Washington Healthcare News

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Articles, Interviews and Statistics for the Healthcare Executive

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Taking Rural Healthcare to Heart

Creativity, Collaboration and Commitment Bring Specialist Care to the Peninsulas

By Nora Haile
Contributing Editor
Washington Healthcare News

Forks, Washington, is lucky. Not because it boasts a lush green landscape fed by nearly 100 inches of rain annually. Or even because of its recent claim to fame as the setting for the popular **Twilight** books. It's lucky because the residents have access to specialist care – locally.

In a town of roughly 3,000, local access to specialist care is not typical, a plight shared by rural dwellers who make up 25% of the US population. In fact, nationwide, the specialist ratio is approximately 40 per 100,000 rural residents as compared to around 134 specialists per 100,000 urbanites.[i] That disparity disturbs Kitsap and Olympic Peninsula leaders like Mary Berglind, Administrator of Kitsap Cardiology Consultants, and Camille Scott, CEO of Forks Hospital.

Forks is located at the northern tip of the Olympic Peninsula and Forks Hospital is part of the Clallam County Hospital District #1. Its service area covers over 9,000 people, including four tribes. The population struggles continually in an economic downturn since the drop in logging and commercial fishing, once the area's mainstay industries.

How did Forks get a leg up? Old-fashioned partnering. Berglind explains, "We'd heard Camille was bringing in specialists from Seattle. She's very passionate about quality care in her community. So I called to talk about the feasibility of providing cardiology care in Forks." The two quickly established a rapport that lead to cardiac care in Forks, expanding accessibility.

For Kitsap Cardiology, partnership is part and parcel of how it does business. In addition to Forks, it serves patients in Port Townsend, Sequim and Port Orchard, with several other Critical Access Hospitals (CAHs) in the offing. All Kitsap Cardiology doctors share equally in the region's rural clinic coverage, when and where needed. The independent physician group specializes in all aspects of cardiology, vascular services and electro-physiology (rhythm disorders), striving to keep the patient, procedures and resulting revenues in the local communities whenever possible. For more acute conditions, patients are transferred to Harrison Medical Center in Bremerton

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LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to dpeel@wahcnews.com.

Letter from the Publisher and Editor

Dear Reader,

It was a year ago in Spokane at the combined Washington State Medical Group Management Association (WSMGMA) and Oregon Medical Group Management Association (OMGMA) conference that I first met Mary Berglind, Administrator of Kitsap Cardiology Consultants. She told me about the work she had been doing with Camille Scott of Forks hospital and it became the basis for this month's cover article.

The article, arguably one of the most interesting we've published, would not have been written had we not met at the conference. Interestingly, from 2000 to 2004, Mary and I both held high level health care jobs only 2 miles apart in Bremerton, WA. Despite my role as CFO of KPS Health Plans and hers as Administrator of Kitsap Cardiology Consultants, a significant provider for KPS, we never met in person. It took the networking opportunity of an association meeting to bring us both together.

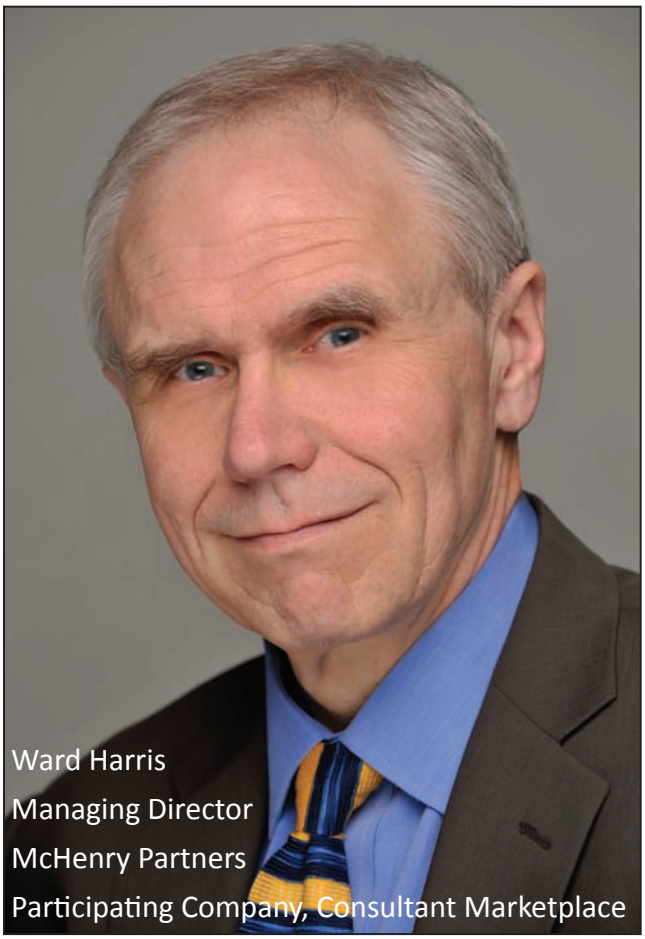
This year we're headed to Portland for the combined WSMGMA and OMGMA conference. We'll listen to speakers like Jeff Taylor, founder and former CEO of Monster.com, Jamie Orlikoff, one of the foremost experts on the emerging trends and the future of health care in our country and Joseph Michelli, a highly sought-after speaker on customer service. Vendors will be able to demonstrate their products and services to the people most likely to buy from them.

Whether it be networking, speakers or the ability to interact personally with customers, association conferences provide good value for businesses and their employees. I hope to see you in Portland.

David Peel, Publisher and Editor

Washington Healthcare News 2009 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2009	Urban Medical Clinics	December 1, 2008	December 22, 2008
February 2009	Human Resources	January 2, 2009	January 19, 2009
March 2009	Rural Hospitals	February 2, 2009	February 23, 2009
April 2009	Insurance Carriers	March 2, 2009	March 23, 2009
May 2009	Information Technology	April 1, 2009	April 20, 2009
June 2009	Rural Medical Clinics	May 1, 2009	May 25, 2009
July 2009	Facilities	June 1, 2009	June 22, 2009
August 2009	Human Resources	July 3, 2009	July 20, 2009
September 2009	Finance	August 3, 2009	August 24, 2009
October 2009	Community Health Centers	September 1, 2009	September 22, 2009
November 2009	Urban Medical Clinics	October 1, 2009	October 19, 2009
December 2009	Urban Hospitals	November 2, 2009	November 23, 2009



The **Consultant Marketplace**, located on the **Washington Healthcare News** web site, is where over 65 companies that specialize in providing services or products to health care organizations are found.

When using external firms, doesn't it make sense to use those that specialize in health care?

Visit **wahcnews.com/consultant** to learn how these companies can help make your business more efficient and effective.

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where they offer comprehensive cardiology services.

Care Innovation

The rotation model works, but Scott wanted patients to have ongoing care without constant travel on the part of either doctor or patient. That's when she began exploring telemedicine as an option. Through the USDA Grants under the Rural Development Distance Learning and Telemedicine Program, hospitals can receive matching funds for equipment and deployment. Telemedicine (also called e-health or telehealth) allows health care professionals to evaluate, diagnose and treat patients through devices connected via telecommunications technology. Its uses in radiology are widely known, but less so in a cardiac care situation.

Too, Scott wanted to take traditional uses a step further. At a regional trade show, she discovered one of the products that Alaska uses to provide care in remote areas called the AMD Integrated Medical Cart. Its application intrigued her, because they were using it more extensively than she'd realized possible. Next, she set out to learn how other rural clinics and hospitals were using telemedicine.

Understand that Forks area residents are largely dependent on Medicare, Medicaid and self-pay, since there are few employers to provide coverage. "We have a big enough population to exist, but not large enough to draw services like you get in urban settings," Scott says. Moreover, there is a high incidence of cardiovascular disease in the population. The nearest hospital neighbors, Aberdeen (110 miles to the south) and Port Angeles (65 miles to the north) are limited on the number of Medicare and Medicaid patients they take. Northern peninsula patients would often find themselves making a nearly four hour trip to Seattle for specialty care.

"When we started down this road two years ago, I couldn't find anyone else in the lower forty-eight using telemedicine to the extent we are now," Scott says. Realizing the benefits such a product could bring to rural areas like Forks, she and her colleagues took a leap of faith.

Collaborative Commitment

Berglind remembers the initial conversations between her and Scott. "Kitsap Cardiology had never done telemedicine. Yet we decided to work together and get the program going based on a handshake – very old-school," she laughs. They collaborated on

the grant, though Berglind says Scott was the driving force. "Camille got the grant money for the cardiology equipment – treadmill, cardiac ultrasound machine and so forth. We house the audio/video equipment in our clinic." Prior to purchase, they had to determine what the cardiologist would need in order to work remotely with a patient. The two entities decided on a highly versatile cardiology-based telemedicine unit. It can show EKG streaming in real-time, has a stethoscope attachment so the doctor or nurse practitioner can hear the heartbeat, and has a handheld camera that lets the physician see the patient's every physical detail.

During deployment, doctors continued to travel to Forks because as Berglind explains, "We've found telemedicine works best if you develop a relationship to discover what truly needs to be supported in their community." The organizations co-developed policies, procedures and training to fully support the care goals they wanted the program to provide. Trust and hard work on the part of both organizations helped make it happen, in some cases turning potential obstacles into positives.

For instance, Kitsap Cardiology is a nationally accredited cardiac ultrasound site, but the accreditation cost is prohibitive to many small hospitals. So the group added the hospital under their license, an arrangement allowing the hospital to participate as a site without incurring the expense of accreditation, if (1) the hospital follows the Kitsap Cardiology's template and (2) if Kitsap's doctors handle the review and quality assurance. Another area that needed synchronization was insurance – there were network and coverage gaps to address.

Both parties credit the success to a strong relationship bolstered by the time spent hammering out the details, but Scott gives full marks to the Kitsap group for educating staff and drafting the protocols. Also, Kitsap Cardiology takes any patients that Forks refers, a receptiveness Scott deeply appreciates. "It's tough to find willing partners, but Mary and her group were as enthusiastic as we were about the potential and dived right in with us."

With the trial phase complete, they are filling slots for the virtual cardiology clinic; however, Scott estimates it will take another twelve months before patients feel fully comfortable with the setup. "It's not the kind of care situation we grew up with, but once you see the

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potential, it's amazing. Of course, kids think it's the coolest thing ever," she laughs. The program's aim is to address the chronic care issues where people can't access specialist care because of either locale or affordability. "Patients come in for a regular office appointment, we get them attached, the doctor is on the other end and off we go!" Scott enthuses. Quality isn't compromised because the patient is seeing a practitioner face-to-face – via live video.

Model Efficiency

Besides the obvious benefits to the patients, Scott says the model is highly efficient. "People are doing the jobs they need to be doing – lab results, patient prep, testing – all done prior to when the physician becomes involved." She acknowledges there is a drawback on the revenue side. The specialist collects on the visit yet the hospital receives only the lesser facility fee. That's an issue for insurers to address as telemedicine becomes more widespread.

The best thing about their telecardiology program? It's highly replicable, a feature that the USDA Distance Learning and Telemedicine grantors use to measure success. Scott believes the program meets important criteria, such as being key to care-giving, expandable and able to withstand the test of time. "I truly believe this is the direction health care is going. You'll have the specialist in one area and using this modality, you'll be able to get to the rural, even some urban, areas." Such accessibility is essential, and if the primary care physician downturn continues, all areas of care will use telemedicine.

Berglind adds that telemedicine has the potential to help creatively address physician shortages. "Consider the age most physicians retire," she says. "If there was a way for them to continue to provide care without carrying a full patient load, many would." She points to cardiac ultrasounds as an example, reiterating that doctors can read those without being in the same room as a patient. "If this [telemedicine] catches on, then you will have qualified cardiologists who continue practicing longer." It also helps independent practices and small hospitals stretch their resources, allowing for a safety net when there's staff turnover.

Paying It Forward

With sights set on the future and the program in full roll-out, Scott is forging ahead. The second unit is set for installation at the Clallam Bay Clinic this summer. Expansion plans include extending the "how to" package – implementation plan, training, policies and procedure templates – to their nine-member CAH collaborative and beyond. "We must help others in the same situation. Because we're cost-based reimbursed, there's not a lot of extra money. Also, we anticipate an $800,000 loss on our state-funded programs between this year and next. Just because the monies don't come through doesn't mean the need for care stops."

Commitment from both organizations is making the difference in the lives of people frequently underserved merely because of where they live. Both leaders are effusive about the benefits of telemedicine and its boost to accessibility. But give credit where credit is due – technology is only as good as the people who use it. It takes collaboration and care to make a real difference. For these enthusiastic entrepreneurial spirits, it's all about getting the very best care for the people in their communities. Telemedicine is simply the best tool they've found to do that.

Nora Haile is a Contributing Editor with the Washington Healthcare News. Haile is also the owner and founder of nhaile solutions in Seattle. nhaile solutions provides communications services to health care and other organizations in the Pacific Northwest. She can be reached at 206-650-3308 or nora@nhaile.com.

Mary Berglind began her healthcare career over 25 years ago in nursing in Spokane, WA. She went on to management roles in health insurance, home care and for the past 9 years, cardiology. Berglind grew up in Grandview, a rural community in Eastern Washington.

Camille Scott has been in healthcare for over 40 years. She holds degrees in Nursing (BSN) and Hospital Administration (MA) and has worked in large urban facilities and small rural programs from the Eastern US to Washington's Olympic Peninsula. She has served on the Idaho Hospital Association Board, Association of Washington Public Hospital District Board, Clallam County Board of Health and is a member of ACHE. Scott is currently Chairperson of the Western Washington Rural Health Care Collaborative.

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[i] Statistics from Rural Health People 2010 - "Healthy People 2010: A companion Document for Rural Areas."

NorthWest Supply, Inc. Announces Expansion of Warehouse Facility

Move Increases Quantity and Variety of Pre-Owned Medical Equipment Inventory

Washington State based NorthWest Supply, Inc. recently announced a major expansion of its warehouse in Marysville, WA.

According to company President, Tim Richards, the expansion was done to increase the quantity and variety of its pre-owned medical equipment inventory. Richards said, "As our business has grown we've found the need to offer more options to our customers. Medical clinics, surgery centers, hospitals and scientific laboratories have found they can save well over 50% by buying pre-owned equipment from us and we want to continue to meet their needs."

NorthWest Supply was started by Tim Richards in 1996. Over the years the company has earned a reputation for superior customer service as well as low prices. "Most of our customers have found pre-owned equipment to be equivalent to new and the difference in price is significant. However, we don't distinguish ourselves on price alone. We strive to make our customer service the best in the industry," according to Richards.

In evidence of their superior customer service are the four "Top 100" DOTmed awards the company received from 2006 through 2009. DOTmed is a prime web portal for medical equipment dealers. The "Top 100" award is given annually to the 100 organizations that exemplify superior customer service as rated by their peers. Richards said, "To be rated this highly by our peers is quite an honor and one we don't take lightly."

Most NorthWest Supply customers, such as Virginia Mason Medical Center, Stevens Hospital and The Everett Clinic are based in the Pacific Northwest. Purchasing is easy and personal. Richards explained the process, "Customers can call or email if they need help locating an item or visit our web site at www.nwsmedical.com where all inventory is posted, complete with pictures, descriptions and pricing. A powerful search engine lets users quickly search by key words. Most items come with warranties. Once ordered we ship the product and customers have five days from receipt to inspect and return for refund if not satisfied.

Larger provider organizations, particularly hospitals, are continually replacing equipment which produces a regular out-flow of surplus items. NorthWest Supply provides a one-call solution for managing these retired assets. Richards said, "We handle everything from de-installation of imaging suites and warehouse cleanup to sales, donations, recycling and disposal of unsalable equipment."

Using their proprietary inventory management software, NorthWest Supply provides clients with accurate, monthly reports tracking all managed assets. Providers gain access to NorthWest Supply's strong customer base, receive better return on sales than traditional liquidation and the assurance that disposed items will be handled in an environmentally responsible manner.

To learn more about NorthWest Supply contact Ron de Ru or Tim Richards at 1-888-649-6497 or by email at ron@nwsmedical.com or tim@nwsmedical.com.

NWS Medical Scientific
Sales, Service & Asset Management

Company Snapshot

Description	Company Information
Key Executives	Tim Richards, President; Ron de Ru, Vice President of Sales
Service Area	The Pacific Northwest
Contact Information	Ron de Ru | 1-888-649-6497 | www.nwsmedical.com

The Seven "W's" of the Employee Termination Meeting

By Darren A. Feider
Member
Williams Kastner

A termination meeting is a stressful experience that many managers would like to avoid. However, a well handled termination meeting can go a long way toward softening the news and avoiding litigation. Be sure to focus on the seven "W"s – when, where, who, walk-in, why, what and walk-out.

When. There are better times to terminate. As to timing, it should be around mid-afternoon when there are fewer employees present to minimize embarrassment and conflict. The decision should be communicated at the beginning of the week. If communicated on Friday, the individual may stew over the weekend instead of productively launching a job search. If communicated on Monday, the individual may sign up for unemployment compensation, contact job placement agencies and start a job search. Remember, "good news on Friday to savor, bad news on Monday to forget." Do not terminate before holidays, vacations or other important events.

Where. The meeting should be in a private, secure area such as in HR or the decision-maker's office. It should not be in a public conference room--A fishbowl termination meeting shows a lack of empathy and will lower overall employee morale. The meeting should be on-site so that you can obtain access to company property and other company materials such as manuals and customer lists.

Who. Certain individuals should or should not be present. The individual should be present, as termination decisions should be communicated in face-to-face meetings. The decision-maker, who has personal knowledge of the reasons, should be present. A person who has no knowledge should not attend: it is offensive and appears only to be present as a witness. HR's role is to support the decision-maker and bring calm and reason to the meeting. If it may be a risky situation, you should warn security or another manager. The company lawyer should not be there because it will transform the lawyer into a fact witness and the termination meeting becomes far too important. If non-union, the employee has no right to have representation present. IT staff should disable and preserve important information on command. Instruct payroll to prepare a final paycheck and other agreed-upon payouts.

Walk-In. Invite the individual to meet with you. Be respectful and firm and do not allow the individual to put off the meeting. Once the walk-in begins, you should commence cut-off procedures. You have a fiduciary duty to prevent damage. You cannot allow sensitive information to be destroyed or shared with competitors. IT should back-up the individual's computer to prevent loss of information. An individual has no right to copy personal information from company computers.

Why. During the meeting, the employee will ask you why he or she is being terminated. You must be prepared for that question. To prepare, you should review the game plan of what to say and what not to say and practice delivering message. You should have an agenda or bullet points. Keep the message simple. Review the history and explain that the problems were not resolved to the company's satisfaction. Tell the truth and do not lie to protect the individual's feelings or the decision-maker. Avoid personalizing or using opinions and never allude to the individual's personal life.

What. After you have communicated the decision and why it was made, you must be careful what you say and what you should not say. You should use empathy and earnestness. This is one of the most stressful times in a person's life. Use a dispassionate tone.

This is a business decision. Be confident and clear. Do not soften the basis for the decision. You should not apologize. It will anger the individual and make him or her question the reasons for the termination. This was a business decision and you have a responsibility to the company, shareholders and remaining employees.

Walk-Out. Once the meeting is over, you must focus on the walk-out. You must get the individual out of the office with minimal problems. You should not allow the individual to stay to get his or her house in order. You can immediately walk the individual off the premises and offer to ship personal items home. Or, you can escort the employee to his or her desk directly. The escort should be done by a functionary, not the decision-maker because the situation will be far too emotional at that point. The functionary should however, watch and inventory. You should consider ordering and paying for a taxi because you do not want this individual carrying bulky items on public transportation when he or she is emotional.

Unfortunately, these economic times are calling for more lay-offs and terminations. Protect your company and make the termination as "safe" as possible.

Darren A. Feider is a Member in the Seattle office. His practice involves general employment litigation of wrongful discharge and discrimination claims, the drafting of employment and consulting contracts, non-compete agreements and severance packages for both employees and employers, and conducting investigations for private and public employers in response to EEOC and Washington State Human Rights Commission complaints. He can be reached at dfeider@williamskastner.com.

Williams Kastner has been providing legal service to health care providers and other clients since 1929. It has offices in Seattle and Tacoma, Washington and Portland, Oregon.

Nurse Shortage? What Nurse Shortage?

By Mike Rink
Employment Manager
Alaska Native Tribal Health Consortium

There are a number of hospitals around the country who do not suffer a nursing shortage at all, and their numbers are expected to grow rapidly as additional hospitals learn the lessons that will free them from this self imposed problem.

Lesson 1: *Suffering a nurse shortage is an expensive and unnecessary indulgence because fixing the problem is absurdly easy.*

The national nurse shortage we have heard and read so much about for the past decade is not nearly as extreme as we are lead to believe, although it is highly selective in terms of who is affected. Not all hospitals or healthcare organizations suffer equally. Those hospitals that have acted aggressively to solve the problem suffer little or not at all, while those that continue to conduct business as usual have yet to overcome the problem, and will continue to face market forces that may eventually put them out of business.

Lesson 2: *Recognize that agencies and recruiting firms do a better job sourcing candidates than most hospital HR departments.*

Lesson 3: *Also recognize that there is nothing staffing agencies or recruiting firms know about staffing your hospital(s) that you cannot learn in just a few days, virtually eliminating the need for such assistance.*

Let me offer an example:

I am currently employed as the fulltime Employment Manager for the Alaska Native Tribal Health Consortium, owners of the Alaska Native Medical Center, a 150 bed trauma II hospital employing more than 425 Registered Nurses in Anchorage, Alaska. We are the only Trauma II and the only Magnet designated hospital in our state. I began my employment as a Consultant in November 2008, hired on a 90 day contract to assist the Human Resource department to identify and repair an assortment of staffing issues, including a breakdown of relations between HR and nursing. The most pressing was a shortage of registered nurses that occasionally became so acute we were forced to divert patients to other hospitals because we could not staff enough RN's at critical times to provide clinical care. This simply could not be allowed to continue.

We recognized that we needed to act fast. We did the following things within the first three weeks.

1. We worked to re-establish trust with nursing.
2. We identified what agencies and recruiting firms do well, and we learned to do it for ourselves.
3. We developed an entirely new candidate "sourcing" model.
4. We purchased annual subscriptions to select on-line job boards.
5. We made the commitment not to use staffing agencies any longer and to hire our own travelers directly into our own travel program, converting many of them to direct hire at the end of their contracts… with no agency fee!
6. We went to work to source and hire full time Registered Nurses.

The solution was deceptively simple yet devilishly tricky to implement, requiring us to be willing to see ourselves differently. We viewed ourselves through the eyes of a candidate, and then through the eyes of staffing agencies and recruiting firms. Once we learned to recognize about ourselves what has always been apparent to candidates, agencies and recruiting firms, we discovered that for a very long time we have actually played a leading role in creating our own misery. Once this was learned and accepted, we quickly set about fixing our nurse shortage problem.

Following these simple steps we solved our own self imposed nursing shortage. I refer to the shortage as self imposed because had

we been doing these very simple things from the beginning we would not have experienced a nurse shortage at all.

The transition to full staffing happened so quickly that there was a sense of disbelief and suspicion, even among those who worked hard to effect the change. We spent a great deal of time running the numbers over and over to confirm to ourselves and to others what we all knew; the shortage was over! It happened within 2-3 months. All FTE's were filled and even the most skeptical admit that the shortage has "mysteriously" ended. These same recruiting changes are equally effective in all other areas of hospital staffing, including imaging, physical therapy, lab, pharmacy, and physician staffing. The key to change is to be willing to change.

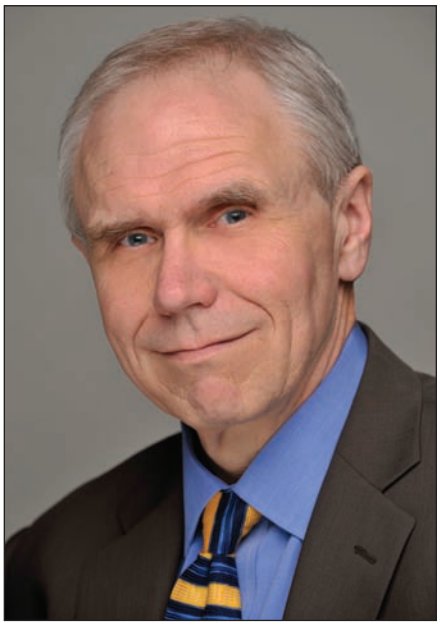
We currently have 428 RN's and we are fully staffed, within 97-98%, allowing 2-3% for normal attrition, in-house transfers, etc.. Within our system this includes all fulltime and part time positions. At this writing we have only 8 RN travelers, all of them working directly for us and not an agency. At this time three are committed to direct hire at the end of their contracts.

Lesson 4: *The existing national nurse shortage is not nearly as severe as we have been lead to believe. Any hospital can solve their own self imposed nurse shortage, and after doing so will end up with a surplus of registered nurses and saved cash in the bank.*

Mike Rink is the Employment Manager with the Alaska Native Tribal Health Consortium (ANTHC). ANTHC, headquartered in Anchorage, is part of the Alaska Tribal Health System, a network of tribes linked by common goals and objectives. ANTHC was formed in 1997 to manage statewide health services for Alaska Natives and employs approximately 1,800. Mike can be reached at mrink@anthc.org or 907-729-1306.

Current Topics & Trends in DB Retirement Plan Management: Part 1 - Fund It, Fix It or Forget About It?

By Ward M. Harris
Managing Director
McHenry Partners



Background

Defined benefit plans were designed to provide certainty and stability in the delivery of retirement income for workers. The impact of the Pension Protection Act along with the recent market melt-down have combined to place incredible pressures on the entire pension system. Many plans have gone from over-funded to under-funded status. Strategies and tactics long recommended and considered safe no longer seem to perform as advertised.

Mid-market pension plans face many challenges, among them: 1) Actuarial and investment professionals often don't understand or fully appreciate the full impact of their counsel to clients; 2) Advisors and brokers may receive compensation that is inconsistent with best practices and good advice; and 3) Investment and administration vendors' business models and financial interests may not be well-aligned with the best interests of their corporate customers.

The primary issue for most employers is how the DB plan can help build and grow the employer's primary business. Successful DB consulting relationships begin with the business needs of the employer. Actuarial and investment consulting can follow to meet the critical business objectives, but success is more likely if there is a coordinated, collaborative strategic plan.

Decision Model

In trying times like these, many options are available to plan sponsors. You can fund, fix, freeze or even terminate your plan. Each decision path carries both risk and opportunity. The skill, care, diligence and objectivity of your advisors can have significant and long-lasting effects upon your plan, your corporation and even your own professional and personal success.

The first step in an orderly approach to weighing your decisions is to decide who you want to rely upon and in what roles or areas of expertise. There are basically three perspectives on any pension plan decisions: business issues, liability issues and asset issues.

Business Issues: These are the C-Level topics tied to business survival and success. These deal directly with P&L and balance sheet impacts of pension plan decisions. The employer's own staff, legal counsel and consulting generalists are the most important resources for this area of effort.

Liability Issues: The actuarial professional has historically played a prominent role in this arena, related to plan design, administration and operation, including calculations and regulatory reporting. In today's environment, specialty-consulting support for DB plan design and liability management are critical elements in plan sponsors' ability to make informed decisions.

Asset Issues: Investment services in a DB environment call for skills, experiences and tools very different from the typical 401(k) or retail investment advisor or consultant. Relatively few professionals have the requisite resources to support DB business and liability issues from the investment perspective.

In an ideal world, the administration and investment professionals you use would be full partners able to understand and help address business issues. Is that the world you live in?

Next Month: "DB Plan Management: Part 2 – Ward's Top Five List of Pension SNAFUS"

Coming in June: National Webinar on Health Care DB Plan Crisis Management

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Ward Harris is Managing Director with McHenry Partners, a national investment consulting firm. A Seattle native with 30 years of

experience in investments for corporate and not-for-profit organizations, Ward has served clients in consulting and management roles at Union Bank of California, Schwab Institutional and Rogers-casey, Inc. He can be reached at 1-800-638-8121 or ward.harris@mchenrypartners.com.

Credentialing - A Road to Success

By Gisela Mejia
Director
Northwest Credentials Verification Service (NCVS)

Credentialing is a multi-step process that protects the public from providers who lack proper qualifications, health care organizations from liability of using under qualified providers, and providers from unfair or arbitrary practice limits, which helps maintain their general reputation and respect.

Few could argue the need to credential. It is an important tool for meeting the standards of various organizations that regulate the health care industry, including the Joint Commission, NCQA, URAC, and AAAHC. However, the time, effort, and cost to perform the credentialing process are high, which can place a large administrative burden on all parties involved.

The credentialing process begins when a provider completes a professional history application. Specific elements are verified from primary sources, such as specialty boards, professional references, medical/professional schools, and graduate medical education training programs. The provider's affiliations with hospitals and surgery centers are also verified. A query to the National Practitioner Data Bank is made. In addition, many organizations perform criminal background checks. From this process Medicare/Medicaid sanctions, state license disciplinary actions, and malpractice claims are revealed, if any exist.

The verified credentials information is reviewed and compared to the organization's credentials criteria, their credentialing body decides if the provider meets all requirements previously established by the organization, and approves the provider for participation.

This process can take up to several months and creates much duplication along the way. The process is repeated as the provider applies at each organization. The same verifications are performed repeatedly, burdening not only organizations with tedious work, but also burdening the verification sources as the same types of requests are repeated.

Over the last few years various tools have been implemented to alleviate the burden placed on all parties. One of them is the use of a standard credentialing application. In the early days of the credentialing movement, each health care organization had its own application form that the provider was required to use. Several years ago, the Washington Credentialing Standardization Group was formed by professionals working in credentialing and medical offices. This group created the Washington Practitioner Application, a standardized credentials application that is now widely used throughout the state. This effort has greatly contributed to lowering duplication for the providers.

A logical step for many organizations is the outsourcing of part of the credentialing process to a Credentials Verification Organization (CVO). A CVO gathers all the various primary source data required by the organizations and maintains the information in its database. This database may then be used by multiple organizations as a credentials source for information on a particular health care provider. All information is held in strict confidence and is only released to organizations after obtaining the provider's permission. By centralizing the primary source gathering to a single organization, redundant work is eliminated and the need for verification sources to fill out endless forms and requests is reduced.

Northwest Credentials Verification Service (NCVS), a national CVO based in Bremerton, WA, has verified the credentials of thousands of health care providers on behalf of a large variety of health care organizations. Using a CVO, such as NCVS makes the credentialing process easier and

far less time consuming.

As we move further into streamlining the credentialing process, it is imperative for all parties involved to keep an open mind to change and to assist with the combined effort for successful implementation of higher efficiencies and lowering of administrative costs.

Gisela Mejia is a Director with Northwest Credentials Verification Service (NCVS). Established in 1995, NCVS was awarded certification by the National Committee for Quality Assurance (NCQA) in 1996 and during all subsequent surveys. During its 2007 survey, NCQA awarded NCVS again with 10 out of 10 verification services. The NCQA certification relieves NCVS clients of any required oversight. Ms. Mejia can be reached at 360-415-6508.

Are You Really Listening to Your Patients?

By Don Morgan
Head Rainmaker
Raindance Consulting

One of the more common mistakes health care marketers make is to develop messages based on what they want to say, not what the patient needs to hear. Even when the marketer thinks they know what the patient is looking for, they may still miss the mark if they don't understand how their audience defines the issue.

This point was driven home recently at a Puget Sound American Marketing Association luncheon presentation on "Healthcare Messages That Resonate on Quality". Each table was asked to discuss how we define quality in healthcare, and then saw research findings that showed we had all missed the correct answer.

Our table quickly defined quality as a positive outcome of treatment. When you are sick, the doctor diagnoses your problem and prescribes a cure that works. Problem solved. Except neither the patients nor the healthcare professionals who responded to a national study by the Robert Wood Johnson Foundation defined quality as just a positive outcome.

To the patient, quality is also about their personal experience during the process of setting the appointment, visiting the doctor's office, and having time with their doctor to ask questions and understand their health condition. Of course, they want a positive outcome, but if the experience is sub-par, so is their perception of the quality of the provider.

To the healthcare professional, quality is tied to a well-functioning system that is efficient and responsive to their needs. They list a number of items that contribute to, or detract from, their perception of quality, like clean facilities, modern technology, patient support, and a coordinated and responsive staff.

The key thing for marketers to understand is that patients and providers will define quality, or anything, in their own terms, not yours. It's up to you to listen to not just what they say, but what they mean and why they feel that way. Then you can look for ways to meet your audience on a common wavelength.

The finding that quality is more than a positive outcome opens many message areas for healthcare marketers. For example, to the women in the study, the doctor's role is not just to provide treatment but also to help them understand their condition and make good decisions on how they can improve the outcome. Patients look at spending time with their doctor as a sign that the doctor respects them and is directly related to their perception of the quality of the care they receive.

Since patients want to take an active role in their own care, providing them with information and tools to better manage their health will improve their perception of the quality of the care you give. Hospitals and other healthcare organizations can promote their actions to help doctors & nurses provide better care and have closer relationships with their patients as a way to improve the perception of the quality of care they provide.

A marketing mentor once told me that in marketing "perception is reality". To be an effective healthcare marketer, the more you listen to and understand the patient's perception, the better your reality will be.

Don Morgan is the owner of Raindance Consulting, a business development company headquartered in Bothell that works with companies to identify and execute better lead generation and communications strategies for internal and external customers. *For more information, contact Don via email at dmorgan@raindanceconsulting.com.*

Classifieds

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Announcements

William G. Denton, MBA, R.N. has joined the Sullivan Lakier Group as Senior Partner leading our Non-Labor Cost Reduction Practice. Bill brings over 25 years of experience in clinical practice, hospital administration and consulting. He has completed over 150 non-labor cost reduction projects reducing hundreds of millions in operating expenses. Prior to joining Sullivan Lakier Group, Bill served as Senior Vice President of Non-Consulting Services with Wellspring Partners and with Arthur Andersen's healthcare supply chain practice.

Bill can be contacted at bdenton@sullivanlakier.com. Sullivan Lakier Group is a hospital consulting firm with offices in Washington, California and Texas.

Announcements

New Chief Executive Officer for CHC La Clinica. On March 9, 2009 Carl I. Walters II. assumed the position of Chief Executive Officer of Community Health System La Clinica, a large $18 million dollar integrated Federally Qualified primary care health system that serves the Tri-Cities Washington area. Mr. Walters brings over 24 years of For-Profit and Not-For Profit health system executive leadership experience to the system. Mr. Walters holds a B.S. in Hospital Administration (Weber State University) and a Masters Degree in Organizational Management (University of Phoenix).

To learn more about CHC La Clinica visit www.laclinicanet.org.

Books & Reference

"Dear Governor: About That Healthcare Crisis," a new book edited by DJ Wilson, healthcare policy consultant, former university lecturer, and current Edmonds City Council President, is a collection of 22 of the leading voices in public policy and in healthcare put into one place. Each stakeholder offers a unique perspective to Washington's Governor, and provides insight into how best to tackle the challenge of reforming our healthcare system. The contributors are leading public policy experts, healthcare professionals, and civic leaders in the state. This book brings together voices of leadership so the reader can make sense of the healthcare morass. The book is currently available on www.amazon.com. To learn more visit www.edmondspublishing.org.

Education & Training

Certificate in Healthcare Regulatory Compliance, UW Professional & Continuing Education. In this evening professional certificate program starting this fall, gain an overview of health care codes of conduct, ethics, and laws related to regulatory compliance in a variety of health care settings. Learn how to develop effective compliance programs and understand the operational safeguards necessary to promote adherence to legal, regulatory, and health plan program requirements. Topics include: compliance program development and implementation, privacy, data security, risk management, HIPPA, patient safety, quality of care, and cost containment. Apply now and start this fall!

For more information, visit www.extension.washington.edu or call 206-685-8936 or 888-469-6499.

Education & Training

Certificate in Medical Management, UW Professional & Continuing Education. In this evening professional certificate program starting this fall, gain valuable knowledge and skills in planning, organizing and implementing programs designed to address the needs, quality and cost-effectiveness of patient care within the rapidly changing health care environment. Instructors are UW faculty and leading industry professionals, selected for their expertise and specialty knowledge. Topics include: leadership, human resources, key financial tools and concepts, techniques for measuring quality and efficiency, and marketing positioning and strategy. Apply now and start this fall!

For more information, visit www.extension.washington.edu or call 206-685-8936 or 888-469-6499.

Office Machines

2007 Konica-Minolta Bizhub 6500C Color Printer available for business to take over lease and service contract. The Laser Electrostatic Transfer Method is used to produce color and the maximum output is 65 full color copies per minute. This printer was used by the Washington Healthcare News to print its 6,000 booklets each month prior to outsourcing printing in December of 2008. Service performed by Pacific Office Automation. Includes Fiery Controller, Booklet Finisher, Scanner and 512 mb Memory Upgrade. This printer has a 100,000 copy maintenance cycle and very low overage charges. This machine is like new and ready to help your business now. Contact David Peel at 425-577-1334.

Real Estate

Priced Below Market! Seller Financing Available. Can be Sold or Leased. Furnished. Exceptional. Build-out Private Offices and Open Work Space. Matae. Includes 3 Commercial Spaces Common/Workout/Recreation Area. 3 Stories of Secured Underground Parking. Total Square Feet: 1,278 rsf.

Offered by Chalie Hampton, Vice President of Grubb & Ellis. Charlie executes the leasing strategy and negotiates for the most favorable least transaction terms on behalf of his clients. He provides his clients with market research, leasing assumptions and analysis, and assists companies in evaluating current market conditions.

View current listings: www.grubb-ellis.com/charlie.hampton.

Real Estate

Real Estate Development for Healthcare Professionals (with Ownership Opportunities) located at SE Sunnyside Road & 143rd in Clackamas, Oregon. A proposed 27,000-33,000 Square Foot Medical Officer Building; Monument Signage on Sunnyside Road; Parking: 4/1000 with covered spaces available; The electric & plumbing systems are designed to maximize flexibility for the unique requirements of medical professionals and their equipment. Projected opening is scheduled for 2010. For more information please contact Marc Jenquin at (503)544-5124 or jcwinc@hotmail.com.

Real Estate

Healthcare Development with Ownership Opportunities: On the corner of Southwest Barrows Road and Southwest Murray in Beaverton Oregon. Two-story 27,000 Square Foot Class A Medical Office Building with parking underneath. Lease Rate: $34/Square Foot Full Service; Parking: 3.9/1,000 Total 106 Spaces; Lease Term: 10 year; Tenant Improvement Allowance: $25/Square Foot Rentable area; Signage: Monument by owner, building signage allowed. For more information please contact Marc Jenquin at (503)544-5124 or jcwinc@hotmail.com.

Real Estate

1800 9th Ave Suite 1100 For Sublease in Seattle. 1,289 RSF on the 11th Floor. Rate is $25.00/sf gross. Sublease Through Dec 2010. Two Private offices. Conference Room. Work Room & reception.

Offered by Chalie Hampton, Vice President of Grubb & Ellis. Charlie executes the leasing strategy and negotiates for the most favorable least transaction terms on behalf of his clients. He provides his clients with market research, leasing assumptions and analysis, and assists companies in evaluating current market conditions and the best possible solution for their real estate requirements.

View current listings: www.grubb-ellis.com/charlie.hampton.

Career Opportunities

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This key leadership role is responsible for managing and directing all aspects of the daily operational activities of the ASC. The manager will also work to achieve the goals and objectives established for financial performance, quality of care and operational efficiency improvements.

The qualified candidate will need to have a minimum of three years experience managing a surgical facility, preferably with experience in a stand-alone, outpatient setting. A bachelor's degree or additional relevant education is required. Graduate of an accredited school of nursing program preferred.

Please Forward Resume to:

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Education: Required: MD or DO

Experience: Required: 5 years of clinical experience in the practice of medicine, 2 of which have been in medical and/or health administration. 3 years of management and/or clinical experience in a managed care environment. **Preferred:** Required plus direct experience as a medical director of a Medicare Advantage plan.

Certificate / License: Required: Unrestricted license to practice medicine in the State of Washington. **Preferred:** Required plus certification by the American Board of Quality Assurance and Utilization Review Physicians or the American Board of Medical management.

To apply and learn more: Complete and print our Application Form and submit using one of these three methods: (1) Email HR@ourpshp.com, (2) Send via U.S. Mail to: Puget Sound Health Partners, Human Resources, 7502 Lakewood DR W, Suite A, Lakewood, WA 98499 or (3) Fax to Human Resources at: 253-779-8829

Columbia Basin Health Association

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.

Requirements: Masters or Bachelor's Degree, preferably in Business Management with emphasis on word processing, computers, spreadsheets, office machines, business English, and communication skills and/or equivalent experience. Five years' experience in a medical clinic business office with experience in aforementioned areas. Training and experience can be substituted for formal education, depending on the nature and duration.

Log onto **www.cbha.org** for a full job description and to apply online!

Career Opportunities

Director of Emergency Services

(Sedro-Wolley, WA)

Responsible and accountable for all supervision, direction and coordination of administrative and clinical nursing for Emergency Services at United General Hospital. Direct and coordinate day to day operation and supervision.

Requirements: Graduate of an accredited school of nursing. BSN or Bachelors degree in related field preferred. Advanced knowledge of general nursing theory and practice as well as familiarity with literature and new developments in nursing and pharmaceutical fields. Knowledge of hospital management operations and economics required. Three (3) years experience in emergency care nursing and two (2) years of progressive management experience and knowledge of emergency and psych standards and staffing required. Interpersonal skills, excellent written and verbal communication skills, ability to communicate effectively with physicians, nursing personnel, pharmacy staff, and other health care professionals. Must maintain current licensure to practice nursing in the State of Washington. ACLS, CPR TNCC, and ENPC required. CEN is preferred.

To learn more and apply visit:

www.unitedgeneral.org

Controller

Northwest Medical Specialties, PLLC (NWMS), located in Tacoma, WA, provides a high level of service to its patients by integrating cancer treatment with infectious disease services in multiple locations. We are seeking a Controller to become an integral part of our management team.

The Controller is responsible for the management of all accounting and tax related functions of the organization. In addition, this position calculates and presents physician compensation, prepares benchmarketing reports and is the primary contact for discussing financial related information with the physician Board of Directors. This position reports to the CEO.

Requirements: Bachelors in accounting or finance, five years experience in the medical field and two years recent experience in a medical practice.

To apply send resume and salary requirements to tlockhart@nwmsonline.com. EOE

www.nwmedicalspecialties.com

Director, Cardiac Services

Reporting to the Chief Operating Officer, the Director of Cardiac Services will be responsible for leading the growth, development and operational effectiveness of a comprehensive, high quality cardiac services program. The Director has 24-hour responsibility for management of the cardiac service line. Responsible for all aspects of the program and for driving growth in case volume. Leads multi-disciplinary teams to develop and implement protocols, policies and procedures, cost reduction efforts, marketing campaigns and outreach efforts, quality outcomes tracking and reporting, and patient experience initiatives - in order to achieve growth, financial targets, quality outcome goals, and high patient, employee and physician satisfaction.

The right candidate will possess a Master's degree in Business or other health related field along with at least five years of related management experience. Significant experience in lieu of the Masters degree will be considered.

Previous experience leading a cardiac service line is highly desirable.

Interested? Apply today at www.overlakehospital.org/careers.

Overlake Hospital is an equal opportunity employer.

About Us

Operated by King County Public Hospital District No. 4, Snoqualmie Valley Hospital and its network of clinics, serves Fall City, North Bend, Carnation, Preston, Snoqualmie, Snoqualmie Pass and parts of unincorporated east King County Washington.

The hospital is located thirty minutes East of Bellevue. Theater, shopping, fine dining and skiing are all within a thirty minute scenic drive. To learn more about the hospital visit the web site at:

snoqualmiehospital.org

Chief Financial Officer

Position Summary

The Chief Financial Officer (CFO) oversees and directs all financial aspects of Snoqualmie Valley Hospital and its network of clinics. The CFO, with administrative responsibilities to the Chief Executive Officer and the Board of Directors will ensure accurate and credible financial control systems exist for the continued financial viability of the organization.

Primary Duties

Ensure financial information is produced in a timely manner. Represent and communicate financial policies and matters to appropriate Finance Committees and the Board of Directors. Oversee budget and audit processes. Analyze and evaluate ways to optimize available cash and cash flow. Monitor investment portfolio performance and make changes as needed. Monitor cost effectiveness and efficiency of all insurance programs. Determine economic implications and feasibility for modifications to existing systems and installation of new systems. For additional duties see the job description.

Qualifications

Previous demonstrated success as CFO in a hospital or other health care facility; or supervisor of financial operations in a mid-sized corporate environment. Bachelors degree in accounting. CPA designation preferred. Strong understanding of Medicare regulations. Experience with HUD programs. Excellent interpersonal skills. Strong supervisory and management skills.

To apply

Submit resume and salary requirements via email to hr@snoqualmiehospital.org or by regular mail to:

Snoqualmie Valley Hospital Attn: Human Resources
9450 Ethan Wade Way SE, Snoqualmie, WA 98065

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