth. We have a variety of programs to influence the pipeline before people even make the choice to get into healthcare.

Editor: What are your most significant concerns about the future of the Washington State health care system?

Spisso: One of the challenges we have is the continued erosion of access to care for safety net populations in our region and the rising number of uninsured. In King County alone, the number of uninsured went from 12% to 14% in just the last two years.

Another concern is the increasing cost of healthcare. We need to continually look at how we can reduce cost and improve quality. The cost of providing care continues to rise at a time of decreasing or flat reimbursement.

To that end we've embraced "Lean" as a process improvement method.

Lean has five basic principles:

- Specify value from the standpoint of the customer (patient)
- Identify all the steps in the value stream. Eliminate every step that doesn't create value
- Make the remaining steps occur in a tight and integrated sequence so flow is smooth to the customer (patient)
- Let the customer (patient) pull value from the next upstream activity
- As these steps lead to greater transparency, eliminate waste and pursue perfection through continuous improvement

We have found broad acceptance of Lean at all sites within UW Medicine because it is data driven and quantifiable.

Branding 101: Building a Strong Brand Identity

By Don Morgan
Director of Marketing
Palazzo Intercreative

Every marketer accepts the power of branding, but not all know how to do it well. So here some tips on how to build the power of your brand.

1. Building a strong brand identity starts with knowing who you are, who you want to be, and who you can be.

I have previously written about "inside-out" branding, our corporate belief that you must build your brand on the inherent values of the company. Knowing who you are is the first step, but you must also know who you want to be and who you can be. Your vision for who you want to be must be consistent with what you can deliver to your customers. Promising without delivering is the kiss of death.

2. Building a strong brand identity means aligning your external messaging with internal awareness and action. An important part of "inside-out" branding is to ensure that your internal audiences are in sync with your external communications. Too many marketers fail to nurture an internal awareness and passion for that external promise. One great example of this are banks who want you to believe they are friendly, but don't deliver. When was the last time you saw a branch manager rush out of his chair to greet you? Or had a teller stop and smile and ask how you are doing today? Now I am sure that there are some friendly tellers and managers out there, but if your brand strategy is "we're friendly and we care about you", then your customer interactions must live up to that claim. All day and every day. If the expectations you create aren't delivered, you may lose a customer for life.

3. A good branding strategy addresses these four elements – it is unique or differentiating; it is believable; it is relevant; and it is true.

- **Strong brands offer something unique or differentiating to their customers.** Most business categories have too many choices. Customers need to see you as not merely a good choice, but the best choice to meet their needs. The challenge of a good branding strategy is to find out what makes you unique, and then communicating that difference to your key target audience.

- **Strong brands make claims that are believable to their audiences.** Customers should have permission to believe that your brand promise can be met. Today's consumer is more knowledgeable . . . and more skeptical, than ever. Make sure you can give them enough logical rationale to justify their brand decision.

- **Strong brands highlight their most relevant benefit.** This seems obvious, but this is often missed by marketers who forget to ask these basic questions. Does this really matter to my customers? Is this the most motivating way to present my brand? Our creative strategy for Puget Sound Blood Center is a great example of the power of communicating a more motivating benefit. Most blood centers simply say "please give blood" on the assumption that people will automatically understand the importance of their action. We highlight the benefit of giving blood with our theme "Imagine Saving a Life" and the Blood Center rarely needs to issue a distress call for donors.

- **Strong brands make sure that what they promise to deliver is true**. Making an unsupportable claim may get you a one-time sale. But if you don't live up to that claim, you will probably lose that customer. Plus all of the others they will tell about their bad experience. A Yankelovich study found that, on average, people with a positive experience tell three others, while people who have a bad experience tell eight.

Continued on next page

Continued from prior page

With the Internet's easy access to thousands of potential customers, a bad experience can be devastating.

Here's another branding tip for healthcare marketers. Branding is traditionally thought to just be the responsibility of the Marketing Department, but in healthcare, brand image and relationships are formed by the interaction between physicians, nurses and staff and their patients and families. Because of this interaction, it is also up to Human Resources to see that the branding strategy is supported by current staff and new hires.

Whatever you do with your brand, remember this: *Brands that thrive reflect their core culture and unique character, solve relevant needs, and provide a consistent experience for their customers.*

Good luck with your branding development. I hope these thoughts help you along the way!

Don Morgan is Director of Marketing for Palazzo Intercreative, a full-service Seattle advertising agency that specializes in healthcare. All material is protected by copyright, and cannot be reproduced without the written permission of the company. For more information, contact Don via e-mail at don@palazzo.com.

Workplace Violence in Hospitals: When Caregivers Become Victims

Kathryn L. Feldman
Employment Lawyer
Ater Wynne LLP

Violence in the workplace is a major concern for all employers. In its most extreme form – homicide – it ranks as the fourth-leading cause of fatal occupational injury.

Forty-eight percent of non-fatal injuries resulting from workplace violence occur in the healthcare and social services industries – mostly in hospitals, nursing and personal care facilities, and residential care agencies. Most-often injured are nurses, aides, orderlies and attendants.

According to a recent survey in Massachusetts, 50 percent of nurses said they had been punched at least once in the previous two years. Some reported being strangled, sexually assaulted or stuck with contaminated needles. (The survey was conducted by the Massachusetts Nurses Association and the University of Massachusetts.)

Clearly, workplace violence is an issue that must be addressed by hospitals.

Workplace violence is defined as any physical assault, threatening behavior or verbal abuse that occurs in the workplace. In a hospital setting, the violence is usually caused by a patient or a patient's family or friends.

Some of these perpetrators are inherently violent (due to mental or physical illness, substance abuse or criminality) and others are situationally violent (due to the emotionally charged and often -frustrating hospital environment).

Since emergency department nurses are more likely to see mentally ill, intoxicated or drug-dependent patients, they are at the greatest risk. A national survey of emergency room nurses found that 86 percent reported being a victim of workplace violence during the past three years; 19 percent said violence was a frequent occurrence. Other high-risk areas of a hospital are waiting rooms, psychiatric wards and geriatric units.

OSHA recommends that employers establish a violence prevention program as part of a hospital's safety and health program. In its review process, JCAHO requires a written security plan that includes violence prevention. Failure to establish and maintain such a program exposes a hospital's employees to risk and the hospital itself to liability.

A written workplace violence prevention program should:

- Create and disseminate a clear hospital policy that violence, verbal and non-verbal threats, and related actions, will not be tolerated;
- Encourage prompt reporting and recordkeeping of all violent incidents to assess risk and measure progress;
- Ensure that no reprisals are taken against employees who experience or report workplace violence; and
- Establish a plan for maintaining security in the workplace, including the involvement of law enforcement officials and other specialists.

Hospitals should conduct a systematic worksite analysis to find existing or potential hazards for violence. These can be environmental (uncontrolled access to the building) or behavioral (patient volatility). A hospital is more likely to be found liable for an incident of workplace violence if it does not identify potential hazards.

Once hazards have been identified, a hospital should create administrative and work practice controls to deal with hazards and make the facility into a safer workplace. A hospital is more likely to be found liable for an incident of workplace violence if it does not address and control any identified workplace hazards.

Safety and health training makes all staff aware of environmental

Continued on next page

Continued from prior page

and behavioral hazards in the hospital workplace, as well as how to protect themselves using the established policies, procedures and training. A hospital is more likely to be found liable for an incident of workplace violence if it does not conduct training.

Training should cover:

- The hospital's policy and program;
- The need to report incidents;
- The dynamics of violence;
- How to recognize hostile individuals;
- How to prevent or diffuse volatile situations or aggressive behavior;
- Security procedures and self-defense; and
- Techniques for victim support.

To protect employees and minimize liability, hospitals should provide a program of support for workers who were involved in (or observed) violent incidents – including prompt medical treatment and psychological evaluation. Follow-up programs can include counseling, support groups and employee assistance programs.

Finally, OSHA requires that a hospital (or any other employer) keep records that demonstrate adherence to the workplace violence prevention plan and document ongoing evaluation of its success. A hospital is more likely to be found liable for an incident of workplace violence if its records are incomplete or compromised.

With a good workplace violence prevention program in place, nurses and other health care professionals in a hospital setting can focus on treating the victims of illness or violence – without worry that they will become one of them.

Kathryn L. Feldman is an employment lawyer with the Seattle-based law firm Ater Wynne LLP (www.aterwynne.com), where she develops preventative strategies to help employers create a loyal workforce and avoid litigation. For more information, contact her at (206) 623-4711 or klf@aterwynne.com.

Developing Health Insurance Products - A Delicate Balance

Paul Goldberg, MPH, PMP
Paul Goldberg & Associates, LLC

Having recently seen Michael Moore's film *Sicko*, I was reminded of the days (years actually) I spent designing and developing health insurance products. It seemed that if the result had all parties equally pleased and frustrated with the outcome, I had struck the right balance. It was a process unlike anything you would expect after seeing *Sicko* – the people I worked with, and the process we used, demonstrated the passion and compassion we all had to do the right thing. Maybe that was because I was doing this for not-for-profit and non-profit organizations (like Regence, Premera and Group Health), or maybe because these were organizations really trying to best serve their customers in a system that, itself, is out of balance.

There are some basic steps followed in a product development lifecycle; and these are not unique to health insurance. Actually, I follow these steps when working on products and programs both in and outside of health care. The steps are fairly logical: conceptualize design, develop, launch and manage. What is unique about health insurance is the deep impact the product will have on people's lives and the complexity of variables that must be considered and balanced.

The first step is to identify a product concept that can meet the needs and demands of the target market (keeping in mind that need and demand aren't always aligned). Using market intelligence, it is determined whether the right product is to be built on an HMO, PPO, Indemnity, CDHP, some other product platform, or is something altogether different. Should it be comprehensive or catastrophic? Oriented to a specific type of care (e.g., preventive v chronic)? Focused on a specific population (e.g., young families or an older generation)? The considerations and assumptions are put out there, challenged and tested.

> *"Sales wants as much covered for as low a price as possible, while Actuaries and Underwriters want to balance risk and profitability"*

Once a conceptual framework is identified, the detailed design begins. A health insurance product is much more than a set of covered services. In addition to identifying health care services to cover, product design features also include: member cost-shares (deductible, copays, coinsurance, out-of-pocket maximum), provider network and reimbursement, medical management activities, regulatory requirements, target price point, actuarial assumptions, underwriting guidelines, target margin (yes, "profitability"), internal systems capabilities, workflow, resource impacts, brand image, sales process, etc, etc. The challenge is that the design process doesn't happen in a vacuum. It is a balance of converging and often opposing agendas across numerous organizational functional areas. Sales wants as much covered for as low a price as possible, while Actuaries and Underwriters want to balance risk and profitability. The Operations team (claims, customer service, membership and billing) need to maintain a high level of efficiency and service, while Marketing needs to communicate a desirable message and brand image. The Medical staff wants to cover essential services while not creating barriers to medically appropriate care. And all the while, the needs and demands of the customer must be met. When done, the design itself must be tested to see if a balance

Continued on next page

Continued from prior page

has been struck and the outcome is a marketable product.

Once designed, the development stage begins. Depending on the product, this may include such activities as writing and filing a member contract and certificate of coverage, setting up systems, creating administrative workflows, developing and filing a provider network (if not using one that already exists), training staff, developing marketing communications, and myriad other steps to get ready to launch. And then everything needs to be tested to ensure readiness. This development stage touches almost all functional areas in the organization.

Sometimes, the product is launched after regulatory approval, but before development is complete. This is done to shorten the product development cycle by taking advantage of the time lag between sales, purchase and the date coverage actually starts (this can be months!). The launch activity involves mobilizing marketing and sales plans and readying internal departments for customer contact. Once the product is fully operational, launched and coverage begins, there is need for ongoing product management – ensuring the product performs according to specifications; this doesn't end until the product itself is at the end of its life and discontinued in the market.

The entire product development cycle is complex and challenging. Yes, *Sicko* documented some very serious problems in our health care system. But, with compassion and hard working people who are trying to do the right thing, I have seen well designed and developed products meet market needs by delicately balancing many conflicting and competing forces.

Paul Goldberg is Principal of Paul Goldberg & Associates, LLC, a company that provides product and program development, as well as project management services, to organizations in and out of health care. Paul can be reached at 206.372.5158 or paulg@pgoldbergconsulting.com and information can be found at www.pgoldbergconsulting.com.

Washington's Health Care System In the Eyes of Physicians

Brian P. Wicks, MD
President
Washington State Medical Association

Three issues jump out when assessing the biggest issues facing our health care system: The capacity of the system to care for our citizens, rising costs, and accountability.

Capacity to Care for Our Citizens

A 2006 study found that new physicians are not choosing to pursue careers as family physicians and general internists. The number of medical students entering family medicine residencies has declined by 52% in seven years. Declines in reimbursements for primary care services, increasing student loan debts, reductions in funding for the training of family physicians, and the challenges of caring for an aging population all contribute to this troubling trend.

In addition, many medical practices are facing real economic challenges with reduced payments, increased overhead and shrinking margins. The upshot? More physician practices are being forced to limit types of patients they can take, or close entirely. No physician wants to be in that position but when Medicaid, and in many cases Medicare, pay below the cost of providing services, hard decisions must be made.

Thus, more patients must find non-emergent care elsewhere – typically at their local emergency departments – hardly the most cost effective solution for the patient (or the insurance company when there is coverage). Emergency departments are being stretched to their limits in terms of their capacity to treat true emergencies.

In 2006 our state was given a D+ with regards to its emergency medical system. Washington ranked 40th in the nation due to its inadequate support of an emergency care system to meet the needs of its citizens.

> *"The number of medical students entering family medicine residencies has declined by 52% in seven years"*

The viability of our emergency care system and our citizens' access to care – at the right time and in the right setting – is a real concern to the Washington State Medical Association (WSMA).

To maintain access to quality of care, we need a stable financing system. The simple fact is reimbursement for physicians must be adequate if we are going to increase access to care in our communities and alleviate the burden facing our emergency rooms.

Need to Moderate Costs

Information technology is making patient record keeping more comprehensive, accessible across medical practices, and useful. Once adopted, medical records systems can improve efficiencies and save money (while acknowledging that the capital expense can be a real barrier). A growing emphasis on wellness, prevention and early detection can lead to better health and reduced need for treatment.

But, there is still too much variation in the quality of care provided, and too much money is being spent ineffectively. "More" doesn't automatically translate into "better."

Much is being done in the area of evidence based medicine and quality protocols, and the WSMA is supportive of these efforts. The use of data by purchasers and health plans can lead to improvements in quality and cost effectiveness – provided physicians can get useful data upon which they can act.

Costs can be reduced in other areas, too. State regulation plays a major role in driving up the costs (and thus reducing accessi-

Continued on next page

Continued from prior page

bility) of health insurance. The costs imposed by mandates are real.

Beginning with a single mandate in 1963, the number of new and amended mandated benefits or policy provisions in Washington state has now grown to 47. In recent years, the number of mandates has grown rapidly. Between 1982 and 1990, they tripled from 10 to 30, and from 1993 to 2001, their number increased by a further 50 percent.

If we are to improve access to more affordable insurance, policy makers must be willing to reduce the number of mandates and allow flexibility in benefit designs.

Acknowledging Responsibility; Promoting Accountability

Physicians must be held responsible for practicing high-quality, cost effective, evidence based care – and they must be accountable for their performance. Likewise, changes to our state's medical disciplinary system are needed in order to make it more fair and effective for patients and physicians. Medical licensure and discipline should be removed from the Department of Health and be operated as a freestanding Commission.

Today, physicians are included in a disciplinary system that ranges from animal massage therapists to counselors. The current system prevents adequate resources from being earmarked appropriately to protect the public.

Patients also must also take more responsibility for their health behaviors, and must become better-educated consumers of health care services. Lifestyle is the greatest determinant of health status. Some changes in our "transfat" nation are in order.

Patients must take more financial responsibility for their care in order to have an appropriate stake in the decision-making process. "Skin in the game" can be very helpful in promoting life style changes and prudent use of services. At the same time patients need to be empowered with freedom of choice – in the type of insurance they choose and the physicians with whom they wish to establish their health care partnership.

"Employers and public sector purchasers need to base their purchasing decisions on quality and cost-effective care, as well as investing in the well being of their employees and clients"

Insurance companies must administer their products in a cost-effective manner, providing high levels of accuracy and timeliness in their administrative mechanisms such as eligibility, payment and reporting. Insurance companies must deal with their network physicians as partners, not adversaries.

Employers and public sector purchasers need to base their purchasing decisions on quality and cost-effective care, as well as investing in the well being of their employees and clients. Purchasers – particularly those in the public sector – must acknowledge the true cost and value of the "product" and reconcile their promised benefits with adequate funding. The continuing practice of underfunding public programs, while expanding the benefits and types of providers for which payment is made, must stop.

Research and hard experience have shown that there is no "silver bullet" for what ails health care, however, there are ways to a better system. The vision of the WSMA is to make Washington a better place to practice medicine and to receive care. We stand ready, willing to work with patients, business leaders, legislative leaders, and other policy makers to make this vision a reality.

Dr. Wicks was elected president of the Washington State Medical Association on October 7, 2007. He is an orthopedic hand surgeon at The Doctors Clinic in Silverdale, WA.

Healthcare Opinions expressed by Dr. Wicks are not necessarily the opinions of the Washington Healthcare News.

Washington's biggest health care problems: Cost, cost, cost

By Cheryl Pflug
Senator
5th Legislative District

Health care in America is big business: insurance, facilities, supplies. Where there's big money to be made – and no incentive to cut costs – you'll find inflated prices. The overarching problem of health care in America ─ and in Washington ─ is *cost.*

The consumer is locked out

Today, third-party insurance companies pay the bills, not consumers – so why should consumers shop for health care at a better price? As a result, health care costs are set by providers, manufacturers and insurers in *their* best interests.

Washington's laws have eliminated many lower-cost plans, especially plans for young people ages 19 to 34, who make up *half* of our state's uninsured.

Today, patients must buy what others want to sell them rather than what they actually want and need. Reimbursement schedules pay for treatments, tests and procedures, but not the physician's time to evaluate patients and teach them how to prevent or reduce future illness.

Put consumers in the driver's seat

Why not allow consumers to apply benefit dollars from their employer or the state (plus their own money, if they wish) to customize an insurance plan based on their needs and values?

Some may choose alternative medicine. Some will choose an expensive comprehensive plan, but others will select a medium-priced plan that offers only the benefits they want.

Choosing a high-deductible plan, for example, along with a Health Savings Account (HSA), would protect them from catastrophic costs while saving tax-exempt dollars they could later spend on non-covered providers or services. The compounding funds in their HSA could be used for other health expenses, or saved for future needs. If consumers could save unused health benefit dollars to improve their senior years, they'd have a huge incentive to demand the best treatment at the best price, creating competition and dramatically cutting costs.

Solutions, not sound bites

Finally, our state health care costs are high because politicians focus on sound bites instead of real solutions. Instead of seeking ideas to increase quality and competition, empower the consumer and cut costs, they simply expand government-paid health care. Why? Because it sounds good.

A recent example is the Cover All Kids bill, which will insure all kids in families that earn up to 300 percent of the federal poverty level. That includes families making up to $62,000 a year. As soon as this bill became law, we noticed that half of the sign-ups had previously been on private insurance, but dropped it in order to get cheap insurance through the state. So rather than insure *uninsured* children, the program is paying the freight for kids who already had insurance.

Not only that, but about 50,000 children of illegal aliens were signed up, almost doubling the original cost of the program. And, of course, with free health care for kids, Washington is now a magnet for illegal immigrants. Meanwhile, tens of thousands of currently uninsured taxpaying citizens ─ and their kids ─ continue to go without.

Single payer vs. universal coverage

Universal health insurance coverage would help ─ but only if our leaders avoid the government trap. Funneling all coverage through a single-payer government bureaucracy removes the consumer from the process, adds administrative costs, reduces efficiency and encourages interest groups to spend money influencing politicians instead of providing low-cost health care, and leads to rationing.

This year, I introduced an excit-

Continued on next page

Continued from prior page

ing, competition-generating idea -- Senate Bill 6130, a Health Insurance Exchange. This simple, non-profit organization would act as a market organizer and payment "aggregator." The exchange would facilitate the purchase of health insurance in the same way that the New York Stock Exchange brokers the sale of stocks. It would connect individuals, associations, small and large businesses, insurance brokers and state-paid programs like Medicaid and the Basic Health Plan with private health insurance carriers in a single marketplace that offers a large variety of health plans.

This is NOT "another insurance experiment." For 30 years, this model has worked beautifully for members of the Federal Employee Health Benefit Plan.

A Health Insurance Exchange puts the *consumer* in charge, creates competition, and covers the uninsured through premium assistance on a sliding scale basis – giving them better coverage AND providing taxpayer savings. Insurance would be truly portable because people would keep the same plan when they change jobs, move on and off public subsidy, etc. It would give employers full tax advantages without the paperwork, and individuals could buy with pre-tax money also. Enrollees could choose the kinds of providers they want, and the cost-shifting created by uncompensated care would be eliminated because everyone would be insured.

Unfortunately, vested interests and feel-good sound bites carried the day and the bill died in committee.

The bottom line: Our current system is unsustainable and ultimately will fail. Consumers must accept responsibility for knowing their options and demand to be put in the driver's seat. As it stands now, they're just being taken for a ride.

Cheryl Pflug is the Senator of the 5th Legislative District. This District includes the cities of Sammamish, Fall City, Snoqualmie, North Bend, Maple Valley and Snoqualmie Pass.

Healthcare Opinions expressed by Senator Pflug are not necessarily the opinions of the Washington Healthcare News.

Washington Healthcare News Adds Over 900 New Readers in October

The Washington Healthcare News added the 475 members of NWONE, the Northwest Organization of Nursing Executives (www.nwone.org) and the 456 members of WSMGMA, the Washington State Medical Group Management Association (www.wsmgma.org) to its distribution in early October. These additional readers bring the total distribution to 3,252 and make the News the largest publication of its kind in the Northwest.

According to David Peel, the Publisher of the News, "By adding these Nursing and Practice Managers to our distribution we now reach decision makers in every major sector of health care. We believe our new readers, editorial contributors, and advertisers support our efforts to expand our readership base."

The Washington Healthcare News is published monthly in Kirkland, WA by David and Elizabeth Peel.

October 2007 Demographics by Position and Industry Classification

	Industry Classification							
Position Type	**Hospital**	**Medical Clinic**	**Other Provider**	**Government**	**Insurance Agency**	**Insurance Company**	**All Other**	**Total**
Executive								
Chief	116	68	6	5	390	20	193	**798**
Operations	46	43	2	3	4	13	14	**125**
Finance	73	31	1		2	24	9	**140**
Medical Mgmt.	14	9		1		9		**33**
Marketing & Sales	42	8	6	1	47	35	91	**230**
Human Resources	73	15				7	3	**98**
Information Technology	3	5	1			3	2	**14**
Nursing	24	4				2	3	**33**
Other	16	9		19	1	28	23	**96**
Total Executive	**407**	**192**	**16**	**29**	**444**	**141**	**338**	**1,567**
Managerial and Professional								
Practice Manager		317						**317**
Operations	19	13		4	14	14	16	**80**
Finance	1	2				10		**13**
Marketing & Sales	13	4	4	3	463	23	64	**574**
Human Resources	79	20		1		8	1	**109**
Information Technology		2				2		**4**
Registered Nurse Manager	426	8		1		6		**441**
Total Mgr. & Prof.	**538**	**366**	**4**	**9**	**477**	**63**	**81**	**1,538**
State Senator/Representative				**147**				**147**
Grand Total	**945**	**558**	**20**	**185**	**921**	**204**	**419**	**3,252**

Career Opportunities

Care Management District Manager, Job # 70901x3371x1343-Kennewick District Office, Kennewick, WA

Manages/oversees district care management services provided to GHC and GHO consumers. Supports, develops, and maintains the Enhanced Care Management Program by ensuring processes to support utilization management, utilization review, care coordination, and complex case management. Ensure staff training and development in the various domains of Enhanced Care Management. Work with regional and district leadership to ensure the vision/mission of the various levels of Care Management at GHC. Understands and applies necessary support and tools to ensure that standard processes are implemented and measured.

Qualifications

- 5 yrs clinical exp.; 2 yrs utilization/care management. 2 yrs staff development
- Working knowledge of multiple clinical settings and case management. 4 yrs of staff exp. in Care Management leadership role.
- **Bachelors' degree and Washington State RN license required.** Master's degree in related field and Certified Case Manager (CCM) pre ferred.
- Expertise in population-based improvement and management preferred.
- Demonstrated skills that support required professional/leadership competencies in the role. Strong HR management skills. Working knowledge of budget management. Strong communication, analytic, and computer skills.
  Ability to travel. Mobility necessary to access various offices and a wide variety of meeting settings. Exp. w/rapid improvement and LEAN process and principals.

Two positions available

RN Practice Team Manager, #70701x5667x1055- Lynnwood Medical Center Job, Lynnwood, WA
RN Practice Team Manager II Job #70801x5667x1166-Eastside Primary Care, Redmond, WA

Join our team of professionals as an RN Practice Team Manager where you will be an integral part of Family Practice, and Urgent Care (to include Treatment Center, injection room, and foot care); as you lead, coach, and develop teams, create innovative programs, and ensure superior customer service for both consumers and staff. Manage the day-to-day operations of the practice team to assure optimal deployment of staff in delivering appropriate, accessible, team-based clinical care. Consult and support the team in assessing, planning, implementing and evaluating care. Implement, monitor and support the achievement of clinical, professional and technical standards within the team. Work collaboratively with other Practice Team Managers to optimize resources and outcomes, and to implement successful practices across the division.

Qualifications

- BSN or Bachelor's related degree with current RN license.5 yrs clinical exp., 2 yrs supervisory role w/management training/exp. preferred. Prior exp. Providing/facilitating a high level of customer service in a fast-paced environment. Problem-solve, negotiate, and exhibit independent decision making efficiently and fairly.
- Knowledge of regulatory requirements regarding managed care, health care delivery systems and nursing practices. Proven leadership as part of a multi-disciplinary team: team-building, coaching, mentoring, and performance improvement. Exp. working with HR practices concerning recruitment, hiring, termination, training, and employee relations. Strong organizational skills; prioritize multiple demands/timelines. Strong written/verbal communication skills. Exp. w/budgets. Intermediate computer skills.
- Master's Degree preferred.3 yrs management experience preferred. Prior managed care experience preferred.

Medical Center Administrator I, Seattle (Rainier Valley Medical Center) Job # 70701x5635x1025

In partnership with the Medical Center Chief (MCC), the Medical Center Director I directs and assures implementation of care delivery, ancillary and business services in a medical center in a way that meets or exceeds standards of clinical quality, service quality, and cost effectiveness while providing a superior customer experience. Provide input into performance reviews for medical staff. Lead, mentor, coach and develop nursing staff. Lead local decision-making and communication with other service lines within the facility. Serves as the single point of accountability for the customer experience associated with any care or service encounter in the facility. Consult and support the clinical practice team in assessing, planning, implementing and evaluating care.

Qualifications

- ***Current Washington State RN license required.***
- Bachelor's degree in Healthcare or related field required.
- Master's degree in Nursing, Business or Health Administration or Public Health preferred.
- Must know regulatory requirements, managed care, health care delivery systems.
- Responsible for: financial and human resources management; professional development, customer service, and conflict resolution skills.
- Written & verbal communication skills. Display leadership and mentoring skills.
- Be a change agent and work collaboratively to effect changes. Knowledge of standards development, professional role development; systems thinking and systems development skills preferred.
- 3 yrs clinical exp. 3 yrs management exp in a health care delivery system including demonstrated success in managing financial resources, identifying and meeting customer requirements, selecting and developing staff, and working with medical staff.
  Prior experience in managed care or complex health care organization preferred.

To apply for any of these positions-Visit ghc.org and choose the Employment link.

For more information please contact:
Gretchen Goodyear
Senior Employment Specialist
Phone - 206 448 6051
goodyear.g@ghc.org

Group Health is an Equal Opportunity Employer committed to a diverse and inclusive workforce.

GroupHealth

Columbia Basin Health Association

"Keeping Healthy those who Feed the World"

MEDICAL DIRECTOR

Columbia Basin Health Association (CBHA) was founded in Othello, Washington in 1973, and is a financially stable Best Practices JCAHO Accredited Community/Migrant Health Center located in the beautiful Columbia Basin of Eastern Washington. If you like the outdoors, wine country, and want a busy, satisfying medical practice, CBHA is the place for you. Othello is located approximately 2 ½ hours east of Seattle and 1 ½ hours southwest of Spokane, so professional and university sports, city entertainment and cultural programs are just a short trip. We are currently recruiting for a dynamic primary care physician to provide clinical leadership as Medical Director to join our team of 12 physicians and 8 PA-C's in 3 new, modern clinics with state of the art technology, including EMR, on-site lab, radiology, and specialty support. In addition to a 60% part-time clinical practice, the Medical Director will provide leadership, direction and oversight for the medical staff, and direct efforts in medical quality improvement, peer review, clinical programs and standards, medical staff recruitment and participation in health disparities collaboratives. Requirements include: demonstrated leadership ability, a team orientation, excellent written and oral communication skills, and effective working relationships with individuals of various cultural, ethnic and socioeconomic backgrounds, a minimum of 3 years primary care practice experience including 2+ years of supervisory experience, a valid license to practice medicine in the State of Washington and board certification in FP, IM, Ob/Gyn or Peds. We offer an attractive compensation package with outstanding benefits. For more information call (509) 488-5356 or for immediate consideration please submit a cover letter and resume to: Columbia Basin Health Association, 140 E. Main St., Othello, WA 99344 or by e-mail to careers@cbha.org. Visit our website at www.cbha.org

Snoqualmie Valley Hospital

NURSING MANAGER

Looking for an opportunity to make a difference, and take your career to the next level, in a refreshing and natural environment?

At Snoqualmie Valley Hospital we pride ourselves on our direct patient centered care philosophy. With mountain views, and the charming communities in East King County serving as the backdrop to our growing organization we have a lot to offer nursing professionals looking for the real Pacific Northwest experience.

Great opportunity for an experienced RN, with working knowledge in Emergency, Swing Bed and Medical/Surgical operations who is looking for a management position. 3-5 years prior experience in a management role, with an emphasis on leadership, and skill development required. Exceptional interpersonal skills and a willingness to use knowledge & experience to enhance staff nursing skills a must. This position will be responsible for the daily operations of the Emergency Room, Medical/Surgical, and Swing Bed Services. This is a full-time exempt, salaried position. Salary is DOE
Great benefit package & competitive pay.

Fax resumes to: 425-831-2361 to apply for this position. Call 425-831-2364 for more information.

EOE

SEA MAR Community Health Centers Clínica de la Comunidad

Director of Quality Management

Full-Time position available in Seattle. In a comprehensive community health center system, the Director of Quality Management is responsible for managing the corporate quality improvement process and ensuring compliance with organizational, Joint Commission, state and federal standards. Provides leadership in the promotion and monitoring of service excellence, safety and risk reduction. The Director of Quality Management will work closely with all organizational units in this endeavor.

We are looking for an energetic, creative and self – directed professional who has system development and implementation experience and proven outcomes, who is organized, meets deadlines, is a team player; and understands the role of quality management and compliance in a complex organization. Education Req.: MA degree in health or social service related fields. Masters degree. RN preferred. Incumbent must also have at least 3+ years of quality management, and compliance experience. We offer a competitive salary, excellent benefits and a stimulating multicultural work environment.

Please submit resume to Mary Bartolo, Executive Vice President at marybartolo@seamarchc.org or mail to Mary Bartolo, 1040 S. Henderson, Seattle, WA 98198.

EOE

Washington Healthcare News

wahcnews.com *Articles, Interviews and Statistics for the Healthcare Executive*

Account Executive - Print Advertising

The Washington Healthcare News (www.wahcnews.com) is the leading publication targeted to healthcare leaders of the Washington State health care system. We are seeking an Account Executive to develop partnerships with and maintain new and existing customers to ensure customer satisfaction and loyalty by selling print advertising solutions on a continuing basis.

Account Executive duties include:

- Develop new sales leads to grow an existing market
- Maintain relations and favorable contacts with current and potential advertising accounts
- Build relationships by performing sales calls, customer service calls and site visits
- Make appointments and present advertising options to generate new business
- Manage, service and support existing clients while generating additional new business
- Meet or exceed monthly sales goals

Requirements:

- Must have 3 years of outside healthcare industry sales experience, media advertising preferred
- Must be entrepreneurial in spirit
- Positive, sales-oriented personality
- Professional appearance
- Strong verbal and written communication skills
- Ability to build relationships effectively
- Experience with advertising deadlines and production
- Computer literate; proficiency with Microsoft Office
- Ability to travel locally for client meetings with occasional overnight travel
- Undergraduate degree required

We offer the stability of a competitive base salary plus commission, Medical and Dental. For consideration, e-mail your resume and salary requirements to dpeel@wahcnews.com or call 425-577-1334.

EOE

SWEDISH

At Swedish Medical Center, our drive to deliver the best care possible goes beyond a commitment we make to our patients. It's a promise we make to ourselves: to surpass expectation, anticipate needs, and treat the whole person. Our commitment, dedication, and trust in one another gives us a powerful foundation, enabling us to feel supported and make the right decisions.

Swedish Medical Center has the following opportunities available:

- Care Managers
- Executive Director Home Care Services
- Clinical Nurse Specialist (MSN) Pediatrics

Please visit our website to apply: www.swedish.org/jobs. Living the oath, one patient at a time. A nonprofit organization. We stand by our pledge to offer equal employment opportunities to everyone.

Plan and Hospital Financial Information

YTD Net Income and Members through 06/30/07 for the Largest Health Plans in Washington State[1]					
Plan Name	**Net Income**	**Members**	**Plan Name**	**Net Income**	**Members**
Health Plans:			LifeWise Health Plans of AZ.	($9,231,510)	31,046
Regence BlueShield	$29,565,755	881,930	Arcadian Health Plan[2]	($3,817,207)	56,422
Premera Blue Cross	$48,171,581	721,478	Timber Prod. Manuf. Trust	$377,251	9,891
Group Health Cooperative	$53,974,606	408,288	Washington Employers Trust	($1,684,941)	9,009
Molina Healthcare of WA	$20,446,537	287,170	Aetna Health, Inc.	$2,235,760	6,848
Community HP of WA	$1,544,901	234,213	Washington State Auto Ins.	$1,169,085	2,218
Group Health Options	($364,979)	99,525	Puget Sound Health Partners	($527,339)	0
Asuris Northwest Health	($166,260)	89,364	**Vision or Dental Plans:**		
LifeWise Health Plan of WA	$20,773	85,562	Washington Dental Service	$6,793,546	900,255
Pacificare	$21,434,547	52,723	Vision Service Plan	$3,788,708	528,873
KPS Health Plans	($1,452,940)	45,383	Willamette Dental	$320,844	69,624
Columbia United Providers	($1,472,764)	35,893	Dental Health Services	($661,030)	25,390
YTD Margin and Days through 06/30/07 for the Largest Hospitals in Washington State[3]					
Hospital Name	**Margin**	**Days**	**Hospital Name**	**Margin**	**Days**
Sacred Heart Medical Center	$22,077,028	75,945	Deaconess Medical Center	$1,133,989	28,424
Swedish Medical Center	$47,505,728	71,688	Good Samaritan Comm. Health	$24,463,794	28,075
Harborview Medical Center	$3,948,000	66,544	Valley Medical Center	$12,737,249	26,894
Providence Everett Med Ctr.	$18,004,767	50,971	Yakima Valley Memorial	$4,612,718	25,281
University of WA Med Ctr.	$22,367,221	50,150	Evergreen Healthcare - Kirkland	$3,995,575	24,210
St. Joseph Medical Center	$42,578,827	46,225	Highline Community Hospital	$6,379,484	23,062
Virginia Mason Medical Ctr.	$9,034,449	43,702	Swedish Cherry Hill Campus	($6,612,725)	21,094
Southwest WA Med Ctr.	$1,143,974	43,674	Northwest Hospital	$3,878,184	20,837
Providence St. Peter Hospital	$15,973,315	42,529	Central Washington Hospital	$7,161,164	20,303
Tacoma General Hospital	$24,855,393	41,694	Kadlec Medical Center	$4,991,856	20,222
Children's Hospital	$13,806,001	34,312	Holy Family Hospital	$1,612,666	19,843
Harrison Medical Center	$15,384,432	32,271	Stevens Healthcare	$1,468,957	16,607
Overlake Hospital Med. Ctr.	$7,093,253	30,278	Legacy Salmon Creek Hospital	($4,155,362)	16,068
St. Joseph Hospital Bellingham	$11,331,096	29,368	Auburn Regional Medical Ctr.	($409,080)	15,955

[1]Per filings with the WA State Office of Insurance Commissioner. [2]Potential enrollment reporting error. [3]Per filings with the WA State Department of Health.

First Choice Health™

Healthy Employees. Healthy Companies.™

PPO Network | Medical Management | Third Party Administration | Employee Assistance Program

Prsrt Std
US Postage
Paid
Olympic Presort