



A Message from the President

Dear Colleagues: Phillies Win!!!! Phillies Win!!!!!!!!!!!!!!

It has been an amazing last few weeks for us locally and nationally. First, after 25 years, Philadelphia is back in the winner's circle!!! The Fightin' finished off the upstart Rays in five, and now have their first World Series title since 1980. Recently, and certainly bigger news, we have a new President-Elect for our beloved country. Regardless of whom earned your valued vote, I welcome this new chapter in American history, and support Senator Obama's efforts, enthusiasms and optimism in leading our country into the future.

With respect to EPAHEN, we have a few key items coming up. First, our annual Dolenga Award event is scheduled for **December 10, 2008**. Our guest speaker will be Ford Myers. During the course of this event, we will be giving out two major awards. First, our annual **Dolenga Award** will be presented in an effort to acknowledge the latest emerging leader to come out of the DeSales University graduate program. Over the past years, we have seen the number and quality of candidates increase, and we expect the same this year. In addition, a new tradition begins as we will be giving out our first **Lee-Haney Founders Award**. This exclusive award of EPAHEN, recognizes those local ACHE members who have shown achievement as a healthcare professional, member of the community, and member of our chapter. We are already getting good candidates, and with the deadline of November 14, we expect even more. Please feel free to contact myself or any other Board members for details.

The second major item coming up is our **annual membership drive**. Since EPAHEN began, we went from a few members to nearly 140 active members. Our group has grown as a result of great events, strong leadership and enhanced networking and educational opportunities. Similar to last year, I am asking for all of you to not only join, but to reach out to new candidates for membership. As always, the best type of advertising is word of mouth, and the strength of our chapter, is our diverse membership. As always, we appreciate your ongoing support and ideas.

On a final note, this will be my last communication to all of you as President. Starting in January, Steve Kaja will be taking over as our President. I would like to personally thank

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EPAHEN Board of Directors 2009-2010

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Calendar of Events

Eastern Pennsylvania Healthcare Executive Network (EPAHEN)

December 10, 2008 * 6:00pm

EPAHEN Membership Meeting

DeSales University

Speaker: Ford R. Myers, Career Potential LLC

Program: 10 Vital Strategies To Maximize
Your Career Success!

Association of Healthcare Executives of New Jersey (AHENJ)

December 2, 2008 * 9:00am-11:00am

Program: CEO series, Advancing
Healthcare Leadership; Many Roads to
Success

American College of Healthcare Executives (ACHE)

November 17-18, 2008

Scottsdale, AZ Cluster

December 15-18, 2008

Orlando, FL Cluster

January 26-29, 2009

Keystone, CO Cluster

February 9-12, 2009

Las Vegas, NV Cluster

*Information on these, and other upcoming
local, regional and national events
is also available at the EPAHEN web site:*

<http://epahen.ache.org>

(note: no "www" !)

News from ACHE

Healthcare Holds on Tight. *Modern Healthcare* (9.22.08), Galloro, Vince; Evans, Melanie. Many in the financial markets continue to panic as more firms seek bankruptcy protection, merge with competitors or seek bailouts from the government, but healthcare facilities do not see the recent turmoil as a permanent trend. With credit spreads widening and investors seeking municipal bond contracts with shorter terms and higher grades, financial tie-ups among tax-exempt hospitals have ramped up--particularly since the market was hit recently by the auction-rate bond market freeze in February. West Virginia United Health System Vice President of Finance and CFO Doug Coffman says using short-term money markets to finance the hospital's debts is beneficial; but if variable-rate debt continues to fluctuate wildly, the hospital's costs could rise by up to \$7 million per year. On Sept. 8, the variable-rate bonds were priced below 2 percent, but the following week prices shot up to more than 6 percent, says Coffman. A number of hospitals are restructuring their debt into a mix of variable and fixed-rate debt. While most agree that determining the right mix of debt should be a priority for hospital executives and board members, gauging the ability of certain classes of debt to withstand the current turmoil is tricky. However, Chris Payne, a managing director with Ponder & Co., says as credit options dwindle for hospitals, many tax-exempt facilities may see a need to consolidate if they are unable to secure the financing they need. Stronger-rated hospitals and firms should not have financing problems, and private-equity backed institutions could leverage their own facilities for funding.

E.R. Patients Often Left Confused After Visits. *New York Times Online* (9.16.08), Tarkan, Laurie. According to a new study published in the July issue of the *Annals of Emergency Medicine*, nearly 80 percent of the 140 English-speaking emergency room (ER) patients studied in two Michigan hospitals did not understand their diagnosis, their ER treatment, at-home care instructions or what warning signs would signify a need to return to the hospital. About 50 percent of those patients did not understand two or more of those areas. University of Colorado Director of the Care Transitions Program Eric Coleman, MD, says many patients are ill prepared for self-care. The Joint Commission Senior Vice President Paul M. Schyve, MD, says, "This study showed that this is much more common than you think. It's not the rare patient." The study found that at-home care was the biggest area of confusion for patients, and many cite the rushed nature of an emergency room as the problem; doctors are hurried and patients are likely to be upset and not thinking clearly enough to fully take in a doctor's instructions. The stakes are getting higher for hospitals as the Medicare Payment Advisory Commission recently proposed changing its policies to reduce payments to hospitals with high readmission rates and reward hospitals with low rates. Some doctors recommend asking a patient to repeat instructions back to the doctor, and others suggest sending patients to see a nurse following the doctor visit to obtain computerized discharge instructions. Other recommendations call upon hospitals to provide follow-up calls and visits, particularly for the elderly.

Hospital-Physician Relations: Two Tracks and the Decline of the Voluntary Medical Staff Model. *Health Affairs* (Quarter 4, 2008), Casalino, Lawrence P.; November, Elizabeth A., Berenson, Robert A. A recent review of the Community Tracking Study (CTS) reveals that more hospitals choose to employ physicians, particularly specialists. The study, which interviewed 453 local healthcare leaders in 12 nationally representative metropolitan areas, also found many of the physicians not employed by hospitals are no longer working on call or voluntarily serving on medical staff committees. Some physicians, in fact, choose to compete actively with hospitals and create physician-owned specialized facilities such as ambulatory surgery centers. Some experts point to this increased competition as one reason hospitals are employing physicians. In the 12 markets analyzed by CTS since 2005, hospitals' employment of specialists increased in seven of those markets; and primary care physician employment remained steady in all but three markets, which have seen increases in primary care physicians. Sixty-eight percent of the 46 hospitals included in the CTS study employ a large number of specialists, and 84 percent of these hospitals increased specialist employment in the last two years. The most commonly employed specialists, according to the survey, are obstetricians, gynecologists and surgeons, though many hospitals also will employ physicians specializing in certain procedures. Other forms of hospital-physician alignments include joint ventures, specialty service lines and PHOs. Experts agree the shift in the relationship between hospitals and physicians may end the voluntary medical staff model, which CTS respondents say could lead to greater coordination between physicians and hospitals in patient care and quality, improve negotiations with payors and make available more doctors to treat Medicare and uninsured patients.

Integrating Disclosure, Patient Safety and Risk Management Activities. *Journal of Healthcare Risk Management* (10.1.08), Rasler, Karen. The National Quality Forum urges healthcare facilities to integrate their disclosure, patient safety and risk management activities, which can be accomplished by establishing a parallel process combining collaborative law and patient safety programs. Adverse incidents often result because of poor healthcare delivery designs, but an internal resolution process can help identify areas for improvement by utilizing the expertise of a parallel program team, which includes a doctor, an attorney and a reporting officer. This team is in charge of screening all adverse incidents to determine if they require additional intervention, and additional screening can help hospitals comply with new reporting and regulatory requirements and identify problems. Attorneys should be consulted when apologies and disclosures are made to patients and their families and when fair compensation is offered. The external resolution track can be accessed at any point, particularly if doctors are worried about potential litigation or when a third-party opinion would ease patient's concerns about quality care. Collaborative law, a dispute resolution process that can replace litigation, allows neutral experts to provide parties with an objective analysis of the facts to improve the negotiation process. However, experts warn that not all cases can benefit from this process. Hospitals that promote open disclosure have patients who are more trusting and less likely to change their doctor or consult an attorney, say experts.

Surviving in the age of Price Transparency. *Healthcare Financial Management* (10.08), Donovan, Christopher J.; Mazob, Margery; Brown, James P. Healthcare pricing models must adapt to meet the needs of often conflicting forces, including consumer demand, private payment structures and health insurer requirements. In 2006, the Cleveland Clinic--which had a mission statement signifying that patients came first--realized it needed to modify its pricing practices to address short-term pricing issues, support its healthcare mission and position the hospital as an innovator in healthcare pricing. Once the hospital established its one-, three- and five-year goals, it adopted a pricing strategy that dealt with relationship to cost, payment considerations, quality care, market tolerance and consistency. To determine the reasonable price for a service, healthcare providers analyzed both the entity-level and line-item costs of the service, then streamlined the payments and methods in the process to reduce costs. The Cleveland Clinic tapped an executive steering com-

mittee and a tactical work team to guide the price modification process and ensure the completion of program implementation across all work streams within five years. These work streams included implementing competitive prices for certain services, strengthening net revenue modeling to gauge the impact of pricing changes and standardizing prices across the Cleveland Clinic's different hospitals. Value-based pricing strategies within hospitals must adhere to high quality metrics and benchmarks for patient outcomes and services and remain abreast of market changes that could impact pricing.

Patient Portals. *Health Management Technology Online (10.08), Kahn, Peter.*

While more than 70 percent of consumers want online access to test results, doctor visits, hospital stays and other medical information, very few hospitals have integrated all of their information systems and offer seamless access to electronic medical records (EMRs), according to the Deloitte 2008 Survey of Health Care Consumers. However, as major corporations become involved in the push for healthcare information access and more employers are opting for high-deductible insurance plans, hospitals are being pressured to take action. Integrated records pose a substantial challenge, as hospitals would need to interface with more than a dozen EMRs, depending on how many physicians are in the area and how many different EMR systems are in use. Even when basic information access is offered to patients, experts say hospitals need to go further so patients can electronically schedule follow-up appointments, refill prescriptions and submit questions. Hospitals would benefit from such advancements; online appointment scheduling, for instance, would free up staff for other tasks and boost patient satisfaction by eliminating wait times on the phone and providing e-mail reminders.

Mid-Size on the Rise. *Medical Construction & Design (10.08), Larkin, Scott A.* Many new hospitals are being designed to utilize the existing landscape to cut costs and improve patients' ability to find a specific service. For instance, the first three floors of Salt Lake City's Huntsman Cancer Hospital are built into the Wasatch Mountain Range, allowing hospital officials to place linear accelerator vaults for radiation treatment on the first floor. Normally, the weight of the concrete shielding required for the vaults forces cancer patients to receive treatment in the basement. Huntsman also features a three-story, 50-foot-tall atrium at the building's entrance designed to give patients a sense of hope as they enter the hospital. Small and medium-sized hospitals have the ability to place key departments within sight of the main entrance. Many patient-oriented hospitals have placed outpatient services near the entrance, making it easy for patients to enter the hospital and know where they have to go to have a specimen collected or undergo a common diagnostic procedure. For instance, Idaho's St. Luke's Magic Valley Regional Medical Center has a two-story atrium at its entrance, with line-of-sight connections to all outpatient waiting rooms and registration areas. Cancer patients even have their own dedicated entrance on another side of the building to give them easier access to services.

Improve Your Work-Life Balance

Employees, especially senior managers, simply do not have the time they want for their families, hobbies or just relaxing. They may experience long work hours or stressful environments.

Below are some tips to help you achieve a better work-life balance:

- **Work smarter, not harder.** Much of the stress and long work hours that staff members experience is due working in inefficient ways. Continue to streamline and improve how you conduct your work.
- **Reassess the sacrifices you are currently making.** Recognize that you do have choices. For example, many employees, especially those recently entering the job market, have made the conscious decision that they will not sacrifice their personal life for their work. They have accepted jobs that provide them with the working environment and schedule that better suits their life priorities.
- **Force yourself to better organize your time and energy outside of work.** Apply the same rigor and discipline outside of work as you do at work. Set goals and priorities, plan ahead and develop schedules so that you can maximize the meaning and enjoyment you attain from your personal life.

*Source: Bruce L. Katcher, PhD, president, Discovery Surveys Inc.
Visit www.discoverysurveys.com for more information.*

President's Message *continued*

the time and efforts our valued Board for the last two years of service. Steve Kaja (President Elect), Deb Corcoran (Treasurer), Marie Clemens (Secretary), Mike Bonner (VP-Programs), Terri Martis (VP-Membership) have been instrumental to the success of this Chapter. Without them volunteering their time, effort and resources, this Chapter would simply not be what it is today. Please take the time to acknowledge their efforts as it is well deserved. In addition, please welcome our new Board, and their efforts moving forward.

In closing, I want thank you for the opportunity to be Chapter President. The last two years as President, and last six overall on our Board have been wonderful. I have enjoyed my role, and thank you for supporting and trusting in me to serve in this capacity.

Regards,

Andrew B. Starr, FACHE
President-EPAHEN

Eastern Pennsylvania Healthcare Executive Network

2171 28th Street, S.W. • Allentown, PA 18103

Phone: 800-444-4272, ext. 2293

Fax: 610-791-2919 • Web: epahen.ache.org

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