

# Washington Healthcare News

wahcnews.com

Articles, Interviews and Statistics for the Healthcare Executive

VOLUME 4, ISSUE 8

AUGUST 2009

## Human Resources in the New World - Globalization, Technology and Outsourcing

By **Daniel W. Fisher**  
*Chief Executive Officer*  
*EmSource Northwest*



“Never in the field of human endeavor was so much owed by so many to so few,” was directed to the Royal Air Force as they fought in the skies over the English Channel during WWII. Winston Churchill did not have human resource professionals in mind when he said it. But the quote did pop to mind as I read through another study suggesting an erosion of the HR to employee ratio. This study shows an average of 1 HR professional full-time equivalent (FTE) per 100 employees in 2000 shrinking to 1 per 300 today. While such averages don’t reflect every industry and certainly don’t tell the whole story, there is little to debate that the profession of managing employees in

the United States has experienced dramatic change in recent years. Globalization, technology and outsourcing are the driving forces that define what I call the “New World” of Human Resources.

The world may be much flatter today, but the human capital and organizational development playing fields are not. Globalization has affected every industry in the Northwest from agriculture to healthcare. Though most of the political attention has been focused on manufacturing jobs hopping from one country to another in search of the lowest cost of labor, our employees here at home often feel the anxiety of workforce globalization. Add to this the pressures of the current economy and uncertainty of healthcare reform and the need for leadership from human resource departments has never been greater.

There are five primary elements of human resource management that collectively define an organization’s strategy to attract, motivate and retain employees. These elements are generally categorized as:

- Compensation
- Benefits
- Performance and Recognition
- Development and Career Opportunities

- Work-life balance

Each of these elements of HR management is key to every organization’s success. Properly integrating each element into an organizational strategy is the role of today’s human resource professional. In the New World, each of these elements must be viewed un-  
**Please see> Human Resources, P4**

### Inside This Issue

<b>Human Resources in the New World - Globalization, Technology and Outsourcing</b>	1
<b>Healthcare Finance:</b> Investment Risk Management: Who Should You Trust?	6
<b>Healthcare Benefits:</b> Vivacity Launched to Help Employers Lower Rate of Healthcare Cost Increases	8
<b>Healthcare Company Profile:</b> Foster Pepper PLLC Announces New Labor and Employment Service	10
<b>Healthcare Administration:</b> Ready? or Not? A First Look at Washington Hospital Succession Practices	12
<b>Healthcare Law:</b> Employers Take Note: Federal Benefit Legislation Impacting Employer-Sponsored Programs	14
<b>Healthcare Administration:</b> Why Benchmark? How Medical Practices Can Use Benchmarking to “Raise the Bar”	16
<b>Healthcare Recruiting:</b> Diving into the Social Networking Pool? Here’s What You Need to Know First	18
<b>Career Opportunities</b>	21
<b>Plan and Hospital Financial Information: Available on the Washington Healthcare News web site at <a href="http://www.wahcnews.com">www.wahcnews.com</a></b>	

### Publisher and Editor

David Peel

### Contributing Editor

Nora Haile

### Contributing Writer

Roberta Greenwood

### Business Address

631 8th Avenue

Kirkland, WA 98033

### Contact Information

Phone: 425-577-1334

Fax: 425-242-0452

E-mail: [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com)

Web: [wahcnews.com](http://wahcnews.com)

### TO GET YOUR COPY

If you would like to be added to the distribution, go to our web site at [www.wahcnews.com](http://www.wahcnews.com), click on the "subscribe" tab at the top of the page and enter all information requested. Be sure to let us know whether you want the hard copy or the web version.

### LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com).

## Letter from the Publisher and Editor



Dear Reader,

I'm frequently asked by people in health care to publish their article in the Washington Healthcare News. Our reader demographic, 6,300 northwest health care leaders, appeals to those who want to educate others or present their command of a particular subject. Providers can also reach referring provider organizations through articles in the News.

We decide which articles to publish based on the following criteria:

- The credibility and experience of the writer
- The writer's ability to deliver a professionally written, grammatically correct article
- The topic of the article
- The availability of space
- The writer's motivation for having their article published

We're now planning our 2010 article line-up. If your organization is interested in having an article published in the News then contact me at [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com). I look forward to hearing from you!

*David Peel, Publisher and Editor*



**Heard from your retirement plan broker lately?**

**If not, perhaps its time for a second opinion.**

- McHenry provides investment risk and asset management services to corporate employers and not-for-profit institutional investors
- Even if you have an existing brokerage or advisory relationship, our **benchmarking** services can help ensure that your policies and practices are both **effective** and **efficient**
- **Take the tour** at [www.mchenrypartners.com](http://www.mchenrypartners.com) and call us for a second opinion

**We can help.**

**800 638 8121**  
[www.mchenrypartners.com](http://www.mchenrypartners.com)



**McHenry**  
PARTNERS





## Your Workforce May Look Different These Days Maybe You Need a Different Kind of Law Firm Too

Your workforce never stands still, and neither should your law firm. At Garvey Schubert Barer we have developed innovative tools to help employers handle workplace issues quickly, cost-effectively and with less toll on management resources. The firm's *AdviceOnline* human resource tool provides instant answers and solutions for day-to-day issues, while our proven dispute resolution product — *WIN<sup>2</sup>* — has been a time and money saver when compared to traditional litigation. Contact us today to partner with a firm that is on the cutting edge of employment law.

### THE POWER OF PARTNERS<sup>SM</sup>

BEIJING NEW YORK PORTLAND SEATTLE WASHINGTON, D.C.

G A R V E Y  
S C H U B E R T  
B A R E R

*Attorneys*

GSBLAW.COM 206.464.3939

tgba | taylor gregory broadway architects

We are a diverse team of design professionals. Our talent and approach are geared toward creating logical solutions for the complex needs of our healthcare clients.

#### SERVICES

Feasibility Study	Facility Analysis
Master Planning	Design Development
Programming	Construction Oversight
Architectural Design	
Site Analysis	

#### FACILITIES

ASC Design	Fitness Center Design
Sleep Lab Design	Hospital Design
Multi-Practice Clinic	Hospital Remodel
Specialty Clinic	Imaging / Radiology
Sole Practice Clinic	ER / ICU Design
Medical Office Buildings	

Building Spaces for  
Health and Healing

21911 76th Ave W, Suite 210  
Edmonds, WA 98026  
T: 425.778.1530  
F: 425.774.7803  
www.tgbarchitects.com

## < Human Resources, from P1

der the light of globalization, cost control and regulatory compliance. HR professionals must use every tactic and tool available to attract and retain a motivated workforce. And, in the process, it would be nice if they themselves were afforded the same work/life balance that they strive to provide their fellow employees.

While globalization and the economy have changed the rules of engagement, recent applications of technology have brought permanent structural change to the field of HR management. What was pieced together across multiple platforms yesterday is now fully integrated. Compensation planning, benefits enrollment, recruiting, training and development, time and attendance, performance management and even succession planning are components of readily available human resource management programs (HRMS) from many different vendors at PEPM fees (per employee per month) that have fallen dramatically in recent years. Of course, as sophisticated as these HRMS systems are and as simple as they look in the demo, they do not run themselves. ADP, Oracle, Sage, Ascentis, and the hundreds of other vendors all assume that a great deal of technical knowledge, capacity, time and budget are readily available for every prospective client. Rarely is this the case even if the HR department includes highly skilled and motivated professionals.

Technology is a tremendous tool, and as an HR technology consultant and employee benefits advisor, I watch the software and service platforms getting better and less expensive by the month.

The results are not quite as awe inspiring as mapping the human genome, but if you are not using a very contemporary HRMS platform yet, you are in for a welcome surprise. A small clinic with no full-time HR professional on staff today can afford very good real-time, web-based payroll, fully integrated HRMS, and a self-service employee portal that was simply not available to them as recently as 2006. Here's an example of a New World HR solution. One of our mid-sized retail clients not only has a fully-integrated payroll/HRMS system, they solved much of their multi-location, multi-language HR management issues by conducting a good portion of their wellness campaign and annual benefit enrollment confirmations in English and Spanish via texts and podcasts delivered to employees' mobile phones!

The same phenomenon that has swept the internet this past year – Web 2.0 – is flowing through the HR profession today. Basically, the internet used to be strictly a source for information – a one way exchange. That's Web 1.0. Now the internet is used for social interaction. While I still believe Twitter is only for those with short attention spans (or students trying to overthrow an Iranian dictator), the exponential growth in users of MySpace and Facebook have spun off remarkable innovations in human resources as well. Employee intranets used to be Web 1.0. Post your benefit plans and maybe a few forms and wellness reminders and it would have little to no effect on reducing HR time spent on routine questions from employees. Today, employee web-portals are 2.0. They include self-serve payroll and benefits inquiries, monitored

interaction with other employees and HR, life event reminders, built in wellness incentive plans and even employer brand reinforcement. These company portals, if done right, often lead to community building within the organization – not much different than what Facebook and MySpace do. For those organizations that select the right vendor and properly train their staff, a substantial competitive edge is gained. Return on investment is typically very quick and very noticeable. But by itself, even New World 2.0 technology can be a drain on HR staff and budgets alike. There is no line item on the Income Statement for it, but we all know the cost of unhealthy and/or under motivated employees is staggering. This is particularly true in healthcare where many employees have hands on patients. Healthy and motivated employees that are actively encouraged to participate in reaching the goals of the organization are very productive in any economy and in any "World." A well-designed employee portal using Web 2.0 community building technologies is quickly becoming a necessity for many organizations.

As budgets must be balanced and HR departments are asked to do more with less, outsourcing HR management has become much more common. In fact, many in my industry would argue that the New World is an outsourced one. At one extreme are PEOs (professional employer organizations) who enter into "co-employer" agreements with their clients and take over nearly all administrative functions. Though a typical PEO client is an employer with 20 employees, they are quickly going "upscale" and expanding into new markets in-



cluding healthcare. Online payroll, workers comp management and group health insurance are their biggest draws. BPOs (business process outsourcers) are similar but do not enter into co-employment contracts. These firms integrate payroll, HR and benefits administration for any size organization in any industry. BPOs come in many flavors, though they typically rely on hosted SaaS (Software as a Service) platforms. BPOs have been evolving rapidly to gain a footing in the middle employer market (50 to 2,000) employees) and offer immediate scalable infrastructure and access to capabilities that are usually out of reach for most employers seeking such solutions on their own.

So what does a New World human resource department look like? I believe the common traits are: a staff that embraces the changes

of globalization, technology and outsourcing as inevitable, leverages technology and consultant knowledge without giving up control, utilizes Web 2.0 platforms to strengthen relationships with employees and their dependents, and focuses on strategic rather than tactical solutions.

*Dan Fisher is CEO of EmSource*

*Northwest, an independent employee benefits and human resource consulting firm based in Kirkland, WA. Dan is a Past President of the Washington Society of CPAs and has been practicing as an employee benefits broker since 1989. He can be reached at 1-877-550-0088 or dan@emsourcenw.com.*



Visit [wahcnews.com](http://wahcnews.com) for current career opportunities

# EVERYONE BENEFITS FROM SOUND LEGAL ADVICE



**OUR BREADTH OF EXPERIENCE** keeps our clients focused on their mission—providing quality care to their patients. Serving health care clients for over 75 years, we provide sound and practical advice to health care professionals, clinics, and institutions in such areas as labor and employment, risk management, regulatory compliance and licensing, business transaction and litigation services.

FOR MORE INFORMATION CONTACT **JUDD LEES**: 206.233.2893

**WILLIAMS  
KASTNER**  
■■■◀

SEATTLE . TACOMA . PORTLAND and affiliated offices in SHANGHAI . BEIJING . HONG KONG ◀ . . . . Practicing law with greater resolve™

## Investment Risk Management: Who Should You Trust?

By **Ward M. Harris**  
*Managing Director*  
*McHenry Partners*



### IT'S OFFICIAL!

Bernard Madoff is now our guest at a Federal institution for the next 150 years. The litany of abuse and tales of woe will be told for years to come. And it didn't have to happen. Many knowledgeable professionals knew Bernie's results were unreasonably high and unsustainable. Harry Markopolos, an investment professional in Boston, began his effort to uncover the Madoff scam in 1999.

It took almost ten years for the Madoff pyramid to be brought down. Not by the Securities Exchange Commission (which ignored Harry's repeated efforts) but by a market melt-down and redemption demands from offshore investors. The house of cards collapsed upon itself – not through the efforts of our regulators and criminal justice system, but through

simple greed and gravity.

My former employer (an old-line, blue-blood New England investment consulting firm) maintained a "hands off" policy on Bernie and for good reason. Our analysts' internal documents made very clear our own opinion of his firm as some kind of hustle. It was too good to be true and the parts didn't fit together.

We were in Fairfield County Connecticut – the homeland of hedge funds and investment consultants. It was hard to tell people that we wouldn't support them as clients if they insisted upon using Madoff.

It's also hard to lose business or be rejected for trying to do the right thing. Ask Harry Markopolos. Better yet, read his memo to the SEC in 2005 begging the Commission to investigate Madoff; or his 2009 testimony before Congress. (I have copies and would be happy to share if you will send me an email.)

### How to Avoid the Next Bernie?

Usually, the malfeasance of retirement plan consulting and asset management sales is not about outright theft or conversion. It's a more genteel and gradual leeching of plan and participant assets. So how do you avoid the gentle theft of plan assets through ineffective, overpriced or inappropriate plan consulting or investment advisory services?

**1. Competence** – Find a person and a firm that has a clearly proven history of getting the job done: on time, on budget,

on specification for the project or retainer relationship. Make them prove their worth, check references, ask questions. Personal referrals and endorsements are always best, but don't stop there (remember how adored Bernie was among his social and business network). Over the last twenty years, our team has managed or participated in over 200 request for proposal (RFP) projects. It's never easy, but the process is critically important to good decision-making for retirement plan management.

**2. Trust** – Find a person and a firm that you can trust, people who are honest. Not just cash-box honest but also honest with themselves about their abilities and capacities. You might be the biggest and most complicated new client the advisor will see in a while. Suggestion: "Trust But Verify." Confirm that staff resources and time exist to actually deliver as promised. Remember, it's your reputation and credibility at risk.

**3. Communication** – Does the candidate advisor or vendor speak in ways you can easily understand? Does he understand your business objectives, preferences and priorities? If not, or if your cultural or personal values (or style) don't "work" for him, then your potential new relationship may already be at risk. Institutional



consulting and advisory work is heavily dependent upon good communication and respect.

### The Bottom Line?

Plan sponsors can protect their organizations and participants through objective due diligence in selecting advisors, vendors and asset managers. Ethics, common sense and the courage of your convictions are also quite valuable.

**Next month: “DB Retirement Plan Management: Part 3 – “How Do You Measure Success?”**

*Ward Harris is Managing Director with McHenry Partners, a national investment consulting firm. He can be reached at 1-800-638-8121 or ward.harris@mchenrypartners.com.*



**Legal counsel from both sides of the brain.**

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, Seattle, klf@aterwynne.com or Stacey Mark, Portland, sem@aterwynne.com.

**ATERWYNNE** LLP

ATTORNEYS AT LAW

PORTLAND SEATTLE MENLO PARK SALT LAKE CITY

601 Union Street Suite 1501  
Seattle, WA 98101  
206-623-4711

1331 NW Lovejoy St. Suite 900  
Portland, OR 97209  
503-226-1191

**aterwynne.com**

**Providing the best quality, best value benefits management solution in the Pacific Northwest for over two decades.**



HEALTHCARE  
MANAGEMENT  
ADMINISTRATORS

#### Washington

Brooke Vassar, Sales Executive  
425.289.5227  
proposals@accessstpa.com

#### Oregon

Melody Ortiz, Sales Executive  
503.808.9287 Ext. 6213  
proposals@accessstpa.com



**We offer a full range of Third Party Administrative services including Medical, Dental, Vision, Pharmacy, HRA, FSA, HSA, COBRA and Advanced Health Management programs.**

**www.accesshma.com**

## Vivacity Launched to Help Employers Lower Rate of Healthcare Cost Increases

Employers are increasingly aware that the health status of their employees can significantly impact what they pay for health benefits.

Many employers have hired wellness companies to improve their employee's health status and found all they really hired were consultants who prepared assessments and provided off-the-shelf products. Vivacity, a wholly-owned subsidiary of Ucentris, part of the Premera family of companies, aims to change that.

Based in Mountlake Terrace, WA, Vivacity provides tailored wellness programs for the unique needs of each employer's workforce. They work with their customers to create integrated offerings and tailored wellness programs based on the readiness of employers to engage, associated health risk factors in the workforce, and established patterns in healthcare spending.

How does this work?

Here's a summary of Vivacity's Wellness Process (see image).

**1. Engage & Screen.** To begin, leadership of the client company is interviewed to evaluate readiness, commitment, support, resources and the work environment. Some companies may support improvements to their employees'

health status at a faster pace than other companies. A Vivacity Wellness Advisor assists with the process and facilitates development of the company's wellness vision and future.

**2. Assess.** The company's wellness baseline is established. Critical data is reviewed. Employee input is used for plan design.

**4. Measure & Report.** Results are measured, analyzed and reported. Employer scorecard and data analytics are leveraged. Opportunities for continual improvement are pursued.

"We all know that employers are struggling with the rising cost of healthcare," said Jim Messina, CEO of Vivacity, who brings over 25 years of healthcare industry leadership to the new company. "There is an enormous opportunity for employers to see real gains by taking advantage of meaningful and targeted wellness programs for their employees. They often need help beyond just products - they seek rigor, credibility and experience. That's where Vivacity comes in."

What kind of gains are possible?

Studies have shown that more than 75% of healthcare spending is on chronic conditions

including diabetes, heart disease and lung disease (US Dept. of Health & Human Services, Centers for Disease Control). Half of chronic conditions are connected to risky lifestyle choices and habits. When risk factors are reduced, healthcare costs are reduced.

"When we look at benefit costs and productivity impacts of health,



### Vivacity's Integrated Wellness Process

**3. Architect & Implement.** A customized wellness roadmap is created that includes developing measurable goals. Data, tools, activities and resources are integrated. A wellness strategy, program implementation and communication plan is designed. Ongoing wellness support is provided.



employers see a real need to impact these trends,” said Cyndy Nayer, President and CEO of the Center for Health Value Innovation. “Vivacity has the competencies in benefits plans that drive the value of health dollars, a needed focus for this economy. More importantly, the leadership of the new company is passionate about health improvement. We look forward to sharing their innovations with the Market.”

Vivacity’s program platform is extensive and includes the following:

- **Health Risk Management.** This program includes a web portal that provides employers with robust reporting and sophisticated behavioral change tools. Employees and dependents are provided with a Personal Health Assessment and interactive, online tools that let them track and monitor

their health.

- **Health Coaching.** Health Coaching supports and assists employees in identifying their individual needs and setting measurable, personalized goals.
- **Tobacco Cessation.** Vivacity has partnered with the American Cancer Society (ACS) to give employees and dependents access to the ACS’s highly successful Quitline®. Nicotine Replacement Therapy is also provided for those employees who are medically qualified to receive it.
- **Worksite Biometric Screening.** This service lets employees know their personal health indicators - information essential for behavior change and for understanding individual risk for serious chronic disease.
- **Evaluation.** Baseline data

gathered from the various assessments are reviewed to identify the programs that will work best for the employer’s business.

- **Reporting.** Aggregate and customizable reports are prepared on outcomes, utilization, and employee satisfaction with the programs.

A key member of Vivacity’s leadership team is Dr. Dave Johnson, who has extensive corporate health experience in disease management, health risk management, and population health. He has also been involved with launching and managing several medical start-up companies. HR administrators and employers interested in Vivacity’s services may call Dr. Johnson at 877-276-9953.

To learn more about Vivacity, visit the web site at [www.vivacity.net](http://www.vivacity.net).

#### THE ATTORNEYS IN THE MILLER NASH HEALTHCARE PRACTICE GROUP



Robert Walerius

[bob.walerius@millernash.com](mailto:bob.walerius@millernash.com)



Dana Kenny

[dana.kenny@millernash.com](mailto:dana.kenny@millernash.com)



Monica Langfeldt

[monica.langfeldt@millernash.com](mailto:monica.langfeldt@millernash.com)



Leslie Meserole

[leslie.meserole@millernash.com](mailto:leslie.meserole@millernash.com)



Greg Montgomery

[greg.montgomery@millernash.com](mailto:greg.montgomery@millernash.com)



Casey Moriarty

[casey.moriarty@millernash.com](mailto:casey.moriarty@millernash.com)



Robert Zech

[bob.zech@millernash.com](mailto:bob.zech@millernash.com)

Assisting  
healthcare  
organizations  
and providers.



**MILLER NASH**  
ATTORNEYS AT LAW

206.622.8484

[WWW.MILLERNASH.COM](http://WWW.MILLERNASH.COM)

PORTLAND  
OREGON

SEATTLE  
WASHINGTON

VANCOUVER  
WASHINGTON

CENTRAL OREGON

## Foster Pepper PLLC Announces New Labor and Employment Service

Foster Pepper PLLC, one of the largest law firms in the Pacific Northwest, recently announced an innovative new service targeted to healthcare clients.

The new service, called *Your Employment Services (YES!)*, provides a guaranteed number of employment and/or labor related hours of legal services per quarter at a fixed price. In addition, each YES! client receives access to an individualized extranet.

Why launch YES!? Julie Kebler, Member and Labor and Employment Attorney with Foster Pepper PLLC explains, "We work with all types of healthcare clients who have experienced and knowledgeable human resources staff. They have the frequent need to run issues by outside counsel but are concerned about the predictability of costs. With YES! we can offer predictable costs. They are also lower overall."

### When to Use YES!

Most employment/labor legal issues don't involve litigation. However, many should be discussed with an attorney.

Examples include:

- An employee handbook needs to be updated or a sample policy is needed.
- A problem previously discussed with counsel has gone in a different direction. A new strategy is needed.
- A union representative is setting up shop in the hospital's cafeteria. What should be done?
- Developing strategies for untangling an employee's ADA, FMLA and Worker's Compensation claims.

### What YES! Includes

YES! includes six hours of legal services per quarter. Clients receive four hours of direct attorney consultation with an experienced attorney on any employment or labor matter. Litigation services are excluded.

It also includes two hours of updated information each quarter on the Client's personalized extranet. Extranet services are unlimited.

The extranet service includes access to Foster Pepper PLLC sam-

ple policies, checklists, listings of effective dates of new laws, red flag memos, direct links and alerts. Security is enabled so clients have the ability to designate tabs on their extranet for separate matters that only designated persons will be able to view, discuss online and post related documents. This limits the use of email.

### What YES! Costs

According to Kebler, "A flat fee payment is due each quarter. If a client does not use the four hours of direct consultation during one quarter then it rolls over into the next quarter. The cost per hour of these services are significantly lower than our regular hourly rates."

### To Learn More

Prospective clients can contact Julie Kebler at 206-447-6404 or [keblj@foster.com](mailto:keblj@foster.com) or contact Rosa Fruehling-Watson at 206-447-7907 or [fruer@foster.com](mailto:fruer@foster.com) to learn more.

Julie or Rosa will show you a sample extranet, provide a full explanation of YES! and present specific cost information.



**FOSTER PEPPER** PLLC  
ATTORNEYS AT LAW

## Company Snapshot

Description	Company Information ( <a href="http://www.foster.com">www.foster.com</a> )
Key Contacts	Julie Kebler   206-447-6404   <a href="mailto:keblj@foster.com">keblj@foster.com</a> Rosa Fruehling-Watson   206-447-7907   <a href="mailto:fruer@foster.com">fruer@foster.com</a>
Service Area	The Pacific Northwest

## UNIQUE FIT



### Unique insurance needs require unique expertise.

Healthcare organizations face unique risks, which require unique solutions. MedRisk specializes in healthcare-related risks, such as Reinsurance, Stop-Loss, Errors & Omissions and Directors & Officers Liability. To learn how MedRisk can help manage your risk and transform your business, call one of our representatives today.

**Washington** Robin Brown  
(425) 649-9876  
rbrown@medriskllc.com

**MedRisk**  
www.medriskllc.com

**Oregon** Steve Couch  
(503) 657-7475  
scouch@medriskllc.com

IT'S NOT ABOUT ADVERTISING.

## IT'S ABOUT RECRUITMENT.

For 20 years we've helped clients in healthcare achieve recruitment goals. And as a result, we have a strong point-of-view about how it should be done.

Instead of thinking of them as patients, we think of them as members. Our **Me2.0** change process combines Social Media with traditional media,

creating rich, two-way relationships that get you new patients and turn them into the best referring partners you'll ever have.

Can we help you?



Contact Richard at 206.328.5555 ext. 203 | [www.palazzo.com](http://www.palazzo.com)





## Ready? or Not? A First Look at Washington Hospital Succession Practices

**By Cathy Gibson**  
*Principal and Practice Leader  
Moss Adams LLP  
Human Capital Consulting*



Succession planning in Washington is considered a priority by two thirds of the CEOs, Board members and strategic HR Executives responding to the recently concluded Moss Adams/Washington State Hospital Association Succession Readiness Survey. However the survey findings also illustrate a gap in awareness around the positive impact of formal succession planning practices.

Survey findings reveal that having a documented succession plan where a designated group or individual is accountable for results contributes to effective and successful leadership transitions.

When these two practices – plan documentation and implementation accountability – are not followed, 80% of respondents indi-

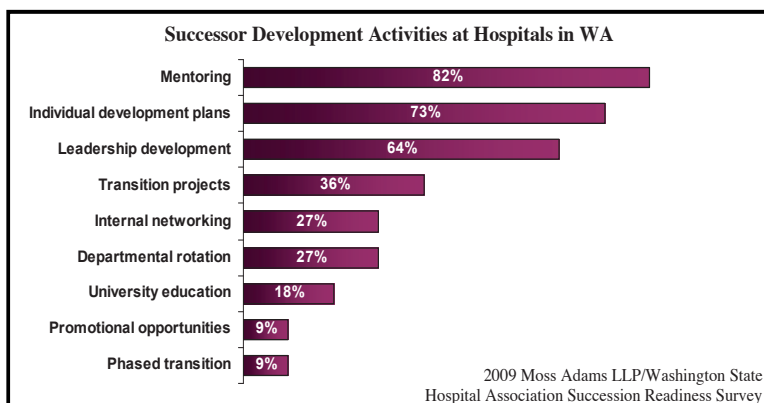
cate they are unprepared for the transition of their key leaders.

### Role of Plan Documentation and Accountability

Of all survey respondents, less than half acknowledged having a documented succession plan in place. Between systems and independent hospitals, 71% of hospital systems' succession plans are documented as compared with 36% of plans at independent hospitals.

Roughly one third of survey respondents told us they have clear accountability in their hospital for implementation of the succession plan. In most cases either the Board or the departing executive is tasked with developing the plan.

When accountability for implementation of the succession plan is clear, respondents indicate succession planning is included in board discussions and they are currently working on development activities for successor candidates.



Of note, all institutions with documented plans and accountability for plan implementation indicated they felt prepared for future leadership transitions.

To further validate the merits of succession readiness, every WA hospital implementing a documented succession plan indicates their recent leadership transition experience was positive.

### What are WA Hospitals Doing?

A plan is just a plan until it's implemented. For the hospitals implementing their documented succession plans today, here's what our 2009 survey respondents told us:

- Their plan includes transition activities for the CEO and other C level executives
- Accountability for their plan implementation is assigned to a dedicated task force
- Succession is viewed as a priority of their Board (e.g. succession planning has been on their Board's agenda at least once in the past 12 months)
- Individualized development plans are used for each successor candidate

- Mentoring is provided to their successor candidates

Additionally, half of the respondents who had succession plan documentation and accountability provide clear development opportunities for successors. In addition to the development activities noted in the box to the left, these hospitals also include rotations, leadership development programs, and structured internal networking.

## Additional Factors Impact Successful Leadership Transitions

72% of survey respondents have experienced leadership transitions at the C-level within the past two years. Where those leadership transitions had been successful, respondents told us they attributed success to:

- A thorough candidate assessment process (65%)
- Clear communications about the process and their plan (23%)

If vetting leader candidates is a success factor, what are hospital leaders evaluating in their successors?

- Experience (65%)
- Emotional intelligence (61%)
- Technical expertise (52%)
- Strategic relationship (39%)
- Reputation (29%)

If clear communications are the second most significant contributor to successful transitions, what are hospital executives and board members saying about succession? Interestingly, only 15% of survey respondents said all of their potential successors are aware of the hospital's succession plan. An additional 19% of respondents revealed that "some" potential successor candidates are aware of the succession plan at their hospital. This suggests communication strategies for succession topics will require greater attention in the future.

## Our Initial Conclusions

The good news here is when a hospital succession plan is documented and someone is made accountable for its implementation, leadership transitions are generally successful. Where we observe an absence of documentation and

accountability, we see a lower prioritization and reduced succession preparedness. When compared to similar succession readiness studies conducted on a national level these WA findings are consistent.

Additional good news is that the steps to greater succession readiness are clear and within the purview of the hospital board and CEO. In future forums we'll continue to report on WA best practices, including the role of contingency plans and multi-level succession planning.

---

*Cathy Gibson is a partner with Moss Adams and the Practice Leader for Human Capital Consulting. She has been with Moss Adams since 1994. She specializes in succession and transition consulting to healthcare organizations. Contact Cathy at [cathy.gibson@mossadams.com](mailto:cathy.gibson@mossadams.com).*



**HEALTHCARE  
REIMBURSEMENT  
PRODUCT LIABILITY LITIGATION  
BEHAVIORAL HEALTH  
TAX-EXEMPT  
ORGANIZATIONS**

**CIVIL LITIGATION & TRIAL PRACTICE  
INSURANCE COVERAGE & BAD FAITH LITIGATION  
HOSPITALS & HEALTH SYSTEMS  
FRAUD AND ABUSE COMPLIANCE/DEFENSE  
HEALTH INFORMATION TECHNOLOGY AND REGULATION  
HEALTH PROFESSIONALS & ORGANIZATIONS**

**FEDERAL TAXATION  
EMPLOYMENT LAW  
ACADEMIC MEDICAL CENTERS  
HEALTH PLANS  
BUSINESS STRUCTURES  
AND TRANSACTIONS  
MALPRACTICE**

## All Healthcare Law. All the Time.

We know the healthcare industry inside and out. We know the issues you face. We know how to address them. So you can focus on your business. We've got you covered.



Bennett Bigelow & Leedom, P.S.

## Employers Take Note: Federal Benefit Legislation Impacting Employer-Sponsored Programs

By **Melanie K. Curtice**

*Member and Employee Benefits Attorney  
Stoel Rives LLP*



Employers that sponsor welfare and fringe benefit programs should be aware of federal benefit compliance changes and deadlines. Some changes and deadlines are effective now; others, are effective on or after January 1, 2010. Below are highlights of the major changes.

1. The American Recovery and Reinvestment Act of 2009 (ARRA) – COBRA Continuation Subsidy. ARRA modified COBRA to provide for a subsidy and second-election opportunity for “assistance eligible individuals” (AEIs) for a period of up to nine months. The law was effective on February 17, 2009, and in order for AEIs to receive the subsidy, they must elect COBRA between September 1, 2008 and December 31, 2009.

2. ARRA – Health Information Technology for Economic and

Clinical Health (HITECH). HITECH imposes new HIPAA privacy and security requirements on employer-sponsored health plans, which are “covered entities” under HIPAA. The relevant requirements include (a) extending HIPAA’s privacy and security rules to business associates (effective February 17, 2010); (b) a new duty to notify, effective as soon as implementing regulations are proposed, requiring covered entities to notify an individual if his or her unsecured protected health (PHI) information is breached; (c) accounting for treatment, payment, or healthcare operations disclosures of electronic health records (effective after 2010); and (d) a duty to agree to a PHI disclosure restriction when an individual requests a restriction, but only if services have been paid in full (effective February 17, 2010).

3. ARRA – Increase in Transit Benefits. Under ARRA, the maximum tax-free transit benefits employers can make available temporarily increases from \$120 to \$230 per month. This increase is effective March 1, 2009 through December 31, 2010. Employers can pay the increase to the transit provider directly, allow employees to fund with pretax contributions, or choose to do a combination of both. Transit benefits include commuting on public transportation systems.

4. Children’s Health Insurance Program Reauthorization Act of

2009 (CHIPRA). CHIPRA raised the state minimum allowable eligibility standard to 185% of the Federal Poverty Level (FPL) for pregnant women, 200% of the FPL for children under age 19, and set the cap at 300%. CHIPRA increased coverage for dental care and permits children covered by a group health plan with no dental care to receive dental care. CHIPRA also imposes new obligations on employers and plans, as follows:

(a) Allows, but does not require, states to provide premium assistance for qualifying children to pay employer group health plan premiums; and

(b) Creates a new 60-day special enrollment period for employees and dependents when they (i) lose Medicaid or CHIP eligibility or (ii) first become eligible for state premium assistance for group health plan coverage.

5. Medicare Secondary Payer Program. The Medicare, Medicaid, and SCHIP Extension Act of 2007 added new mandatory reporting requirements for group health plans, effective January 1, 2009. Insurers and third-party administrators are responsible for reporting.

6. Mental Health Parity and Addiction Equity Act of 2008. The Mental Health Parity Act expanded rules for mental health and substance abuse benefits. It prohibits group health plans from (a) having separate cost-sharing or treatment



limits for covered mental health benefits than for medical and surgical benefits and (b) imposing more restrictive financial requirements or treatment limits for mental health and substance abuse benefits than for medical and surgical benefits.

The Mental Health Parity Act is effective on January 1, 2010 (for calendar-year plans) and regulations are expected very soon.

7. **Michelle's Law.** This law requires group health plans to extend coverage when a dependent child loses student eligibility because of a medically necessary leave of absence. Coverage must continue for up to one year, unless coverage would otherwise end for another reason. In addition, plans that require verification of student status must provide notice as to how and when coverage extension is available.

Michelle's law is effective on January 1, 2010 and regulations are expected soon.

8. **Genetic Information and Nondiscrimination Act of 2008 (GINA).** GINA prohibits the use of an individual's genetic information for certain group health plan and employment-related purposes. GINA contains two titles: Title I applies to plans and addresses the use of genetic information in health insurance, and Title II applies to employers and prohibits the use of genetic information in employment, the intentional acquisition of genetic information about applicants and employees, and imposes strict confidentiality requirements.

Under Title I, effective January 1, 2010, group health plans are pro-

hibited from (a) requesting family medical history or other genetic information prior to plan enrollment; (b) using family medical history or other genetic information to adjust premiums or contributions; and (c) requesting family medical history or other genetic information to determine eligibility rules, compute premium, determine contribution amounts, apply preexisting condition limitations, and conduct underwriting activi-

ties. Regulations are expected in 2009.

*Melanie Curtice is a Member and Employee Benefits Attorney at Stoel Rives LLP. She advises clients on health and welfare benefit plan matters and the tax, ERISA, HIPAA and other compliance issues that arise in connection with such arrangements. She can be reached at (206) 386-7651 or [mkcurtice@stoel.com](mailto:mkcurtice@stoel.com).*

(800) 467-5281  
[www.fchn.com](http://www.fchn.com)



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

## Why Benchmark?

*How Medical Practices Can Use Benchmarking to "Raise the Bar"*

**By Crystal Nolan MHA FACMPE**  
*Principal*  
*Derry Nolan & Associates, LLC*



Thank Xerox for benchmarking. It's an industry standard now, but it wasn't until 1979 when Xerox (whose market share had fallen from 80% to 35%) started comparing its methods and processes to those of its Japanese affiliates, that benchmarking was born. In healthcare, we use benchmarking to compare processes such as CPT coding, overhead, staffing and accounts receivable ratios with the performance of others in the same or similar specialty.

**Why is this important?** Several reasons: It provides a structured approach to data gathering and analysis, assists management in development of optimal strategic and operational decisions, and encourages innovation and creative thinking. Benchmarking shouldn't be a one-time event, but rather

a continuum integrated into the practice's continuous quality improvement plan.

External benchmarking (comparing to Medical Group Management, CMS data or other venues of media) has limitations. Sometimes the sample size is too small or there are unique practice characteristics, like patient acuity, that make comparison difficult. Due to those types of factors, experts recommend internal benchmarking, which is the process of comparing your own data to yourself and measuring over time, take place once you establish a threshold.

### Starting with Realistic Goals

Center your benchmarking on factors that relate to cost, quality and timeliness. Realistic goals – such as increasing productivity from the Median to 75th percentile or reducing patient waiting time by 50% - that can be affected through team effort and buy-in from top decision makers are best. Once you've established goals, develop a communication plan that drives the improvement process and disseminate it to all staff. Create settings that allow staff to discuss the indicators and strategize how to keep momentum going. Use dashboards with a set of metrics relevant to the practice and understandable by everyone involved to help accomplish this.

For instance, in one consulting engagement, a Derry, Nolan & Associates client wanted a dashboard

that scored their Aging Accounts Receivable (> 120 days), Days in A/R, New Patient Visits, Work RVUs (Relative Value Units), Staff Ratio FTE and Direct Expenses per Total RVUs. The six measurements were compared by current period to the last six months and the prior year to see what trends were occurring. From those scores, we were able to help the practice determine what changes needed to be made and implemented process changes as appropriate.

### Using MGMA Data

Remember – when using MGMA data the sample size may be small or the practices dissimilar (hospital vs. non-hospital owned; less than 10 physicians or greater than 10 physicians); MGMA values provide a reference point **only**. MGMA benchmarking's true value is that it provides **indicators** of where to focus improvement efforts. Usually, the biggest disparities indicate the largest opportunities for **work redesign**. Staff costs vary greatly by region, so it may be necessary to use regional tables for this element, but as this will decrease the size of the comparison group, use of "all practice" values may be more practical.

Regional differences should not affect these elements:

- General Operating cost as a percent of revenue, since staff cost is not included

**Please see> Benchmark, P20**



# Your prescription for great legal care

**OGDEN  
MURPHY  
WALLACE**  
P.L.L.C.  
ATTORNEYS AT LAW

Patient Name: *Health Care Practice Group*  
Address: *Pacific Northwest*  
Refill:

**OGDEN  
MURPHY  
WALLACE**  
P.L.L.C.  
ATTORNEYS AT LAW

omwlaw.com

In Seattle  
call (206) 447-7000

In Wenatchee  
call (509) 662-1954

**Don't trust your legal care to just anyone, use a team that understands your needs.**

**A full team of legal experts with the resources you need:** Corporate/Governance Issues | Affiliations and Mergers  
Joint Ventures | Tax Exempt/Nonprofit Organization Issues | Public Hospital District Issues | Physician Employment  
Agreements | Health Information Technology | Certificate of Need | Compliance Plans and Advice | HIPAA/Privacy  
EMTALA | Stark/Fraud and Abuse | Medicare Reimbursement | Risk Management | Professional Liability Issues  
Medical Malpractice | Privileging and Discipline Issues | Medical Staff Issues | Telemedicine | Payor Contracting Issues  
Physician Compensation | Physician Group Formation and Operational Issues | Long Term Care Facilities | Alternative Care

## Every Company Is Unique

Prime Advisors, Inc.<sup>®</sup> is focused on managing customized investment grade bond portfolios.

Our systematic and disciplined approach to the complexities of managing investment portfolios gives us a unique ability to develop customized solutions that integrate investment strategy with the operational demands of hospital associations, insurance companies and health plans.

For more information contact Ryan Leahy at (425) 202-2018 or  
Ryan.Leahy@primeadvisors.com



**PRIME ADVISORS, INC.**

- **Specializing in Managing Customized Bond Portfolios**
- **Manage \$8.9 Billion in Core Investment Grade Fixed Income as of April 30, 2009**
- **Headquartered in Redmond, WA**

Prime Advisors, Inc.<sup>®</sup>  
22635 NE Marketplace Drive, Suite 160  
Redmond, WA 98053

**WWW.PRIMEADVISORS.COM**



## Diving into the Social Networking Pool? Here's What You Need to Know First

**By Becky Sluck**  
*Vice President Pacific Northwest  
Bernard Hodes Group*

These days you cannot have a conversation about external communication without the subject of social networking coming into play. For today's business world, effective use of social media can mean the difference between making the right hire, and having vacancies for critical positions.

The healthcare industry navigates through social networking options like any other industry, determining which sites are the most viable for finding qualified candidates and building a community interested in your organization.

But to embark on a social recruiting strategy that delivers true return on engagement, it is imperative for companies to understand how social networks can impact recruitment and retention, which communities are the best for attracting the right talent, and how your reputation is portrayed by these influential marketing channels.

### **Understanding Your Online Reputation**

Your organization already has an online reputation. It exists in much the same way your employer brand exists even without definition. Online communities allow people to engage in open and honest conversation about what they have read, what they know to be true, and in

turn, sentiments about your organization are formed.

The first inclination is to jump in feet first and capitalize on positive conversations or combat negative ones. However assessing your reputation and share of voice is crucial. Understanding conversations and how the sentiments impact your online reputation is the first step in determining if your organization is prepared for a social recruiting initiative.

### **The Value of Social Networking**

A recent Bernard Hodes Group/Campus RN survey of student nurses reveals that 83 percent mention online sources as their top resource for employment information. Additionally, 84 percent are spending part of their time on social networking sites, meaning employers need to consider establishing a presence on these sites to engage with potential candidates and influence the share of voice in employer related content.

The most effective social recruiting strategies, and subsequent activity, can yield measurable results over time. Establishing a return on engagement allows your organization to see the influence your social strategy has on recruitment and retention efforts while also allowing you to measure your share of voice against your competitors.

### **Engage and Enable Your Ambassadors**

Before developing content and

eliciting conversation, you must understand the community you are entering. Social networking destinations are committed to honest and transparent conversation. Too often companies interject with aggressive sales speak or canned brand messages—these tactics are often rejected by the community and if not confronted directly, completely ignored.

It's important to understand your culture and identify ambassadors of your brand. Planning and preparation with key influencers enable you to incorporate brand messaging while also respecting the expectations of the community. Development and enactment of a social media policy empowers your brand ambassadors to engage in ways that contribute to your goals.

### **Enacting Your Social Recruiting Strategy**

Your online reputation analysis should shed light on the internal stakeholders that play a vital role in external perceptions. By working alongside these entities you can develop a social recruiting strategy that marries talent needs to your overall brand efforts. In addition to modifying existing assets, companies should also consider developing additional destinations for engagement. One of the most common places to start is a blog. Corporate blogs can be effective in attracting talent and driving them back to a career site, but an effec-

tive blog requires solid planning and constant nurturing.

Regular updates (three or four times a week), fresh content and enthusiastic contributors are critical to success. Identifying a dedicated community manager or managers among your brand ambassadors will ensure your blog destination remains relevant. While also fueling interactions on your blog, your manager(s) can also monitor and assess activity on other social networking destinations included in your strategy.

Whether your company is established on LinkedIn, Facebook, MySpace or Twitter, or actively participating in discussions through other influential communities, every profile needs to be nurtured and monitored to ensure organizational involvement is up-

Please see> **Diving, P20**



**Commercial Contractor / Developer**  
for  
**Healthcare Professionals**

**Ownership Opportunities**

**Remodels / Additions**

**New Construction**

**Development**

*Let JCW lead you through  
the entire process from  
start to finish and within  
your budget.*

(503)761-4523  
[www.jcwteam.com](http://www.jcwteam.com)

## A Common Sense Approach to Employee Benefits

At Stoel Rives, we understand that your benefits and compensation program doesn't exist in a vacuum. It intersects with your tax accounting, employee retention, financial projections and much more. That's why our experienced Employee Benefits attorneys draw on a unique, multidisciplinary team approach built on long-term client relationships.

We place a premium on technical expertise – each member of our Employee Benefits team practices exclusively in employee benefits and executive compensation. But we also understand that the economics of benefits planning requires a common sense approach. Because a solid business foundation is the best guarantee of looking after your workforce.



To find out more, visit  
[www.stoel.com/employeebenefits](http://www.stoel.com/employeebenefits)

(206) 624-0900

Washington Alaska California Colorado Idaho Minnesota Oregon Utah

<Benchmark, from P16

- Staff FTE per MD FTE
- Variations for all elements by location if service is delivered at more than one location (great internal benchmarking tool)

For example, a large site-to-site variation indicates a lack of standard processes and a need for workflow review and redesign. It's even possible that too large a variation requires evaluation to determine if the practice should consider consolidation to eliminate a non-viable service location.

Typically, medical practice clients have chosen Derry, Nolan & Associates to focus on selected measures for benchmarking. Consider Specialty Clinic ABC, whose operating costs were high by all three measures (Percent of Revenue, Per MD FTE, Per Encounter), but particularly in cost per encounter (166% of MGMA Median) due to low number of encounters per MD FTE. Medical Records were at 338% of Median, indicating the organization had thrown a lot of labor at their issues. This led our consulting team to redesign the workflow using rapid process improvement work sessions to get the group in line with MGMA data.

So: Why benchmark? So you can keep raising the bar! Benchmarks provide an effective tool for ongoing sustainable success when you use them to develop improvement plans and communicate those plans to all staff for implementation.

*For a copy of Crystal Nolan's presentation "Why Benchmark" as delivered at the WA-OR MGMA Conference in May, visit [www.derrynolan.com](http://www.derrynolan.com).*

<Diving, from P19

held and contributing to your overall social recruiting strategy.

**The Future of Healthcare Recruitment Communications is Now**

Social networking is no longer part of generation next, it is generation now. By connecting your company with potential candidates online, not only are you making the

one-on-one connections to attract potential candidates, but the networking aspects open your organization up to an endless pipeline of engaged candidates.

*Becky Sluck is Vice President and Manager of the Pacific Northwest Branch of Bernard Hodes Group ([www.hodes.com](http://www.hodes.com)), an integrated talent solutions provider. Becky can be reached at 503-350-3004 or [bsluck@po.hodes.com](mailto:bsluck@po.hodes.com).*



Worried about getting stuck without the right coverage? We provide a full range of benefit services for every stage in life. You'll find life, disability, dental, vision and voluntary benefits programs through Clear Choice Life & Health. And employee benefit services for self-funded employers, associations, Taft-Hartley Trusts and Chambers of Commerce through Trusteed Plans Service Corporation. At Clear Choice, we can help you face anything that comes your way.

For info on plans for you or your business call 888-677-5582, 541-382-9228 or your insurance broker.

WITH COVERAGE FROM CLEAR CHOICE HEALTH PLANS,  
YOU'LL BE ABLE TO KEEP YOUR HEAD IN THE GAME.

 **CLEARCHOICE**  
LIFE & HEALTH

 **TPSC** TRUSTEED  
PLANS  
SERVICE  
CORPORATION

 **CLEAR  
CHOICE**  
HEALTH PLANS

Clear Choice Life & Health and Trusteed Plans Service Corporation are wholly owned subsidiaries of Clear Choice Health Plans in Oregon.



# Career Opportunities

To advertise call 425-577-1334  
Visit [wahcnews.com](http://wahcnews.com) to see all  
available jobs.

## Caring for our community.

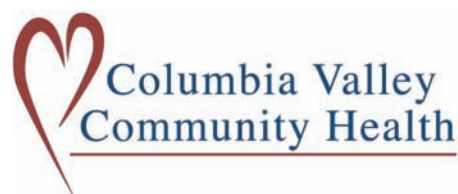


Located in the beautiful coastal community of Homer, Alaska, South Peninsula Hospital provides 24-hour emergency care, nursing home, acute medical/surgical care and home health. Join our caring, professional staff at our modern facility. Homer is a family friendly community that offers year-round outdoor recreation.

We have the following opportunities available:

- Chief Financial Officer
- Support Services Director
- Quality Improvement/Risk Manager
- Surgical Services Manager

We offer a competitive compensation and benefits package including relocation assistance. For more information about these positions visit us online at [www.sphosp.com](http://www.sphosp.com) or call Human Resources at (907) 235-0386.



### Chief Financial Officer

Deering and Associates has been retained to assist Columbia Valley Community Health of Wenatchee in recruiting for their Chief Financial Officer.

CVCH enjoys strong community support and is strong financially. The Center has experienced continual growth and expansion.

The CFO is responsible for the overall financial activities of CVCH and serves as a member of the Board Finance Committee.

This is a rewarding opportunity to assist a very successful community based health center. Wenatchee is large enough to provide many community amenities and retain its small town feeling and sense of community.

A Bachelors Degree in Business Administration with a major in Accounting is required; a CPA/CMA or MBA preferred. Five years experience in community health centers is highly desirable, with at least three years of executive level experience.

If you or anyone you know might be interested in this opportunity, please reply in the strictest confidence with a resume to Deering and Associates by calling toll free (888) 321-6016 or email at [dewey.miller@comcast.net](mailto:dewey.miller@comcast.net).



### Manager, Clinical and Histology Laboratory

The Clinical and Histology Laboratory Manager is responsible for the operations of laboratory testing for outpatients, including hematology, chemistry, urinalysis, microbiology, serology and histology. Our lab conducts over 1 million tests per year. Responsible for evaluating equipment and software upgrades, and implementing new lab programs that enhance the functional operation of the Lab, as well as control costs and enhance profitability. Must ensure compliance with all regulatory programs such as OSHA and CLIA. Conducts the normal duties of a manager such as hiring, coaching, and developing employees. BS in clinical lab-related discipline, MT (ASCP) or equivalent, and previous management experience preferred. Requires the ability to understand department/lab financials and the implications of different decisions. Must be able to work successfully with physicians and other organizations in the local area and have a strong background in understanding the statistics associated with laboratory quality control in order to provide quality patient care.

If you are interested, please apply on-line <http://www.thevancouverclinic.com/>



### Medical Director

Deering and Associates has been retained to assist Valley View Health Center of Chehalis in recruiting for their Medical Director.

VVHC enjoys strong community support and is strong financially. The Center also has smaller clinics in Winlock, Toledo and Onalaska.

The Director is responsible for the overall medical care provided by VVHC and provides clinical leadership to the Medical Team.

This is a rewarding opportunity to assist a very successful community based health center. Chehalis is a great place to live and raise a family.

Graduation from an accredited school of medicine, completion of an internship; current license to practice medicine in Washington, insurability, an unrestricted right to prescribe controlled substances, and min experience of at least two or three years of clinical or private practice experience/patient care after training required.

If you or anyone you know might be interested in this opportunity, please reply in the strictest confidence with a resume to Deering and Associates by calling toll free (888) 321-6016 or email at [dewey.miller@comcast.net](mailto:dewey.miller@comcast.net).

# Career Opportunities

To advertise call 425-577-1334  
Visit [wahcnews.com](http://wahcnews.com) to see all  
available jobs.



## Director, Rehab Services

Kootenai is actively recruiting a dynamic Director for our Rehabilitation Services team.

Responsibilities will include operations, management of patient satisfaction and clinical outcomes, for our beautiful free standing out patient rehabilitation services facility with aquatic therapy as well as a full line of outpatient OT, PT, ST, services. We offer a full continuum of rehabilitation services from acute and sub acute care, inpatient medical rehab, home health, aquatics and outpatient rehab, to services in pediatrics, public schools, industrial rehabilitation and assistive technology - all to meet our community's healthcare needs.

An ideal candidate will possess a collaborative management style focused on relationship building with patients, families, physicians, internal customers and employees. Master's degree in OT/PT/Speech -preferred or Bachelors in Health Science or related field, with Licensure in State of Idaho; Minimum of 5 years Rehab experience plus additional 2 years leadership/project management experience in hospital or clinic setting.

Kootenai Health has a generous benefits package and competitive salary.

To view and apply for this opportunity please visit our website at [www.kootenaihealth.org](http://www.kootenaihealth.org) EOE



## Chief Financial Officer

BMC is looking for a strong strategic leader with exemplary financial experience. Responsible for the strategic and financial leadership, this critical senior leader will direct the organizations financial reporting, accounting practices and budget development, study of general economic, business and financial conditions and their impact on the organizations policies and procedures, apply systems and operations theory to physician interactions, physician compensation issues and methods. This position is responsible for benchmarking organizational performance, and provide all essential financial budgeting, reporting, asset management and control and supervise the strong financial team.

Strong experience in hospital systems and IDS essential. The position requires masters degree or equivalent in business, accounting, finance or law. Requires significant physician group practice management experience and no less than 5 years CFO Multispecialty group practice financial responsibilities. Certified MGMA or equivalent financial management credentials desired.

For more information, please call Pamela Norr at 541.317.4511 or e-mail [pnorr@bmctotalcare.com](mailto:pnorr@bmctotalcare.com)

Apply online at [www.bendmemorialclinic.com](http://www.bendmemorialclinic.com)



## Director of Operations

Columbia Basin Health Association, selected as one of the top Not-For-Profit Companies to Work for in Washington State, is a financially stable community health center located in the beautiful Columbia Basin of Eastern Washington.

We are currently seeking a **Director of Operations** who will develop and oversee the operational strategies for clinical products, programs and services for four of our clinics. This position will provide oversight for all internal operations related to Clinical Staff and Patient Services, and assist the CEO in strategic planning and implementing organizational procedures and processes.

Qualifications: Masters or Bachelor's Degree, preferable in Business Management. Five years experience in a medical clinic business office with experience in aforementioned areas.

Log onto [www.cbha.org](http://www.cbha.org) for a full job description and to apply online!



## Operations Supervisor - Pediatrics

Founded in 1936, The Vancouver Clinic is a multi-specialty clinic located in Vancouver Washington, just north of Portland Oregon. The Clinic is a privately held, physician-owned clinic, with over 650 staff members and 185 providers. The Clinic is one of the region's principal health care providers, offering extensive services to our patients. Responsible for supervising minimum of 25 Medical Assistants, RN's, Patient Services Reps, Surgery Schedulers and Referral Coordinators. Requirements: Minimum 2-3 years supervisory experience in a medical office setting, medical business office setting, or insurance industry setting. Knowledge of clinic operational areas. Strong leadership skills. Strong interpersonal and problem solving skills, and the ability to confront and address issues with staff. PC utilization and software skills required. Ability to assess performance of employees. Ability to select, train, and develop qualified staff. If you are interested, please apply on-line <http://www.thevancouverclinic.com/>



The Communication.  
The Collaboration.  
*The Spirit of  
PeaceHealth.*

## PeaceHealth Lower Columbia Region Clinical Manager - Maternal Child Health Longview, Washington

At PeaceHealth Lower Columbia Region, we pride ourselves on being a diverse family of individuals united by a common purpose and attributes. The people who thrive here are highly committed and skilled caregivers who appreciate leading-edge technologies, as well as time-honored traditions. Our Lower Columbia Region includes St. John Medical Center, a 200-bed acute care and Level III trauma center community hospital, and PeaceHealth Medical Group, a multi-specialty physician practice. Currently, we have the following full-time Clinical Manager position for our Maternal-Child Health Services department available.

Seeking leader for oversight of our beautiful, state-of-the-art, Labor and Delivery unit (LDRP unit), Special Care Nursery, and Pediatric unit. Requires strong Labor and Delivery experience, a min. 2 years management experience, Bachelors degree in nursing or related, and a WA RN license.

Our idyllic Pacific Northwest location offers a mix of rural living, urban amenities and outdoor recreation. We are located along the I-5 corridor, along the beautiful Columbia River, 40 minutes north of Portland, OR. Our family-friendly community of 57,000 is surrounded by beautiful countryside--the ocean beaches are an hour away, great hiking, skiing and fishing are in our backyard, and all the urban amenities of Portland, Oregon are close by.

Interested applicants may review a complete job description or complete an application via our website [www.peacehealth.org](http://www.peacehealth.org). Resumes may be submitted in addition to an application to [Lwishard@peacehealth.org](mailto:Lwishard@peacehealth.org).

**PEACEHEALTH LOWER  
COLUMBIA REGION**

CLINICAL MANAGER - MATERNAL CHILD HEALTH



[wahcnews.com](http://wahcnews.com)



# Rely on our experience to hit your mark.

CERTIFIED PUBLIC ACCOUNTANTS | BUSINESS CONSULTANTS

Moss Adams has been immersed in the health care industry for over 35 years. We understand your business and can make a difference to the financial and operational strength of your organization through a wide variety of audit, tax and consulting services. Most importantly, we will help guide you through today and take aim for tomorrow. We will be the voice you can count on.

For information on our **Human Resources and Health Care Services**, contact:  
**Cathy Gibson** (206) 302-6515 | [cathy.gibson@mossadams.com](mailto:cathy.gibson@mossadams.com)

## MOSS ADAMS LLP

[www.mossadams.com](http://www.mossadams.com)



## Heard from your retirement plan broker lately?

- Do you have the right funds, the right pricing, the right relationships?
- If you manage an **employee retirement plan** (defined contribution, defined benefit or executive deferred compensation plan) **we can help**
- **Take the tour** at [www.mchenrypartners.com](http://www.mchenrypartners.com) and call us for a second opinion

We can help.

800 638 8121  
[www.mchenrypartners.com](http://www.mchenrypartners.com)



Prsrt Std  
US Postage  
Paid  
Olympic Presort



Over 6,000 healthcare leaders in the Northwest receive the Washington Healthcare News each month. As a healthcare organization, doesn't it make sense to target recruiting to the people most 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](mailto:dpeel@wahcnews.com) or 425-577-1334.

# Washington Healthcare News

[wahcnews.com](http://wahcnews.com)

*Articles, Interviews and Statistics for the Healthcare Executive*