Rising health care costs are prompting calls for healthcare reform all across the country. A recent government report indicated that health care costs rose 6.7 percent last year, which is relatively modest compared to previous double-digit increases. However, the cumulative effect is significant and as a result the number of uninsured is growing.

The clamor for change is also growing and increasingly many are advocating for radical overhaul of the health care system. Here and all across the country, political candidates, think tanks, panels, committees and commissions are wrestling with how to improve our medical care delivery system and reduce costs.

Clearly change is necessary, the current system is not cost-effective.

However, a dramatic overhaul of the current system is not necessary, nor wise. Other countries have tried various alternatives and the results have been less than promising. What is needed instead is to focus on proven methods for reducing costs while improving care.

At the Everett Clinic we serve more than 250,000 patients. We have successfully implemented several new procedures and processes to improve care, reduce costs and provide better value to our patients.

Providing Coordinated, Evidence-Based Care

The current healthcare system wastes too much time and money on duplicate and unnecessary procedures. Fragmented care is expensive care. It can also lead to unsafe and conflicting treatment. Efficient, effective health care is the result when primary care physicians and specialists regularly consult with each other and coordinate treatment plans.

There needs to be a significant increase in the use of evidence-based medicine. Focusing on treatments that work, can help eliminate ineffective and outdated care. Furthermore, using standardized procedures in evidence based medicine improves care and reduces the cost of care. We have implemented a back pain protocol that requires specific criteria be met before certain imaging tests are utilized. This has resulted in a significant decrease in the number of unnecessary imaging tests.
Dear Reader,

Independent legal counsel is a professional service used by most healthcare organizations today. The services provided are both necessary and valuable to the health care executive.

We are pleased to announce we will be publishing an article from one of two independent and well known law firms in every 2008 edition of the Washington Healthcare News. The section heading is called “Healthcare Law”.

The firms that will be submitting articles in 2008 are Ater Wynne LLP (www.aterwynne.com) and Miller Nash LLP (www.millernash.com).

Ater Wynne LLP has over 50 attorneys with offices in Washington, Oregon, California and Utah. Their health care practice with 11 attorneys is headed by Jonathan Ater.

Miller Nash LLP has over 100 attorneys with offices in Washington and Oregon. Their health care practice with 15 attorneys is headed by Robert Walierius.

This month’s Healthcare Law article was written by Kathryn L. Feldman. She is a partner with Ater Wynne LLP and specializes in health care employment law. Her article, “Understand Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice” is presented on page 8 of this edition.

We will continue to publish the types of articles most interesting and valuable to the health care leaders that read the Washington Healthcare News. We hope you enjoy them.

David Peel, Publisher and Editor
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James Hall, Managing Partner
Cures for our Ailing Healthcare System

Prevention.

Prevention must become a focal point of our health care system. It should be a primary goal, not an afterthought. Unfortunately, our current health care system is disease-focused, not preventive-based and rewards providers for treating illnesses, not preventing them. This needs to change.

We are piloting several prevention programs in our organization that show real promise. We urge healthy adults to get cholesterol screenings so early detection and treatment can lower their future risk of heart attack and stroke. We have an outreach program to encourage immunizations, both for children and high-risk patients for pneumonia. We also provide ongoing patient education to encourage patients to take a proactive role in their health.

If we want to reduce healthcare costs, disease prevention is critical. It will save lives and money.

Improve Chronic Disease Management

Chronic disease management relies on evidence-based practices to ensure patients with chronic diseases (such as diabetes, asthma, heart disease and hypertension) receive the best preventive care possible. It also provides patients access to the information they need to effectively manage their own health. At The Everett Clinic providers carefully guide treatments, anticipate problems and track outcomes.

We have found that disease management programs improve patients’ quality of life, reduce hospitalizations, and decrease the cost of care.

We believe financing of medical care needs to support and reward effective prevention and disease management programs. Enrollment in disease management programs should be mandatory for patients covered by government-funded programs.

Maximizing Benefits of Information Technology through Coordinated Care

Bringing healthcare into the 21st century by using electronic medical records and e-prescribing helps eliminate waste, trim administrative costs and provide more efficient care. At The Everett Clinic, this technology gives physicians timely access to complete medical histories which can help avert hospitalizations, plus it makes it easier to receive

Please See> Cures, 6
We believe a great lawyer is a creative thinker who helps employers build and protect their business while empowering their workforce. That’s our approach. We partner with clients to develop employment policies and strategies that prevent problems and drive results. At Ater Wynne, we do more than give legal advice. We give you confidence in your hire power. Contact Kathy Feldman, Partner, Employment Group, at klf@aterwynne.com.


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From Page 4

Test results, review medications, reduce medical errors and avoid duplicative procedures.

Empower Patients to Seek Value

Patients need to be empowered to manage their own care and become informed consumers. Just as Americans consistently seek value when purchasing consumer goods, they are increasingly seeking value in healthcare.

The move demands more transparency in health care delivery. Consumers/patients and payors want information about how much procedures cost and whether the provider has a good track record.

Within two to three years, our organization hopes to have a new record-keeping system that will tell patients the cost of medical services in advance. Patients will be empowered to seek value when they know up-front what insurance will pay and how much they will have to pay out-of-pocket.

Increase Effective Prescribing

Prescribing the best medications can save significant amounts of money without sacrificing quality. For example, using generic medicines for acid reflux, which are equally safe and effective as brand name drugs, saves about $15 per prescription. Over-the-counter medication for the treatment of allergies can reduce costs by more than 80 percent.

The Everett Clinic saves between $30 and $35 million dollars a year by prescribing generic drugs and using other interventions. Imagine how much could be saved if generic prescribing was implemented throughout the national healthcare system.

Electronic, or e-prescribing, provides real time information on a patient’s current prescriptions and medication history. We have implemented e-prescribing throughout our system. Physicians can check to see if there is any history of drug allergies or whether a new prescription might conflict with a medication that the patient is already taking.

Summary

These solutions may not qualify as wholesale reform, but they are achievable and they can be replicated. These types of incremental yet substantive changes could be implemented throughout the health care system to help lower health care costs and continue the delivery of excellent, timely care. The Everett Clinic is implementing these measures because we know from experience they will improve healthcare and reduce healthcare costs. We believe our 250,000 patients are benefiting because they are getting more value for their healthcare dollar – and that is a very good outcome indeed.

Rick Cooper is Chief Executive Officer of The Everett Clinic: The Clinic is a nationally recognized health care leader, providing many of the most highly trained physicians and advanced technologies available in the region. The large physician team of more than 270 physicians in 40 diverse specialties includes a majority of specialists who are fellowship trained. The Everett Clinic has been recognized nationally with grants and awards for providing high quality healthcare.
Over 550 leaders at 350 medical clinics receive the Washington Healthcare News each month. As a provider organization, doesn’t it make sense to target marketing to the people that can refer patients?

To learn about ways the Washington Healthcare News can help grow your business contact David Peel at dpeel@wahcnews.com or 425-577-1334.
Understand the Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice

Kathryn L. Feldman  
Partner  
Ater Wynne LLP

Many medical practices are staffed leanly. As a result, the health problems of just one employee can dramatically affect smooth daily operations. Employees with chronic health conditions can have sporadic or significant attendance problems. When at work, they can have problems with concentration or motor coordination.

For example, a receptionist in a medical practice has daily interaction with patients over the phone when appointments are made, in the reception area when patients arrive, and when patients call with follow-up questions about their medical and financial records.

When a receptionist with a chronic medical problem or disability is often absent, asks for a medical leave of absence, or requests an accommodation in the workplace, the employer is put in a difficult position. So too are coworkers, who may become resentful of these absences or accommodations.

Employers must engage in a delicate balance between the business needs of the practice and the physical and emotional needs of the employee.

Decisions involving chronic medical problems and disability in the workplace must be addressed within the parameters of the Family Medical Leave Act, the Washington Family Leave Act, the Americans with Disabilities Act and other state and federal disability laws.

Absences and leave
Under state and federal leave laws, employers with more than 50 employees within a 75-mile radius must grant up to 12 weeks leave to medically eligible employees. This can be intermittent leave or extended leave.

If the need for leave is foreseeable, the employee must let the employer know at least 30 days ahead of time. When it is unforeseeable, the employer should provisionally designate the leave as approved. The employee then has 15 days to comply with medical certification requirements.

Accommodation and undue hardship
The federal ADA and the Washington Law against Discrimination protect the rights of all qualified disabled employees who can perform the essential function of their jobs – with or without reasonable accommodation.

Both federal and state laws require that employers of 15 or more individuals provide reasonable accommodations for the known physical or mental limitation of an otherwise qualified employee, unless doing so would result in an “undue hardship.” An extended unpaid medical leave of an indefinite duration may be considered a reasonable accommodation if it does not impose an undue hardship on the employer.

Undue hardship refers not only to financial hardship for an employer.

Kathryn L. Feldman, Partner  
Ater Wynne LLP

“Under state and federal leave laws, employers with more than 50 employees within a 75-mile radius must grant up to 12 weeks leave to medically eligible employees”

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Understand the Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice

From Page 8

who has been asked to or is considering making accommodations, but also to accommodations that are overly extensive or disruptive or that would change the nature or operation of a business.

It is easier to make a case for undue hardship in a small practice than a large one. Nonetheless, any refusal to grant an accommodation based on undue hardship will be closely scrutinized.

An employer cannot claim undue hardship based simply on the fears or prejudices of co-workers or patients toward the ill or disabled employee unless the employee in fact poses a “direct threat” to the health and safety of others.

Interactive process

To determine which accommodations are needed and reasonable, an employer and a disabled employee must engage in an ongoing “interactive process.” This process (and any accommodations made as a result) should be documented in detail by an employer as a defense against possible future claims.

An employer must make reasonable accommodation only for known disabilities. Generally, it is an employee’s responsibility to request accommodation. However, when the employer knows that an employee has a disability, that the employee is experiencing workplace problems because of the disability, or that the disability prevents the employee from making the request – it becomes the employers’ responsibility to initiate the interactive process.

An employee who refuses an employers’ request to participate in the interactive process forfeits any right to reasonable accommodation.

Privacy

Family medical leave, disability law and privacy law limit the scope of medical information that may be obtained from employees. Any information obtained as part of this process must be treated and protected as a confidential medical record.

“...it is easier to make a case for undue hardship in a small practice than a large one. Nonetheless, any refusal to grant an accommodation based on undue hardship will be closely scrutinized”

Under the FMLA, employers may never contact an employee’s health care provider. With the employee’s permission, a health care provider representing the employer may make this contact only to clarify information and confirm authenticity. Under the ADA, employers may contact the employee’s health provider with the employee’s written permission.

By paying careful attention to the requirements of the law, employers in small medical practices can meet their business needs and avoid undue hardship – while at the same time protecting the rights of employees with chronic health problems and disabilities.

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.

Fast Fact:

St. Anthony’s hospital of the Franciscan Health System will open in Gig Harbor in 2009. It is only the third hospital in 20 years approved for construction by the Washington Department of Health.
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With high turnover and your medical staff likely spread thin, the quality of care you provide is in part, predicated on how quickly and accurately your HR department screens new applicants. Invested in serving healthcare entities, Intelius understands the time-critical nature of the hiring process, leveraging proprietary technology that yields industry-leading turnaround time and reduced incidence of human error.

“Intelius truly understands the healthcare industry— it is highly competitive and difficult to source candidates that have the qualifications and competence needed to perform specific job duties,” said one Intelius healthcare client that serves more than 1 million patients yearly. “Employment screening is the final step in our hiring process, and the time Intelius consistently saves us has increased our efficiency tremendously, allowing us to focus on retaining talented hires.”

In addition to a heightened awareness of the medical community’s evolving needs, Intelius’ recommended solutions mitigate risks of the financial damages and litigation often associated with negligent hiring and retention. Clients can rest easily knowing that Intelius takes steps to keep informed of any changes affecting what employers can and cannot consider when making hiring decisions. Education verification is another crucial aspect of screening within the healthcare arena. Making sure applicants are qualified to the levels they claim to be is a must—especially considering the financial and legal liabilities associated with medical malpractice and costs of reinsurance, which continue to climb.

As one of the industry’s most technologically innovative screening providers, Intelius offers screening services that increase efficiency so that resources that can be devoted to expanding medical services, rather than researching hires.

According to Ed Petersen, Senior Vice President, “Providing criminal solutions ranging from instant background checks to on-site jurisdiction checks, drug testing, fingerprinting, OIG/GSA checks, plus verification services that identify false or padded credentials, Intelius consistently delivers industry-leading solutions and premier customer service.”
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Surgical Scheduling Process Goes Under the Knife

By Lynette Jones
Principal
Strategic Opportunity Solutions

After weeks of preparing yourself, your family and your employer for the fact that you will be undergoing major surgery, imagine suddenly having the surgery cancelled, minutes before it is due to start. In the not too distant past, this was happening at Evergreen Hospital Medical Center more frequently than expected. Major surgery was needed on the surgical scheduling process. The following story tells how Evergreen used Lean Six Sigma or “Lean” techniques to improve the surgical scheduling process.

The Senior Vice President of Patient Care Services, Mary Jim Montgomery, had successfully used lean techniques at another hospital to address shortcomings in surgical operations. The improvements prevented the loss of revenue of up to $20,000, per surgical case cancelled. Ms. Montgomery thought the same approach might work at Evergreen to address physician complaints around loss of paperwork, and delays or cancellations in surgeries.

Evergreen formed a project team. Consultants from GE were brought in to train the project team on lean philosophy and tools. The team was composed of hospital staff, a surgeon, an anesthesiologist, and his office nurse. Later in the process a former surgical patient joined the group.

To start the project, the team was asked to create a vision of the “ideal” process. Their vision included a process that flowed as smoothly as the airline reservations process, and patients that never had to wait more than twenty minutes.

Next, the team used process mapping tools to document the current process. To identify barriers to the process, root cause analysis was performed. Each step in the process was examined to determine whether it added value and those that did not, were eliminated.

Several solutions were designed and implemented. The first was to standardize the amount of information needed by the surgical team prior to surgery. Although the hospital had automated many of its processes, the team patched many holes in the internal flow of information and how it is made available to users. Anesthesiologists will soon be using laptops to assure their access to the most up-to-date information. To improve communication and patient flow, the surgical pre-admission unit is moving to the third floor, adjacent to the other surgery services. As staff became more familiar with lean methodology, they began to think more in terms of systems approaches to problem solving, exploring how procedures and processes impacted patient outcomes. The culture of the organization began to change.

The project lasted eighteen months and produced fantastic results. Before the project started, Evergreen was spending over a million dollars in providing the pre-surgical and pre-admission services preparing patients for their surgery. Despite this, the surgical pre-admission process was still a great source of organizational pain. The hospital is now getting a return on its investment. Nurses are spending more time with patients and less time looking for information. Patient satisfaction surrounding the surgical experience has markedly improved. In addition, there have been measurable productivity increases in the pre-admission process.

When asked to state the factor that most contributed to their success, the team says, “It’s the quality of the team members!”

Please See> Surgical, P20
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The Future is Here - Health IT Advances are Improving Medical Care

By Tom Fritz
Chief Executive Officer
Inland Northwest Health Services

Ask America
National research tells us that if you ask most consumers in America, they would tell you they live in a world where a patient’s records are available, in real-time, to their health care providers, from the primary care doctor to the pharmacist to the radiologist to the cardiologist. Connected to the same health information technology (HIT) system, the providers coordinate care, keeping it consistent while preventing a host of costly or even life-threatening mistakes because they have complete and accurate patient information.

As they use the HIT system, which is HIPAA compliant and has top-of-the-line security measures, providers spend less time on documentation and more time with patients. Because it tracks and compiles health care statistics, they can see, at a glance, disease and health care trends as well as quantifiable measurements of their own performance.

The HIT system interfaces with billing software, making the financial side of care easy and efficient and patient maintenance care becomes more effective, with the system flagging when preventative care is due, such as when a patient should have blood sugar tested or a mammogram performed. Infrastructure gets used more efficiently.

All this leads to improved patient care, improved patient outcomes, decreased costs and improved efficiency.

Making it a Reality
As research indicates, patients believe this is already happening; this is the information age after all. Why wouldn’t our most vital sector, health care, be sharing the information that can mean the difference between sick and well, life and death? Why wouldn’t health care professionals utilize technology when it has such obvious power to impact health?

The good news is the scenario above is attainable, and we are working to make it a reality.

Health Information Exchanges (HIEs) are continuing to grow. One example, Inland Northwest Health Services (INHS), is connecting 38 hospitals and health care facilities, 50 clinics and 400 physician offices enabling more than 6,500 physicians to securely view hospital, imaging data, and laboratory results with a single patient identifier, giving them patient-authorized access to the data they need to make informed, vital decisions regarding care. As an extension of this multi-state network, more than 1,000 physicians can securely view data in hospitals wirelessly on their PDA’s.

In addition, 55 critical access hospitals, clinics and public health agencies have access to specialists and hundreds of clinical and educational programs available through the INHS Northwest TeleHealth network.

The result is fewer medical errors and less variation in care as medical records move with the patient, both electronically and in person.

Overcoming Obstacles
But as a whole the medical community isn’t there yet.

Unfortunately, only 15-30 percent of physician offices nationally have adopted an Electronic Medical Records (EMR) system. In the area INHS serves, we have raised that number to 40 percent, still far from what is needed to ensure all patients everywhere get the quality of care they deserve.

Some say providers are worried about privacy issues. We know patients already trust their records are confidential and we take the HIPAA mandate seriously with the best electronic security available and safeguards to ensure patient records are only available to physicians and care providers.

Please See> Future, P20
Over 3,200 health care leaders in Washington State and the Northwest receive the Washington Healthcare News each month. As a health care organization, doesn’t it make sense to target recruiting to the people qualified to fill your jobs?

To learn about ways the Washington Healthcare News can help recruit your new leaders contact David Peel at dpeel@wahcnews.com or 425-577-1334.
Agents, Brokers, and Healthcare Reform

By Michael Greve, FLMI, CEBS
Baldwin Resource Group, Inc.

Insurance agents and brokers might be big losers in healthcare reform. If so, they won’t be alone. Agents and brokers have been finding healthcare coverage for employers and individuals for over 50 years. In that time, they have saved their clients millions of dollars, and provided a variety of essential services not available anywhere else. Premiums are still too high, but if broker and agents were gone, they’d be even higher. Unfortunately, under most healthcare reform schemes, brokers and agents will be gone.

Typical agent/broker services include obtaining and analyzing quotes from numerous insurers—forcing them to compete for business. Agents and brokers also translate jargon-laden proposals into something understandable, help with claim appeals, and straighten out enrollment and premium payment problems. And they provide a host of other services too numerous to list.

Who gets control, and who gets a choice?

Healthcare reform has been in the wind for a long time, but according to David Preston of Insurance Resource Group, Inc., and past President of the Washington Association of Health Underwriters, current healthcare reform efforts are different than past attempts. He says, “It’s become a control issue. The state wants more control. And they’re hitting agents from more angles.”

Mike Arnold, CEBS, Vice President of Conover Benefits, Inc. in Yakima has been a broker in Washington for over 20 years. After studying a number of healthcare reform programs, he concluded that client choice was the key issue. He says, “Under the current system, clients have a choice of insurance companies and health plans, and they can freely shop for agents and brokers as well. Under many healthcare reform programs those choices are limited, or they disappear entirely. As a result, the system could become even less efficient.”

While some may still see less involvement by profit oriented private business as an advantage, more government control has a downside. The National Association of Health Underwriters points out that when “government bureaucratic inefficiencies… replace free-market systems, the result [is an] overburdened, under-funded system that is often more cumbersome to navigate than the current free-market structure.”

The winds of change

In Washington State, we might soon experience just how cumbersome more government involvement is. In May the governor signed The Healthy Washington Initiative, which makes health insurance products available for purchase through a new state bureaucracy—the “connector”. Exactly how agents and brokers might be involved in this measure, if at all, is not yet known. What is known is that with the connector, employers and individuals will be calling a state bureaucrat to purchase health insurance, deal with payment problems, and other issues.

More extensive reforms are on the drawing board. Single payer programs, and some other government administered plans would simply eliminate agents. The Washington DC based Committee for Economic Development, in a report titled, Quality Affordable Health Care for All—Moving Beyond the Employer-Based Heath Insurance System proposes to eliminate the entire group insurance market.

The future

Once the agents and brokers are gone, plan design innovations and competition among insurers will be gone as well. Then, as premiums climb higher, the next logical step is for the state to set limits, not only on administrative costs, but also on reimbursements to
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The Future is Here - Health IT Advances are Improving Medical Care

Depending on the needs of the project, the team’s composition changed over time. According to the team “These transitions worked as long as the team members believed in the lean philosophy and were fully engaged in the process.”

The team also says celebrating project success is very important. Evergreen recently hosted a celebration for staff and physicians at which the project team presented their work and talked about lessons learned.

Going forward, the team says they will continue to monitor and evaluate the changes that have occurred. The project revealed other organizational processes that could benefit from the lean approach. These processes will be scheduled for “surgery” in the near future.

If you would like more information about this project, please email Wendy Schrempp at Evergreen Hospital at wsschrempp@evergreenhealthcare.org.

Lynette Jones is a Principal in the consulting firm Strategic Opportunity Solutions. She specializes in engagements that improve performance of health care organizations. She can be reached at lynettejones@gmail.com.

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UW Department of Health Services and School of Public Health and Community Medicine
Continued from prior page

more providers connect, its ability to improve health care will skyrocket. It is what should be done for patients who already expect it.

Tom Fritz is CEO of Inland Northwest Health Services (INHS). INHS is a collaboration of health care services, including Information Resource Management, St. Luke’s Rehabilitation Institute, Northwest TeleHealth, Northwest MedStar and others. Headquartered in Spokane, Washington, INHS is a non-profit corporation sponsored by Deaconess Medical Center, Holy Family Hospital, Sacred Heart Medical Center and Valley Hospital and Medical Center for providing collaboration in health care services. For more information visit inhs.org.

Agents, Brokers, and Healthcare Reform

<Agents
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doctors and hospitals. Agents, insurers, and healthcare providers will all suffer financial consequences. Patients, of course, will suffer in other ways. Rationing of services, delays in being admitted for care, and restrictions on treatments could become inevitable. It hasn’t happened yet, but change is in the wind.

Michael Greve, FLMI, CEBS, is an employee benefits consultant at Baldwin Resource Group, Inc., a full service brokerage and consulting firm in Bellevue, WA. He can be reached at (425)775-4227 or by email at mgreve@baldwinrgi.com.

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## New or Recently Promoted Health Care Leaders

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<th>New or Promoted Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timothy</td>
<td>L.</td>
<td>Ashcraft</td>
<td>Member (Tacoma Office)</td>
<td>Jan 2008</td>
<td>Williams Kastner</td>
<td>Promoted</td>
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<tr>
<td>Tameeka</td>
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<td>Aviles</td>
<td>Director, Business Development</td>
<td>Dec 2007</td>
<td>TIAA-CREF</td>
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<tr>
<td>Stanley</td>
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<td>Ayres, DDS</td>
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<td>James</td>
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<td>Terry</td>
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<tr>
<td>Phil</td>
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<tr>
<td>Patty</td>
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<td>J. D.</td>
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<td>George</td>
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<td>Helgren, CPA, CPCU</td>
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<td>Robert D.</td>
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<tr>
<td>Lisa</td>
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<td>Elizabeth</td>
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<td>Irish, CPA</td>
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<td>Josiah “Sy”</td>
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<td>Shriners Hospitals for Children - Spokane</td>
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<tr>
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<td>Dino W.</td>
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<td>Barbara</td>
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<tr>
<td>Maria E.</td>
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<td>Dean, School of Nursing*</td>
<td>Oct 2007</td>
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<tr>
<td>Gregory D.</td>
<td></td>
<td>Sawyer, MD, PhD</td>
<td>Vice President-Physician Practices</td>
<td>Jan 2008</td>
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<td>Promoted</td>
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Continued on next page

To announce a new or recently promoted Director or higher level individual at your organization, e-mail David Peel at dpeel@wahcnews.com.
### New or Recently Promoted Health Care Leaders

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<tr>
<th>First Name</th>
<th>Middle Initial/ Name</th>
<th>Last Name</th>
<th>Title</th>
<th>Effective Month/ Year</th>
<th>Organization</th>
<th>New or Promoted Leader</th>
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<td>Ray</td>
<td>Schemm</td>
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<td>New</td>
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<tr>
<td>Susan</td>
<td>Smith, SPHR</td>
<td>Director of Human Resources and Compliance</td>
<td>Sep 2007</td>
<td>Healthcare Management Administrators</td>
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<tr>
<td>Doug</td>
<td>Stoddard</td>
<td>Director, Business Development</td>
<td>Jan 2008</td>
<td>Zynchros, Inc.</td>
<td>Promoted</td>
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<tr>
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<td>Director of Business Development</td>
<td>Dec 2007</td>
<td>Pathway2Design</td>
<td>New</td>
<td></td>
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<tr>
<td>Jim</td>
<td>Tinney</td>
<td>Chief Technology Officer</td>
<td>Feb 2008</td>
<td>Zynchros, Inc.</td>
<td>New</td>
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<tr>
<td>Bob</td>
<td>Turpin, RHU, LUTCF</td>
<td>President</td>
<td>Jul 2007</td>
<td>Turpin Insurance Service</td>
<td>New</td>
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<tr>
<td>Russel</td>
<td>L.</td>
<td>Van Gelder, MD, PhD</td>
<td>Chair, Department of Ophthalmology</td>
<td>Jan 2008</td>
<td>University of Washington</td>
<td>New</td>
</tr>
<tr>
<td>Karol</td>
<td>L.</td>
<td>Wareck, RN, CPHRM</td>
<td>Group Vice President</td>
<td>Jan 2008</td>
<td>The Risk Management and Patient Safety Institute</td>
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</tr>
<tr>
<td>Sally</td>
<td>Watkins, PhD(c), MS, RN</td>
<td>Director of Nursing Practice, Education and Research</td>
<td>Oct 2007</td>
<td>Washington State Nurses Association</td>
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<td>Jennifer</td>
<td>Weldon</td>
<td>Controller</td>
<td>Dec 2007</td>
<td>Capital Medical Center</td>
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</table>

*Subject to approval by the UW Board of Regents.*

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### Career Opportunities

Choose Us... Choose Legacy

**Portland, Oregon & Vancouver, Washington**

Looking for a company to be proud of? One that inspires you to achieve your best? Then Choose Us...Choose Legacy. Legacy Health System consists of five hospitals throughout the Portland and SW Washington areas.

What sets Legacy apart? The people who work here. Not just for what we do individually, but more importantly, for what we do together. We collaborate. And the lines of communication are always open.

*Come see for yourself!* Exciting Opportunities are now available at various Legacy locations:

- **Director, Surgical & Interventional Services**
- **Director, Women’s & Newborn Services**
- **Nurse Managers**
- **Angio/Cath Lab Technologist**
- **Pharmacists**

Hire-on-Bonus plus relocation assistance available for eligible positions!

Want to learn more? Please visit our website at www.legacyhealth.jobs or contact us at 503-415-5405.
Career Opportunities

**Adaptis**

**Vice President, Sales & Marketing**

Adaptis, a Washington based business process outsourcing company serving over 1.2 million members seeks a VP of Sales & Marketing for its downtown Seattle office. This Executive Management position provides senior level leadership and management of sales and marketing functions and is responsible for direct and indirect revenue enhancement. Strong leadership, mentoring and employee development skills as well as 10+ years of health care industry knowledge are required. For a detailed job description, with additional requirements, visit Adaptis at www.adaptisinc.com and click on the “Careers” tab.

To apply for this position, send your resume to Kym Duncan, at kduncan@adaptisinc.com. EOE

**MINOR & JAMES MEDICAL**

**DIRECTOR or VP OF CLINICAL OPERATIONS (DOE)**

An excellent opportunity for an experienced health care professional to provide leadership and direction in managing clinical operations at a large, fast growing multi-specialty clinic. Work directly with administrative leadership teams to develop systems to assure efficient clinical operations. Bachelor’s degree with a minimum of ten years experience supervising management personnel in a large clinic or hospital setting; management level experience with operations, strategic planning and financial analysis required. Salary is DOE and/or position. We offer an excellent benefit package, EOE and drug-free workplace.

Please e-mail resume to joann.wray@minorandjames.com or mail to: Human Resources, 515 Minor Avenue, Seattle, WA 98104 or fax 206/386-9538.

**KADLEC MEDICAL CENTER**

**MANAGEMENT OPPORTUNITIES**

**Director, Emergency Services • PeriOperative Leadership Manager, Clinical Resources Management**

**About Kadlec Medical Center:**

- Progressive 188-bed, nationally recognized, locally-governed, not for profit regional medical center.
- Offering comprehensive services including open heart surgery, interventional cardiology, neonatal intensive care, level 3 trauma, and state-of-the-art digital imaging.
- Nearing completion of a brand new six story expansion which is expected to generate 400 new jobs over the next 5 years.

**About the Tri-Cities:**

- 225,000+ population, with one of the largest number of PhDs per capita in the US!
- Average price of homes: $180,000.
- Commutes measured in minutes.
- 308 days of sunshine annually.
- Over 150 wineries within 50 miles.

For more information: (800) 765-1140, ext. 2040 or Email: gauntk@kadlecmed.org

**Interested in posting a position or announcing an employee’s recent achievement? Use the News!**


Contact David Peel at dpeel@wahcnews.com to learn more.
Division Operations Manager
Seattle Gastroenterology (a division of Puget Sound Gastroenterology) is a health care leader in the Greater Seattle area. With our five clinics and surgery centers we have the financial strength and stability to make us an employer of choice in our field. Come be a part of our successful organization as we continue to expand.

We are looking for a Division Operations Manager who will provide operational leadership, oversight and guidance for all duties related the management of the Support Services Department across all three Seattle Gastroenterology Division locations. Support Services encompasses medical receptionists, medical records, referral coordinators, transcriptionists, and van drivers. Work situations include a variety of complex duties and responsibilities that require policy development, technical expertise, problem-solving skills, decision making, organizational skills, accountability, leadership and the use of discretion and good judgment.

Qualifications and Education: 5 years administrative management experience in a medical practice. Candidates with a Bachelors Degree in Business or Health Administration may have a minimum of 1 year administrative experience.

Please e-mail your application including salary history and cover letter to jobs@psgastro.com.

COMPLIANCE OPPORTUNITIES
University of Washington Physicians in Seattle, Washington seeks exemplary Compliance professionals for newly created positions in its growing Compliance Division.

Senior Compliance Specialist – Develop, coordinate and manage rapid response functions for Compliance program. Direct consultations, investigative reviews, risk assessment analysis and reporting. Liaison to Clinical Dept Physician champions, finance/claims processing departments, and billing/compliance providers.

Manager - Compliance Auditing and Monitoring – Manage operations of Compliance department's auditing staff and contract resources. Act as Compliance Office liaison to providers and partnering administrators. Take lead role on associated compliance projects.

UW Physicians offers a competitive salary and an exceptional benefits package. For more information on these positions and UW Physicians, visit www.uwphysicians.org click on "Careers at UW Physicians.”

Send cover letter and resume to toshiro@uwphysicians.org

University of Washington Physicians is an Equal Opportunity Employer

SUSAN SMITH EARNS CERTIFICATION AS A SENIOR PROFESSIONAL IN HUMAN RESOURCES
Issaquah, WA, December 26, 2007 -- Susan Smith, Director of Human Resources and Compliance, Healthcare Management Administrators, recently earned certification as a Senior Professional in Human Resources (SPHR).

The certification, awarded by the Human Resource Certification Institute (HRCI), signifies that Susan possesses the theoretical knowledge and practical experience in human resource management necessary to pass a rigorous examination demonstrating a mastery of the body of knowledge in the field.

"Certification as a human resource professional clearly demonstrates a commitment to personal excellence and to the human resource profession," said Susan Meisinger, SPHR, President and CEO of the Society for Human Resource Management (SHRM). HRCI awards two levels of certification: Professional in Human Resources (PHR) and Senior Professional in Human Resources (SPHR).

To become certified, an applicant must pass a comprehensive examination and demonstrate a strong background of professional human resource experience.

HRCI is the credentialing body for human resource professionals and is affiliated with the Society for Human Resource Management (SHRM), the world’s largest organization dedicated exclusively to the human resource profession. The Institute’s purpose is to promote the establishment of professional standards and to recognize professionals who meet those standards.

Company Sponsored Announcement
Ready for a Change of Pace?

Employees at KPS Health Plans enjoy a casual, balanced work environment, served with a generous benefits package. Based in Bremerton, housing prices are still affordable, schools are great, and you know your neighbors. Plus, KPS was named one of the Best Places to Work by Washington CFO magazine in 2004, 2006 and 2007; and, by Seattle Magazine in 2005 and 2007

We are currently seeking:

**VICE-PRESIDENT, HEALTH PLAN OPERATIONS**

KPS is seeking candidates with 10 years health industry experience and five years of management experience, or any equivalent combination of experience and training that demonstrates a specific skill set. Directs KPS health plan operations, which include Member Services, Provider Relations, and Medical Management.

**MEDICAL DIRECTOR**

Medical Doctor with 10 years experience in the medical community to function as chief medical administrator and medical technical resource for Health Plan (HCSC), and assure positive relations with the local medical community. Supports Board of Directors by providing effective counsel. WA State professional medical license and current ABMS/AOA specialty board certification required.

*Pension Plan
*Life and Disability Insurance
*401(k) Plan
*Paid Time Off
*Personal Holidays
*Medical, vision, dental coverage
*Paid Holidays
*Flexible Spending Accounts ……and more!

Send cover letter, resume, and salary requirements to: hr@kpshealthplans.com.
Visit www.kpshealthplans.com for a complete job description. EEO.

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### Washington Healthcare News Reader Distribution by Position and Industry

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## Plan and Hospital Financial Information

### YTD Net Income and Members through 09/30/07 for the Largest Health Plans in Washington State¹

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Net Income</th>
<th>Members</th>
<th>Plan Name</th>
<th>Net Income</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plans:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regence BlueShield</td>
<td>$66,554,186</td>
<td>885,521</td>
<td>Arcadian Health Plan</td>
<td>($924,311)</td>
<td>19,090</td>
</tr>
<tr>
<td>Premera Blue Cross</td>
<td>$76,438,960</td>
<td>726,319</td>
<td>Timber Prod. Manuf. Trust</td>
<td>$460,174</td>
<td>9,611</td>
</tr>
<tr>
<td>Group Health Cooperative</td>
<td>$72,789,487</td>
<td>401,888</td>
<td>Washington Employers Trust</td>
<td>($1,560,699)</td>
<td>9,122</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>$32,585,577</td>
<td>283,931</td>
<td>Aetna Health, Inc.</td>
<td>$1,977,998</td>
<td>6,708</td>
</tr>
<tr>
<td>Community HP of WA</td>
<td>$9,300,708</td>
<td>232,579</td>
<td>Washington State Auto Ins. Trust</td>
<td>($1,654,448)</td>
<td>3,100</td>
</tr>
<tr>
<td>Group Health Options</td>
<td>$114,549</td>
<td>103,491</td>
<td>Puget Sound Health Partners</td>
<td>($1,675,215)</td>
<td>0</td>
</tr>
<tr>
<td>Asuris Northwest Health</td>
<td>$4,047,694</td>
<td>90,828</td>
<td>Vision Service Plan</td>
<td>$6,141,567</td>
<td>70,043</td>
</tr>
<tr>
<td>LifeWise Health Plan of WA</td>
<td>$1,623,819</td>
<td>89,102</td>
<td>Washington Dental Service</td>
<td>$12,560,083</td>
<td>907,902</td>
</tr>
<tr>
<td>Pacificare</td>
<td>$33,427,691</td>
<td>52,399</td>
<td>Medical Group</td>
<td>$1,603,741</td>
<td>25,664</td>
</tr>
<tr>
<td>KPS Health Plans</td>
<td>($943,114)</td>
<td>45,740</td>
<td>Vision or Dental Plans:</td>
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</tr>
<tr>
<td>LifeWise Health Plan of WA</td>
<td>$1,623,819</td>
<td>89,102</td>
<td>Washington Dental Service</td>
<td>$12,560,083</td>
<td>907,902</td>
</tr>
<tr>
<td>Pacificare</td>
<td>$33,427,691</td>
<td>52,399</td>
<td>Vision Service Plan</td>
<td>$6,141,567</td>
<td>544,640</td>
</tr>
<tr>
<td>KPS Health Plans</td>
<td>($943,114)</td>
<td>45,740</td>
<td>Vision or Dental Plans:</td>
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<td></td>
</tr>
</tbody>
</table>

### YTD Margin and Days through 09/30/07 for the Largest Hospitals in Washington State²

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Margin</th>
<th>Days</th>
<th>Hospital Name</th>
<th>Margin</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacred Heart Medical Center</td>
<td>$41,858,163</td>
<td>112,800</td>
<td>St. Joseph Hospital Bellingham</td>
<td>$13,364,759</td>
<td>43,285</td>
</tr>
<tr>
<td>Harborview Medical Center</td>
<td>$11,535,000</td>
<td>101,165</td>
<td>Valley Medical Center</td>
<td>$24,428,199</td>
<td>40,121</td>
</tr>
<tr>
<td>Providence Everett Med Ctr.</td>
<td>$23,002,895</td>
<td>75,599</td>
<td>Yakima Valley Memorial</td>
<td>$5,485,968</td>
<td>37,569</td>
</tr>
<tr>
<td>University of WA Med Ctr.</td>
<td>$24,366,972</td>
<td>73,583</td>
<td>Highline Community Hospital</td>
<td>$6,459,112</td>
<td>35,552</td>
</tr>
<tr>
<td>St. Joseph Medical Center</td>
<td>$59,093,249</td>
<td>69,277</td>
<td>Northwest Hospital</td>
<td>$4,222,277</td>
<td>30,934</td>
</tr>
<tr>
<td>Virginia Mason Medical Ctr.</td>
<td>$11,629,102</td>
<td>64,481</td>
<td>Swedish Cherry Hill Campus</td>
<td>($10,398,308)</td>
<td>30,925</td>
</tr>
<tr>
<td>Southwest WA Med Ctr.</td>
<td>$2,382,889</td>
<td>63,986</td>
<td>Kadlec Medical Center</td>
<td>$6,098,901</td>
<td>30,386</td>
</tr>
<tr>
<td>Providence St. Peter Hospital</td>
<td>$20,180,986</td>
<td>62,386</td>
<td>Central Washington Hospital</td>
<td>$10,563,706</td>
<td>30,235</td>
</tr>
<tr>
<td>Tacoma General Hospital</td>
<td>$37,433,609</td>
<td>62,046</td>
<td>Holy Family Hospital</td>
<td>$799,029</td>
<td>28,828</td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>$34,197,000</td>
<td>49,936</td>
<td>Legacy Salmon Creek Hospital</td>
<td>($4,541,322)</td>
<td>24,029</td>
</tr>
<tr>
<td>Deaconess Medical Center</td>
<td>($687,439)</td>
<td>49,514</td>
<td>Auburn Regional Medical Ctr.</td>
<td>($1,650,027)</td>
<td>23,463</td>
</tr>
<tr>
<td>Harrison Medical Center</td>
<td>$20,068,173</td>
<td>48,955</td>
<td>St. Clare Hospital</td>
<td>$9,523,855</td>
<td>21,384</td>
</tr>
<tr>
<td>Overlake Hospital Med. Ctr.</td>
<td>$10,582,844</td>
<td>44,677</td>
<td>Yakima Regional Medical Ctr.</td>
<td>$8,585,803</td>
<td>20,969</td>
</tr>
</tbody>
</table>

¹Per filings with the WA State Office of Insurance Commissioner. ²Per filings with the WA State Department of Health. Evergreen Healthcare and Stevens Hospital were among the largest hospitals but their complete financial information wasn’t available on the WA State Department of Health website at press time and therefore wasn’t reported.
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