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HR Strategy: Taking Advantage of Healthcare Reform's Vapor Trail

By Daniel W. Fisher
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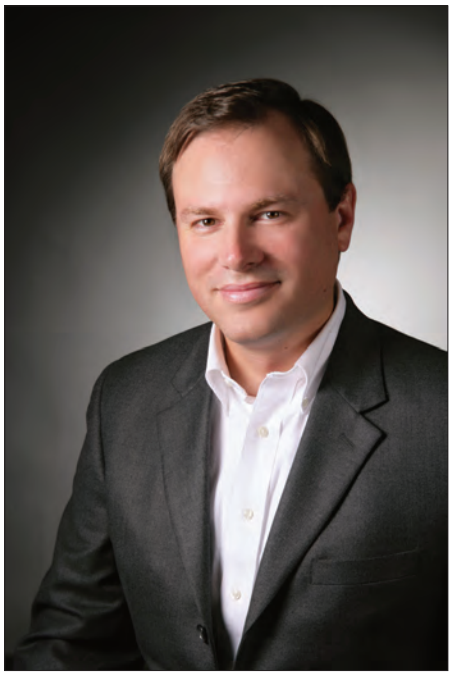
EmSpring Corporation



The Patient Protection and Affordable Care Act (PPACA) is now law, and the regulations supporting this monumental piece of legislation have been pouring in ever since. Like many of you, I have been spending a great deal of time trying to determine what the compliance issues and practical applications of the PPACA will be for employers. My conclusions? First and foremost, health reform is a process and not an event. The outlook changes daily. Try looking at it this way: if the healthcare industry is 16% of our GDP in the United States, then the PPACA has effectively written new rules for a market economy larger than that of the United Kingdom, Brazil, Italy, Spain or Canada. Our healthcare industry alone is roughly equivalent in size to the total GDP of France. Like our national debt, the numbers are simply too large to easily understand and forecast with any accuracy. But amid the politics and the chaos of the PPACA lies a tremendous opportunity for human resource professionals to lead their organizations toward new and better strategic objectives.

Review Your Strategy

I suggest starting with a thorough review of your health benefits and total compensation strategy. There is nothing in ERISA, the PPACA or any other law that says an employer must offer health insurance to employees and their families. All the onerous laws and regulations apply only if you do offer a health plan. That said, if you do not offer health benefits today, your organization runs the risk of losing key employees, lowering morale and productivity, and being unable to attract top talent. Whether subject to collective bargaining agreements or not, healthcare employers would obviously have additional concerns within their communities by not offering affordable coverage to employees. However, at some point after January 1, 2014 and before 2018, that assumption may no longer hold true. One reason is that the pay or play provisions of the PPACA will give employers an easy escape from the stranglehold of employer-sponsored health plans. It's fair

Please see> Strategy, P4

Inside This Issue

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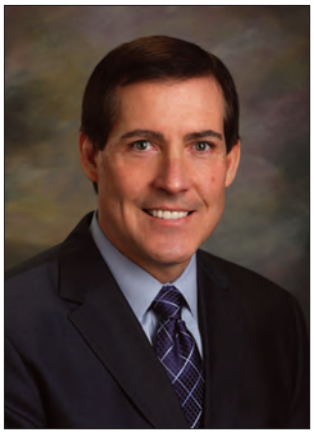
Letter from the Publisher and Editor



Dear Reader,

I mentioned in my letter last month that we started Healthcare News publications in Colorado and Arizona. Since then, we've added additional Healthcare News publications in Alaska, Idaho, Oregon, Hawaii, Idaho, Nevada and Utah.

We've been graciously received by the healthcare leadership in these new states.

In Oregon, we were given permission to post association news and logos on the home page of our web site. In Arizona, we were asked to interview the CEO of Phoenix Children's Hospital so our readers could see how their $588 million expansion was rolling out and we eagerly agreed.

In the next few months we'll report significant stories in our Colorado, Oregon and Alaska publications. Some of these stories may even make their way to the Washington Healthcare News home page!

Until next month,

David Peel, Publisher and Editor

< Strategy, from P1

to say a great number of them will gladly pay the penalties and hand most of the cost and the entire administrative burden over to the new State Insurance Exchanges. A giant party will ensue as the heavy compliance risk vaporizes and employers go back to running their business and not their health plans.

As an employer ***and*** healthcare provider, will your organization take advantage of being one of the few who offer their employees a tailored private plan, or will you join the Terminated Plan party? If you commit to sponsoring a private health plan, what will the opportunity cost be? If your competitors begin applying resources-once siphoned off by medical plans and premiums-towards enhancing other benefits, how will you respond?

As baby boomers retire and patient loads increase, attracting and retaining a skilled workforce will be challenging. This will be especially true when unemployment levels return to historical norms. Employers who wait until 2014 to decide if or how a private health plan will be part of their total compensation strategy will be at a substantial competitive disadvantage.

Examine Your Options - Closely

Some may argue the PPACA's

burdensome employer regulations and weak individual incentives are unintended consequences and will be fixed before 2014. I don't buy it. Incentivizing employers to drop their private health plans appears to be an intended consequence, and the new rules make it rather obvious. Grandfathering is a smoke screen. It is certainly not intended to "allow you to keep the coverage you now have." Spend five minutes alone with the regulations detailing all the triggers for losing grandfathered status and you can draw no other conclusion. Surprisingly, there are relatively few advantages to grandfathering, and it's only a question of when – not if – you lose grandfathered status. Yes, the internal appeals rules are scary, but just make sure you understand how health benefits fit into your new strategic objectives before you worry too much about all of these "interim final regulations." If your benefits advisor, TPA and health insurer have any hope of remaining in business, they will certainly help you with the compliance part. Your primary role should be strategic.

In addition to grandfathering, many other aspects of the PPACA support the argument for strategic thinking from HR departments. For example, without corrections, the small individual penalties for going uninsured combined with the removal of pre-existing condition and lifetime maximums could easily nail the coffin shut on the private group health insurance market. It may take a couple of years after 2014 for the adverse selection to kick in, but private options for smaller employers outside of the State Exchanges will dry up faster than your sinuses in the Sahara. So why should you spend valuable time and resources keeping your health plan the focal point of your benefits package when it may not be in play much longer? Most employers will turn the boat around and float with the current into the Exchanges. Your employees, particularly the younger ones, will be asking you about the Exchange options for coverage. In the healthcare industry, unless you provide substantial subsidies for employees and dependent premiums and communicate the advantages over the coverage options available through the Exchanges, you most likely will have to consider terminating your employer-sponsored Plan before 2018 as well.

Adjust Your Focus - Strategically

Take this opportunity to advance your total compensation program and improve your ability to retain Baby Boomers and attract young-

Please see> Strategy, P6

< Strategy, from P5

er generations at the same time. Upgrade your payroll system and integrate it with your human resources platform to accommodate 24/7 access and employee self-service. I won't go into the cost benefit analysis of integration here, but it's safe to say that if your payroll and human resource systems don't play nicely together, you are likely wasting countless hours maintaining outdated platforms that are prone to errors. If an employee has a life event and notifies her supervisor, that supervisor should have one step to take that, after the appropriate approvals are given, updates the personnel file, triggers COBRA, changes payroll deductions and to the delight of CFOs everywhere, gets posted to the general ledger as well. This is one of the primary methods of advancing human resource professionals out of daily task oriented duties and into strategic planning within any organization. You simply can't compete for very long using DOS when living in a biometric and cloud computing world.

As I'm sure you've heard, every employer will have to include the cost of health benefits on the W-2s in 2012 for coverage provided in 2011. Despite the viral emails claiming your health premiums will be taxable income (they will not), this will be a simple reporting adjustment. But it is a great time to evaluate how your workflow could be improved with integrated payroll, time and attendance, benefits and leave administration and HR management systems. Use the W-2 and E-Verify reporting requirements as an excuse to act before the new compliance deadlines.

While PPACA compliance is not optional and will require resources, I encourage you to capitalize on this historic strategic opportunity to reposition for success. This is vital whether your organizational goals are for growth, market share, profit, improved patient care, employee work/life balance, cost control, or all of the above. Now is the perfect time for HR professionals to take advantage of the changes coming from healthcare reform and start asking the big strategic questions. The answers may surprise you.

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A Healthcare Real Estate Professional's Perspective on the Medical Office Building Market

By Paul Carr
First Vice President, MBA, CCIM
CB Richard Ellis

Location, location, location. This steadfast retail mantra applies equally well to the medical office building (MOB) segment of the real estate market. All across the country, in the face of anemic occupancy rates, rents, and new development in the traditional office building segment of the real estate market, newer well-located MOBs continue to attract physicians and clinics. While the traditional office vacancy rate in the Puget Sound region hovers around 20 percent (about the same as the national vacancy rate) the MOB vacancy rate sits at a healthy six percent, compared to 12% nationally. The investment community is taking a hard look at these numbers--any real estate segment in a growth cycle gives the promise of healthy returns. The CB Richard Ellis Healthcare Capital Markets Group conducted a survey of MOB investors and developers in early 2010. Approximately 70% of the respondents said that they would be buying MOBs in 2010. In addition, 88% were looking for MOBs priced above $10 million—the target range for newer, Class A, on-campus buildings.

Let's review the main factors that are contributing to the interest in high quality MOBs and, the ramifications for healthcare providers in the state of Washington:

Healthcare Reform

Healthcare legislation passed by the United States Congress in March is feeding the appetite for an already robust product. Real estate professionals involved in the medical office market believe this legislation will amplify an already growing industry. An increase in the number of insured patients should translate into more demand for MOB space. Clinics and other hospital-dependent entities are realizing the strength in the co-location of facilities as they position themselves to serve a growing community of patients. Consolidation should increase the demand for larger office spaces near hospitals, which often can be accommodated only in new buildings.

Limited Supply

In the Puget Sound region, medical office development is experiencing a modest boom. There are currently 3.5 million square feet of public and private projects under construction or in the final stages of development. The majority of these projects are expansions on or adjacent to existing medical campuses. However, these new developments are not enough to keep pace with the demand, and the number of available sites on which to build new MOBs with immediate adjacency to a hospital, particularly in dense urban areas, is limited. This scenario will likely continue to keep vacancy rates low.

Healthcare Realty, a national real estate investment trust ("REIT") that integrates owning, managing

Overlake Medical Pavilion, projected completion date of September, 2011

www.OverlakeMedicalPavilion.com

and developing properties associated with the delivery of healthcare services, is an example of a firm believer in the growth potential in this region. They are currently developing the Overlake Medical Pavilion, a nine-story, 190,000-SF MOB on the campus of Overlake Hospital Medical Center in the Seattle suburb of Bellevue, Washington.

"We're very bullish on the Puget Sound (Seattle area) in general, but definitely Bellevue and the Overlake Hospital campus," states Amy Poley, Vice President of Real Estate Investments at Healthcare Realty.

Quality Matters

It may seem counterintuitive, but many clinics and physicians are choosing to pay more rent in a declining reimbursement environment. Many clinics are seeking a competitive advantage by locating in buildings that fit several criteria: on or directly adjacent to a hospital, built within the last few years, and preferably "green." The reasoning is this: locations on hospital campuses improve referrals, a better image improves retention of patients and providers, new designs improve efficiency, and green features enhance the experience of patients as well as staff. April's issue of the American Medical News points out that "the nation will likely see a shortage of about 160,000 physicians by 2025." As clinics look ahead to the anticipated shortage, they know that a high quality working environment is an important recruiting tool. Competing for patients means having such amenities as convenient parking, plenty of elevators, well-designed lobbies, and extras such as garden spaces. Clinics are calculating that additional revenue opportunities available in these locations outweigh the additional cost of rent.

Conclusion

Class A MOBs will continue to be attractive to investors and medical tenants in the long term. The good news is that the benefits associated with locating in a new MOB will likely improve the experiences of staff and patients alike and allow for enhanced revenue to address both costs and declining reimbursements. The bad news for tenants is that rental rates will likely either hold steady or increase (depending on the localized market).

Paul Carr is a First Vice President with CB Richard Ellis, focusing on investment sales and leasing transactions within the healthcare sector of commercial real estate. As a member of CBRE's National healthcare services team, Carr advises physician groups, hospitals and investors on various leasing, acquisition and disposition requirements. He can be reached at paul.carr@cbre.com or 206-292-6005.

Final Regulations Issued on the Washington Domestic Violence Leave Act

By Susan Stahlfeld
Employment Law Attorney
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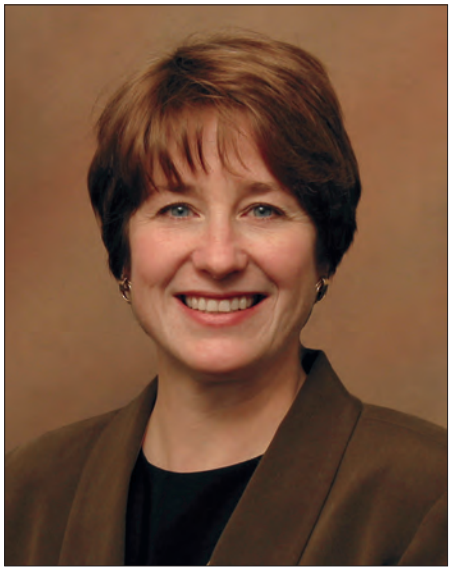

By Casey Moriarty
Healthcare Attorney
Miller Nash LLP

On July 6, 2010, the Washington Department of Labor & Industries (DLI) issued its final regulations on the 2008 Washington Domestic Violence Leave Act (DVLA). While these regulations track the requirements in the DVLA and do not impose additional obligations, they serve as a good opportunity for healthcare employers to review their policies and procedures for responding to leave requests under the DVLA.

The DVLA requires that all employers provide an employee with unpaid leave for certain purposes when the employee is the victim, or has a family member who is a victim, of domestic violence, sexual assault, or stalking. The term "family member" includes a child, spouse, parent, parent-in-law, grandparent, or person with whom the employee is in a dating relationship.

An employee can take leave under the DVLA for only the following purposes, if they are related to incidents of domestic violence, sexual assault, or stalking: (1) seeking legal or police assistance, or preparing for or participating in a civil or criminal legal proceeding, to ensure the health and safety of the employee or the employee's family member; (2) seeking treatment or participating in a family member's treatment for physical or mental injuries; (3) obtaining or assisting a family member to obtain services of a domestic violence shelter, rape crisis clinic, or other social services program; (4) obtaining or assisting a family member to obtain mental health counseling; and (5) participating in safety planning, relocation, or other safety-related actions.

In order to request leave, an employee must give notice of the request in accordance with the employer's policies or, in an emergency situation, no later than the close of business on the first day of leave. The employer has the right to require an employee to verify the reasons for leave by producing: (1) a police report; (2) a protective order or similar court order; (3) documentation from a victim's advocate, attorney, member of the clergy, or medical professional; or (4) the employee's written statement. Verification of family status can be made by a statement from the employee, a birth certificate, a court document, or similar documentation. An employee must produce the verification to his or her employer in "a timely manner." Other than providing requested verification, the employee is not required to provide any additional information about the circumstances of the need for leave. The employer must keep the verification and all other related information confidential.

Although leave under the DVLA is unpaid, employees do have the right to utilize any available sick leave, compensatory time, vacation, or any other paid time off during DVLA leave. DVLA leave

can be full time, intermittent, or on a reduced work schedule. The allowed duration of the leave is somewhat vague; the law states only that the time off must be "reasonable" under the circumstances. Besides this "reasonable" standard, there is no explicit maximum amount of time for DVLA leave. It is advisable for employers to tread carefully and to perhaps consult with an attorney before demanding that an employee end his or her leave and return to work.

Upon the conclusion of an employee's leave, the employer must restore the employee to his or her former position or an equivalent position. The DVLA is very clear that an employer may not discharge, threaten to discharge, demote, harass, or otherwise discriminate against an employee because of the employee's exercise of his or her rights under the DVLA.

In order to ensure compliance with the DVLA, employers should implement policies and procedures that contain the following guidelines: (1) a form for an employee's notice of a leave request; (2) the employer's administration of an employee's leave, including intermittent or reduced-schedule leave; (3) the employer's maintenance of the confidentiality of information that the employee provides to verify the purposes of the leave; (4) the employer's continued provision of health benefits coverage for employees on leave; (5) and the employer's responsibility to restore the employee to his or her previous job or equivalent position. Additionally, all supervisors should receive training on how to proceed when an employee indicates that he or she has an issue of domestic violence for which the employee might need leave. Finally, employers that have not already done so should make sure that they have revised their employee handbooks to include information on DVLA rights, and have posted the most recent DLI poster, which includes information on DVLA as well as other employee rights.

By creating and following these policies, employers can decrease their chances of incurring fines for DVLA violations, which are up to $500 for the first infraction and up to $1,000 for each subsequent infraction committed within three years of a previous infraction. Based on these penalties, it certainly pays to be prepared!

Susan Stahlfeld is an employment law attorney, partner, and leader of Miller Nash's Employment Law and Labor Relations practice team. She can be reached at susan.stahlfeld@millernash.com or (206)

Please see> Final, P13

Why Now is the Time to Self-Fund

By Susan Smith, SPHR
Director, Human Resources & Compliance
Healthcare Management Administrators

Because of the uncertainty created by Health Reform, many group health plans may be "gun-shy" about making changes before the dust is fully settled and all regulations promulgated. Is concern about losing grandfathered status causing you not to make any Plan changes? Over time, maintaining this status may be more costly than cost effective for your plan. Curious? Read on.

Healthcare costs are projected to increase about 9% in 2011, on top of a 9.5% increase in 2010 (PricewaterhouseCooper's). Plans that are "grandfathered" under Health Reform are severely limited in the changes they can make to their Plan design, cost sharing arrangements, co-insurance levels, co-pays, and employer/employee contribution relationships and yet still retain grandfathered status. If your Plan is currently grandfathered, and you are unwilling to make the change to self-funding because this may result in the loss of that status – consider the following:

- The maximum permitted changes to cost-sharing arrangements, co-insurance levels, co-pays, or the employee/employer contribution ratio allowed under the health reform regulations if a Plan wants to retain grandfathered status are not indexed for inflation. So over time, grandfathered plans – unable to increase employee contributions or reduce employer contributions beyond the limited parameters provided in the law – will be forced to absorb increasingly higher costs because of medical inflation, and these costs will build year over year.
- The regulation writers themselves estimate that in 2011, up to 33% of the Plans that were grandfathered under Health Reform will have relinquished that status in order to address rising plan costs and make plan changes that are not permitted under the grandfathering regulations. By 2012, this percentage increases to 55%.
- Grandfathered plans will be, in effect, frozen in place—unable to nimbly respond to market or internal forces that may require reductions in employer contributions or Plan changes.
- Grandfathered plans must comply with the majority of the significant health reform provisions anyway. The benefit to retaining grandfathered status is extremely limited. For more information on what grandfathering means to a Plan, please see HMA's "Healthcare Update on Grandfathered Plans," available on our web site (http://www.accesshma.com/news-regulatory-updates/).

However, if your Plan is looking to control increasing medical inflation, manage plan costs, and provide the most effective coverage for plan participants, self-funding is the answer, and now is the perfect time for your plan to change to self-funding. The reasons for self-funding are stronger than ever. You gain:

- The ability to custom design your benefits plan to meet the needs of your employee population, rather than accept an insurance carrier's predetermined benefits plan.
- Exemption from state insurance laws and state insurance mandates. Most self-funded plans are governed by ERISA, a federal law, rather than state insurance laws.
- Freedom to design the eligibility requirements for the plan as broadly or as narrowly as needed (as long as eligibility is not discriminatory).
- The ability to partner with a third party administrator (TPA), that provides claims administration, medical management, customer service, and all other services that a self-funded plan needs, at a much lower cost, and with greater efficiency, than a large insurance company. TPAs provide ex-

ceptionally responsive service to their self-funded clients and are known for their innovative thinking, creative approaches to plan design and managing healthcare costs.

- The ability to completely control the Plan, plan design, and contribution ratio. Fully insured plans must adhere to the plans offered by the carrier, as well as meet the carrier's requirements for contributions and participation. Insurance carriers make many unilateral decisions about their plans without consulting the Plan itself, i.e. deciding if a plan will be grandfathered or not. Self-funded plans make these determinations themselves.
- Last but not least, self-funding enables the Plan Sponsor to retain control of the funds used to pay claims, and to retain the profit margin built into fully insured premium rates. Stop loss coverage is available to limit the financial risk to the Plan.

Though self-funding is not the answer for every plan, it may be the answer for yours. This brief article cannot enumerate all of the reasons why self-funding may be the best option for your Plan. But if you are looking for agile, innovative thinking, the ability to quickly make changes to the Plan as a result of economic or business needs, and plan customization that can only be offered through self-funding, consider making that change now for your Plan!

Susan Smith has over 25 years experience in the employee benefits field, and is the Director of Human Resources and Compliance at HMA, a third party benefits administrator based in Bellevue, WA. She is responsible for legislative compliance for HMA, and with her team and in conjunction with each client's legal counsel, provides compliance assistance to HMA clients as well. HMA currently administers over 600 different benefit plan designs, and offers self-insured employers a full complement of benefit products and services. Contact: 800.869.7093, or proposals@accesstpa.com.

<Final, from P11

622-8484.

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Hospitalists Helping Hospitals Go Electronic

By Juhie Parnami
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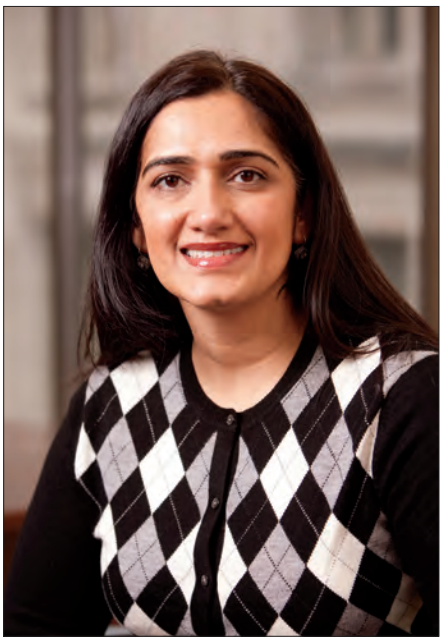

Hospitals without electronic health records and their related functions are scurrying to meet the obligations of the American Recovery and Reinvestment Act of 2009 (the "Act"). The Act provides over $2 billion in financial incentives from Medicare and Medicaid to those organizations that are making "meaningful use" (defined in great detail on the CMS website) of an electronic health record starting in 2011. Further, beginning in 2015, late adopters of electronic health records will find themselves penalized by a 1% cut in Medicare reimbursement for each year that implementation is delayed (up to a 5 % maximum), thus contributing to the pressure for timely completion.[1]

As the hospitalist provider for seven community hospitals in Washington, Sound Physicians has two thirds of its partner hospitals in various stages of their electronic health record (EHR) and computerized physician order entry (CPOE) implementation ranging from "strategy and planning" to "go live" this year. Serving as the front line for the majority of inpatient medical admissions, hospitalist groups are often central to strategy and implementation activities. They play a pivotal role in system selection as well as developing current/future workflows for admitting, discharging and rounding on patients. Additionally, hospitalists are essential to order set development and provide the foundation for creating evidence-based clinical pathways.

However, perhaps the most crucial aspect of hospitalist participation has been that of the physician governance and identifying a physician champion. It's common knowledge that physicians have resisted practice pattern changes associated with technology, often viewing them as tedious, time consuming and primarily for the benefit of hospital administration. In fact, next to cost, a lack of physician engagement is the largest barrier to EHR/CPOE implementation for hospital and health systems today. Cedars-Sinai Medical Center in Los Angeles had a medical staff revolt three months after going live with their first CPOE system due to poor decision support queries and inadequate user training.[2]

Sound's hospitalist team leaders have become involved early and intimately in preparing for EHR/CPOE implementation. As the largest group of primary end-users, hospitalists are active members of the medical IT governance teams that ensure standardization amongst clinicians. Additionally, they are often the physician champions that communicate the "meaningful use" of the new electronic system emphasizing patient safety over technology. Discussions with physician colleagues tout the reduction of medical errors, an increase in quality of care and overall clinical efficiency. Further, the physician to physician communication translates the technology impact in a way that is sympathetic to physicians' operational challenges on a day to day basis. Dr. Glen Meyers, lead physician champion and hospitalist at the 225-bed Good Samaritan Hospital, committed approximately 20-30 hours/month over a nine month period to planning, creating, validating, testing, and now training other physicians on their EHR/CPOE system that is due to go live

Please see> Hospitalists, P16

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< Hospitalists, from P14

in the summer of 2010. According to Andrea Tweedie, Project Manager of Physician Adoption, "Dr. Meyers has served as that in-between buffer of the 'techie' and 'physician' where he knows what a physician wants and he keeps the physician communication simple to how best to communicate the technology changes so the physician can understand the changes to his or her job."

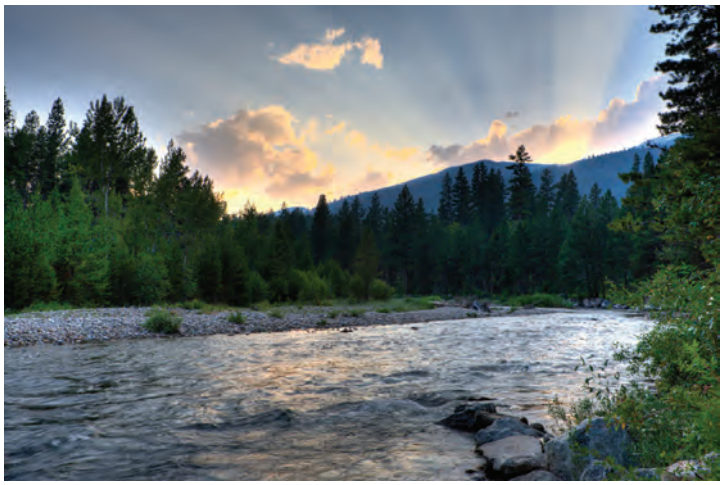
Being part of a large hospitalist team has allowed Dr. Meyers to dedicate .25 to .50 of his clinical time to the project. Smaller hospitalist teams have adopted more creative strategies. Dr. David Fick, chief hospitalist at Providence Centralia Hospital, has distributed the CPOE committee and meeting work amongst his team equally. He felt strongly that when his hospital goes live with CPOE at the end of the year that his entire team needed to be proficient, "we'll have helped to design and test the system to our needs and will have no issues transitioning to the new system". Hospitals like the Providence system and Good Samaritan Hospital are investing heavily in their physician adoption by providing physician stipends for project participation. Larry Sullivan, IT project manager, said this is the first time Providence has reimbursed physicians for their additional time on IT projects, but, he said "the organization realized the importance of getting this initiative done on time, and getting it right the first time will require intense physician engagement".

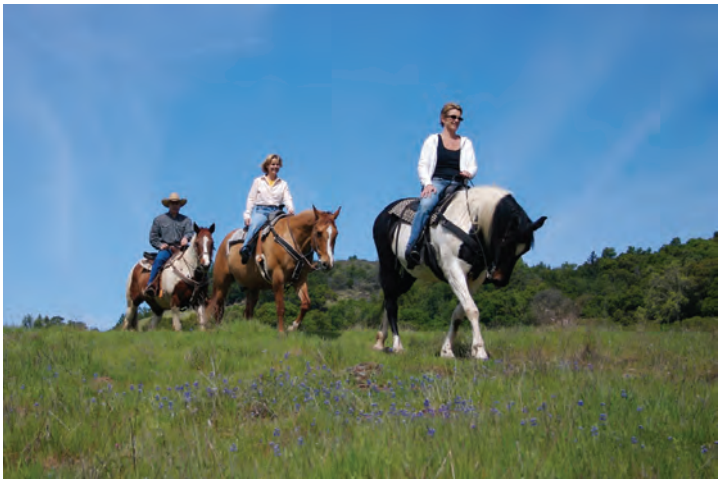
Regardless of whether a hospital chooses to reimburse its physicians for time spent on EHR projects, the recognition that EHR/CPOE implementations are just as much a clinical project as they are a technology project has paved the way for greater success. And with that recognition, the partnership with the hospitalists has created a mutually beneficial relationship where the hospitalists create and learn electronic systems that are crucial to achieving their inpatient goals while supporting and championing the system for the entire medical staff.

To learn more about Sound Physicians visit their web site at www.soundphysicians.com.

[1]Beaudoin Jack, Eligible Hospital 'Meaningful Use' Criteria. Healthcare IT News (www.healthcareitnews.com), December 30, 2009.

[2]Connolly C. Cedars-Sinai doctors cling to pen and paper. The Washington Post, March 21, 2005:A1.





About Klickitat Valley Health

Klickitat Valley Health, located in Goldendale, WA, encompasses several facilities that include the 25 bed Klickitat Valley Hospital, a Family Practice Clinic, a Home Health & Hospice entity, KVH Ambulance Services and the Golden View Terrace Retirement and Assisted Living Facility. Goldendale, WA is located on a fertile plateau some 100 miles east of Portland, OR, 70 miles south of Yakima, WA, and 100 miles west of the Tri-Cities, WA area. The majestic Columbia River is only 13 miles south of the city. The terrain is generally rolling with an elevation of 1620' at the airport. The Simcoe mountains, visible from the City, rise in the north to an elevation of 5500'. Four mountain tops, Mt. Hood, Mt. Adams, Mt. Rainier and Mt. St. Helens are visible from certain places in the city. We are currently seeking the following position to lead our dynamic hospital into the future:

Chief Executive Officer

General Position Summary

Provides strategic and operational leadership to Klickitat Valley Health Services (KVH) to ensure that its programs and policies respond to the health care needs of the region through quality medical care and health service programs. Directs all functions of KVH in keeping with the overall policies established by the Governing Board and in compliance with regulatory guidelines so that the objectives of the District can be attained. Responsible for the prudent stewardship of the organization's financial and human resources.

Essential Duties and Responsiblities:

- Works with the Board of Directors to develop long-term strategies and partnerships related to the provision of health care in the region
- Leads the implementation of long-term strategies, as approved by the Board
- Ensures the quality of care provided by KVH, as well as the satisfaction of patients and their families
- Manages KVH's financial assets in a manner which ensures the financial viability of the organization; compliance with laws and regulations; and consistency with the values of the organization
- Serves as primary staff for the Board of Directors and its Committees to ensure that they are educated and informed, and that they are involved in decisions as appropriate and or/as requested.
- Maintains/develops working relationships with related organizations, agencies, and affiliates to enhance KVH's ability to deliver health care to its service areas.
- Ensures that the organization's management and professional teams are appropriately staffed, developed, and focused on KVH's priorities and values.
- Ensures positive relations with physicians, allied health professionals, and employees of the organization.
- Visibly promotes the organization's vision, goals, programs and services to all public when needed.
- Encourages external support and reduces opposition to District goals, objectives and strategies by providing information on health care issues to legislators, and appropriate media.

Qualifications:

Education/Experience/Skills:

- Prepared in hospital and health care management
- Bachelor of Arts or Sciences in Health Administration or business required
- Masters Degree in Health Administration, or related business degree or public health administration preferred
- Minimum of three (3) years progressive leadership experience in a hospital or similar organization.
- Experience as a CEO strongly preferred
- Proven ability to manage a Quality Improvement Plan
- Proven ability to conduct public, management and staff meetings
- Public Hospital District background highly desirable.
- Fellowship in the American College of Health care Executives strongly preferred
- Evidence of civic, professional, philanthropic, or other extra-organizational activities desired
- Rural health care experience preferred
- Knowledge of Washington State RCW regulations preferred.
- Critical Access Hospital Experience preferred.

To learn more and apply contact Klickitat Valley Health human resources at:

Phone: (509) 773-1006
FAX: (509) 773-5673
Email: **hr@kvhealth.net**
Web: **www.kvhealth.net/careers.html**

KLICKITAT VALLEY HEALTH
Caring for our Community

Career Opportunities

To advertise call 425-577–1334
Visit **wahcnews.com** to see all available jobs.

Practice Advisor

UW Physicians has an immediate opening for a Practice Advisor. The Practice Advisor interfaces with UW Physicians' key partners to provide professional benchmarking, analysis and performance management strategies as it relates to member physicians' practices.

Collaborating in enterprise-wide quality and performance improvement initiatives, the Practice Advisor is a liaison between UW Physicians and individual clinical departments. The Practice Advisor builds relationships, demonstrating a keen understanding of specific business lines, monitoring revenue cycle performance, analyzing provider department trends and resolving specific billing and collection questions.

Qualifications: Minimum of a Bachelor degree, preferably in business, mathematics, industrial engineering, health administration, or other relevant process-oriented or analytical discipline; Master's degree in business or health administration preferred; Two years experience working with physician billing and reimbursement and/or medical clinic management; Professional medical coding certification, Professional billing software experience and Epic knowledge preferred; Knowledge of ICD-9 and medical documentation requirements including Teaching Physician guidelines; Knowledge of professional billing/revenue cycle management; Knowledge of process improvement methodologies. Detailed job description for position available at Website.

Please submit cover letter and resume. To apply, visit UW Physicians' Careers website:

http://uwmedicine.washington.edu/Global/Employment/UW-Physicians/Pages/default.aspx

UW Physicians
Equal Opportunity Employer

UW Physicians
UW Medicine

KGH

Director of Patient Financial Services
(Kennewick, WA)

Position Summary

Responsible for managing accounts receivable. Responsible for all registration/admission activities, switchboard, cashiering, billing, and credit collections. Coordinates operations with other hospital units, departments and Medical Staff. Serves on various committees as required. Responsible for the budget in the Patient Accounts and Admitting departments. Insures all District financial policies complied with for areas of responsibility.

Qualifications

Required: Associates Degree or equivalent from two-year college (or equivalent combination of education and experience). 1 - 2 years related experience.

Preferred: Bachelor's Degree. 1-2 years billing experience. 1-2 years collecting experience.

To apply and learn more contact:

Mike Herber
Senior Leader - Employment & Recruitment
(509) 586-5650 **mike.herber@kphd.org**

CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

Director of the Center for the Vulnerable Child (CVC)
(Oakland, CA)

Children's Hospital & Research Center Oakland is the only independent children's hospital in Northern California. That's why it's able to focus all its attention and all its people on caring for children. We are currently seeking the key position of **Director of the Center for the Vulnerable Child (CVC)**.

As the **Director of the CVC**, you will manage an annual budget of $5.5 million and the more than 50 masters' and doctorally-prepared Psychologists, Social Workers, Case Managers and Child Interventionists providing case management and mental health services to children, ages 0-23 years, who are homeless, at risk for homelessness or are living in foster care.

Position Requirements

Minimum Education: Must have a Master's Degree in Psychology, Public Health, Social Work or a related field, with a Doctorate preferred.

Minimum Experience: 10 years of management experience and 10 years of obtaining and sustaining federal funding for research and clinical programs.

We offer highly competitive salaries, comprehensive benefits and a wonderful environment for our employees. Please apply online at: **childrenshospitaloakland.org**; EOE

South Peninsula Hospital

Chief Nursing Officer
(Homer, AK)

Work in Alaska's playground!!

Homer is alive with a variety of activities. Nestled on the shore of Kachemak Bay, Homer offers breathtaking views of glaciers, mountains and wildlife for year-round outdoor recreational opportunities.

South Peninsula Hospital is searching for a candidate who will provide leadership, coordination and administration in planning, organizing, and managing human, material and fiscal resources for all patient care departments.

We are a full-service hospital that offers a wide range of general and specialty services. The newly constructed and remodeled areas of the hospital allow us to provide first-rate services in an entirely patient-focused and state-of-the-art facility.

The candidate must have a minimum of five years of clinical experience in an acute care hospital setting, with at least three years of supervisory experience is required. The incumbent must possess the minimum of a Bachelor's degree in nursing and a current Alaska RN license.

Competitive salary and benefits, including a recruitment bonus.

Visit our website at www.sphosp.com

Learn about living in Homer at www.homeralaska.org

For more information, please call Cindy Brinkerhoff at 907-235-0386 or email chb@sphosp.com

Career Opportunities

To advertise call 425-577–1334
Visit **wahcnews.com** to see all available jobs.

Norton Sound Health Corporation

We are currently recruiting the following key positions:

- Physician-Family Practice with OB
- Director, Health Information Management
- Director, Nursing
- Psychiatrist
- Meditech Financial Applications Analyst

NSRH is a Joint Commission accredited facility with 18 acute care beds, outpatient clinic and 15 LTC beds serving the people of the Seward Peninsula and Bering Straits Region of Northwest Alaska. A new hospital is under construction opening in 2012!

Come Join our team in Nome, Alaska

"40 years of excellence"

founded-1970 Nome NSHC

Contact
Rhonda Schneider, Human Resources
rmschneider@nshcorp.org
877-538-3142

www.nortonsoundhealth.org

PROVIDENCE Health & Services

Providence is calling.

Providence is calling a Nursing Education Coordinator for Surgical Services.

Join a dynamic leadership team where you will promote professional nursing practice in support of our organizations' mission and core values. Position is located in Medford, OR. 4 days/week, benefit eligible. Requires BSN and Masters Degree in Nursing or related field, 5 years of current clinical and educator experience in nursing with expertise in surgical services areas.

For more information, contact Sue Walden RN, BSN at 503-215-7124.

Answer the call.
Providenceiscalling.jobs

Providence Health & Services is an equal opportunity employer.

MARSHALL MEDICAL CENTER

It's about you.

Sr. Budget-Reimbursement Analyst
(Placerville, CA)

WE HAVE YOUR DREAM JOB!

Life is too short to work just anywhere: Marshall Medical Center is located in the beautiful foothills in between Sacramento and Lake Tahoe. We are in one of the fastest growing and most desirable areas of California. Please visit us on-line at www.marshallmedical.org.

PURPOSE: The Senior Budget Reimbursement Analyst performs third-party reimbursement functions, including but not limited to: monthly and annual calculation of contractual allowances for all services provided by the organization. See additional information on this position on our website.

Job Requirements

Qualifications Required: Bachelor's Degree in Accounting, Business or Finance. 3 years minimum hospital reimbursement required. Budgeting experience preferred. Comprehensive knowledge of Medicare and Medicaid reimbursement regulations, cost reporting forms, and reference resources required. MS Access knowledge desired. Extensive knowledge of MS Outlook and Excel required. MS Access knowledge desired. Experience in variable budgeting desired. FRX Reporting and McKesson/Paragon/PFM/PMM a plus. Outstanding technical analysis and reporting skills. Outstanding oral, written and presentation skills. Ability to lead, motivate and work collaboratively with diverse groups. Ability to develop and meet budgetary objectives. *Preferred Qualifications:* CPA/MBA.

To learn more and apply on-line, please visit our website at **www.marshallmedical.org** For questions and a detailed job description, call Kelly Ballew @ 530-626-2881

PeaceHealth

Dedicated to Exceptional Medicine and Compassionate Care

Located in Southwest Washington State, PeaceHealth's St. John Medical Center includes a 200-bed acute care medical center and PeaceHealth Medical Group, a 100+ clinician multi-specialty practice. We are a mission and values-oriented nonprofit healthcare system.

We want to share our excitement with you! We offer a competitive salary and comprehensive benefits package. Online application and job description available:

www.peacehealth.org/careers

Curious seekers contact:
DTroyer@peacehealth.org
360-636-4106.

Regional Director, Contracts

Primary financial negotiator for revenue contracts needed. Develop and implement contracting strategy. Requires min. 5 years experience in the healthcare finance industry in a contracting capacity.

Financial Analyst II

Be a thought partner to PeaceHealth leadership and provide analysis and financial reporting to the ongoing management of operations. Position reports to Supervisor, Decision Support. Requires an MBA or 2 yrs accounting experience plus BS or BA in Accounting, Finance.

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