

Healthcare Executive Forum of Western New York (HEF)

An Independent Chapter of



HEF Newsletter -- Summer 2011 Edition



Message from the Regents:

Mark C. Barabas, FACHE, Regent – New York – Empire Area
James W. Connolly, FACHE, Regent – Hudson Valley/Adirondack Area

Summer 2011

This is a joint Regent's message from the Empire Area and Hudson Valley/Adirondack Area of New York state.

We begin our letter with a report on the June ACHE Board of Governors' meeting where a number of important decisions were reached. First, the Board determined that ACHE must explore and develop the best approach to providing mentoring, coaching and career advice – an invaluable resource for ACHE affiliates. Also, the Board has directed ACHE staff to develop a robust platform to manage both knowledge content and the delivery vehicles that best meets the needs of ACHE affiliates. As our industry changes, it is critical that ACHE stay abreast of the best way to influence and inform the newest generations of healthcare leaders.

The Board also revised their original recommendations with regard to governance and has decided that a single senatorial type Regent for each state would not effectively represent the affiliates, particularly in states like New York with large areas and affiliate census. They were also concerned that such reorganization would limit direct and effective communication between chapters

and ACHE through the Regent. Most of the Regents in District 1 and especially in New York, actively advocated for a reconsideration of the original recommendations and we are pleased consideration was given to our views.

In other ACHE news, two “local” educational clusters are currently scheduled: in New York on August 8 – 11 and in Boston on April 23 – 26, 2012. We encourage everyone to take advantage of these regional opportunities for Category I credits.

We enjoyed a very successful luncheon at the HANYS annual meeting on June 24. Congratulations to the following individuals who received Regent’s Service Awards:

Jeffrey J. Woeppel, FACHE, Vice President, Affiliate Network and System Integration, Bassett Healthcare

Mary Ann C. Witt, FACHE, Health Systems Specialist, VA Medical Center in Albany

Joseph D. McDonald, FACHE, President and CEO, Catholic Health, Buffalo, NY

Rochelle L. Krowinski, RN, FACHE, Chief Operating Officer, Roswell Park Cancer Center and outgoing Regent – New York – Empire Area

Once again, we urge all ACHE affiliates to actively support their respective local chapters. Please reach out to your Chapter President to see how you can get involved.

ACHE Recognizes Area Health Care Executives Tim Finan - President/CEO, Upper Allegheny Health System and Rochelle Krowinski, outgoing Regent – NYS Empire Region

The [ACHE Recognition Program](#) celebrates affiliates' commitment to the healthcare management profession. Recognition is acknowledged at three levels and is based on a range of specific volunteer activities.

- Writing an article for a local chapter publication
- Serving as a mentor in the Leadership Mentoring Network
- Participating as a speaker at a chapter education program
- Serving on an ACHE committee or task force



My Thoughts as HEF Chapter President – Warren S. Marcus, PhD, MPH

“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.”

~ [Charles Darwin quotes](#) (English Naturalist 1809-1882)

I used this quote because I am certain it is a reflection of some of the things HEF has accomplished and it will achieve in the future. It is the active membership of our group who consistently work for the overall good of the order who make the difference and really do us proud. In this issue I want to focus specifically on HEF programing.

I first want to acknowledge **Bruce Boissonnault** who for 3 years in a row has organized the **HEF Spring Symposium**. This **ACHE category II programs** that consistently draws over 100 health and community leaders together to hear regional and national health care experts talk about current issues that are of concern. This year the focus was on the conundrum of hospital re-admission rates.

Our immediate past Program Chair **Jonathan Bandel** in conjunction with the HEF Program Committee completely **organized the 2011 program late in 2010** and the results speak for themselves. To date in 2011 we have had:

- two ACHE category II programs
- one category I program (NOT counting the one scheduled for August 17 in Chautauqua!).
- four networking programs – with one in Albany coordinated with the annual HANYS meeting.
- A **community service project “Project Homeless”** in cooperation with **WNY Coalition for the Homeless** scheduled for **September 19** at the **Buffalo – Niagara Convention Center** – see below and attachment for specifics. This, under Jonathans’ leadership, marks our second year of participation in this event.

Jonathan Bandel has been **appointed** to the **ACHE Journal Editorial Committee** as Chair, but remains a very active HEF member. **Stepping up** to the plate to assume the Program Chair position is **Richard “Rich” Cleland** who will be the new mighty Casey at the bat. **Rich**, along with **Mike Osborne**, are **leading the drive** to organize the **HEF 2011 Fall Symposium on Accountable Care Organizations**.

Stay tuned for further details.

Our **Regent, Mark Barabas**, **launched a Young Careerist Journal Club**—a mix of HEF senior management and new health care managers and those in transition engaged in a coaching experience based on relevant professional literature. This initiative also creates more opportunities to engage with health care management programs and their students in the Western New York Region.

Betsy Wright took the concept of the ACHE category I program in a box approach and with **Regent Barabas** and **myself** has **adapted it to a regional program scheduled for August 17th** at Chautauqua Institute, coinciding with the VHA-Metro Board meeting. It has **been approved for 1.5 category I credits** with a **registration fee of ONLY twenty dollars which includes a continental breakfast and the gate pass fee that allows attendees to spend the afternoon at Chautauqua**. See Attached program flyer and registration material for further details.

Betsy didn't stop there. Not by a long shot. **Betsy, Mark and yours truly**, in liaison with **MaryAnn Brown, FACHE Regent for New York - Metropolitan New York, have designed** a six hour category I program scheduled for November 2 in cooperation with **VHA Empire - Metro** to take place in Skaneateles, New York for a fraction of the traditional cost of most such programs.

Stay tuned for further details.

We have come a long way as a team but you, the membership of HEF, are the essential element that makes this magic work. We need you to get involved: attending these events, helping make them happen and most importantly, giving us your creative thinking so that we can continue to better serve you, the ACHE member—you are the **REASON HEF exists**.

HEF Community Activities

HEF will be participating in the **Annual Project Homeless Connect Buffalo**. Project Homeless Connect as its ACHE community service project. The "under one roof" offerings for consumers and the "mobile hospitality" of volunteers who act as escorts and conductors for their homeless neighbors help lower their barriers and achieve results.

Over the past 2 years Project Homeless Connect Buffalo served **more than 700 homeless and at risk clients.**

Volunteers are needed. Please click on and review the [attached form](#) for details.

ACHE Re-Organization Announcements



ACHE Division Name Changes

ACHE's Division of Education is now known as the **Division of Professional Development**, and the Division of Membership is now known as the **Division of Member Services**.

The new names reflect recent structural changes at ACHE that brought the Healthcare Executive Career Resource Center from the Division of Research into the Division of Education and the research arm of ACHE's Division of Research into the Division of Membership.

The structure changes are designed to enhance service to ACHE affiliates.

Navigation to resources on ACHE's website remains unchanged.

Early Careerist Advancement Information Session Recording and Slides Available on ache.org/ECN

A recent Early Careerist-focused Advancement Information Session webinar featuring three ACHE Early Careerist Fellows who shared their experiences attaining Fellow status and study tips for the Board of Governors Examination can now be accessed on ache.org/ECN. The complimentary session also includes an in-depth overview of the core criteria and requirements needed to advance, along with participant Q&A.

[Canadian Program](#)

September 26–27, 2011

Toronto

Join your peers in Canada for the popular seminar, "[Coach, Challenge, Lead: Developing an Indispensable Management Team](#)." In this interactive seminar, you will learn new ways of thinking and behaving that will help you and your

organization thrive in a dynamic environment. You will gain:

- 10 critical role shifts for healthcare managers and how to develop these new behaviors and competencies in your organization's leaders
- Critical skills to enhance your effectiveness as a coach/mentor and proven strategies for eliminating barriers to peak performance

➤ [Register now or learn more](#)

October 6-7, 2011 –

The Health Care Management Association of Central New York and the Twin Tier Healthcare Executive Association are anticipating another 1 ½ day regional and educational conference at the Turning Stone Resort which will offer Category I credits, as well as opportunities for valuable networking.

ACHE Membership Advancement Items of Note

Gain Insight Into the Board of Governors Exam

Passing the Board of Governors Examination in Healthcare Management is a mandatory step in becoming board-certified in healthcare management as an ACHE Fellow (FACHE)—but it doesn't have to be overwhelming.

ACHE offers the BOG Exam Review Course, **October 24–26, 2011, in Atlanta.** This face-to-face learning environment allows you to:

- Review Exam content and structure
- Gain insight into the core knowledge areas of the Exam
- Review proven test-taking strategies
- Identify learning gaps

[Learn more and register today.](#)

Earn Credits Toward the FACHE Credential

The ACHE Self-Study Program offers more than 30 courses you can complete at your convenience in your home or at your office. Earn 6 hours of Category I credit for each course you complete! Check out the new courses on leadership essentials.

For each course you complete by Dec. 31, 2011, you will obtain 6 hours of Category I credit to apply toward earning or recertifying your FACHE credential. After December 31, 2011, you will receive 6 hours of Category II credit for each course.

For more information on these or other Self-Study courses from Health Administration Press, please visit ache.org/selfstudy.

Are You Due to Recertify in 2011?

Recommit to lifelong learning! Visit my.ache.org to learn if you are due to recertify your FACHE credential in 2011. **My.ache.org** will provide you with:

- A list of the Category I (ACHE education) credits you have obtained and a place to indicate the Category II credits you have obtained
- A list of all requirements for recertification
- A link to your personalized online recertification application

Visit my.ache.org now to check your recertification status. For more information on recertification, contact the ACHE Customer Service Center at (312) 424-9400.

Earn Rewards: Pass ACHE Membership Forward

Support your colleagues' career development and help advance excellence in healthcare delivery by encouraging colleagues to join ACHE. It only takes a minute to spread the word about ACHE through our [Tell a Colleague e-mail form](#). When you refer a colleague to join, you earn rewards through the [Leader-to-Leader program](#).

Rewards include the chance to win a free Congress on Healthcare Leadership registration!

[Tell a colleague about ACHE membership today.](#)

Career Advancement and ACHE

Update Your Affiliate Profile

Have you changed jobs recently? Been promoted? Moved? In order for us to best serve your needs, please take a moment to log in to my.ache.org and make sure we have your most recent information.

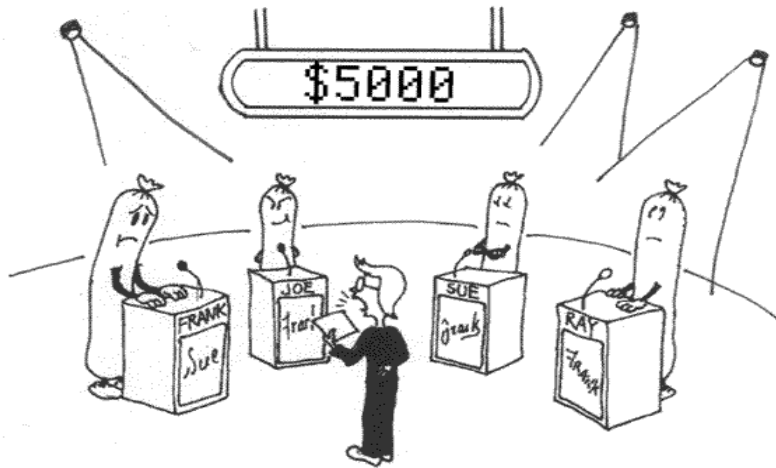
Job Alerts Delivered Right to Your Inbox

Exclusively for affiliates, [ACHE Job Alerts](#) allow you to specify the position title, organization type and region you're looking for in your job search.

You can also indicate the e-mail address and frequency with which you'd like to receive e-mail alerts.

New positions are posted daily. [Sign up](#) for job alerts today.

Hey There, Health Care Managers Hot Dogs -- Don't Be the Weakest Link



"Wrong answer, Frank. You are the weakest link. Goodbye."

Tools for LinkedIn and Other Social Media Outlets

At the 2011 Congress on Healthcare Leadership, March 21–24 in Chicago, ACHE conducted half-hour social media tutorials in two areas.

LinkedIn: Learn how to create an effective LinkedIn profile and capitalize on new features.

Top 5 Benefits of Social Media: Make Facebook, Twitter, LinkedIn and other platforms work for you. Discover how to make meaningful connections, keep a pulse on your personal brand, find out what others are saying about your organization and more.

[Access the PowerPoint slides and handouts here](#), including tips on how to optimize your LinkedIn profile for the job search.

ACHE Program Activities

Become Accountable for Care

There has been a lot of media attention and controversy about the ACO model. There is one thing about which most healthcare leaders agree—hospitals and their medical staffs must learn to be accountable for the care they provide and the resources they use.

Don't miss "[ACOs and Medical Homes: Steps to Creating Value-Based Healthcare](#)," a special seminar on Tuesday, Oct. 11, 2011, in conjunction with the San Francisco Cluster.

Participants will:

- Determine the underpinnings and operational realities of ACOs, bundled payments and clinical integration to drive down costs and increase value
 - Discover the administrative activities necessary to be accountable for patient outcomes
 - Analyze the lessons of industry experts as they share their journey toward value-based care
- [Learn more or register today!](#) This program is funded in part by ACHE's Fund for Innovation in Healthcare Leadership.

Leadership Development Program

November 7–9, 2011 Chicago

Your ability to lead has never been more critical than it is today. Facing fast-paced and disruptive changes in healthcare, organizations require leaders with vision, talent and the skills necessary to influence others in realizing that vision.

ACHE's Leadership Development Program combines skill assessments, personalized feedback, confidential, individual coaching sessions, group exercises and lectures to enhance your leadership capacity to drive organizational success. You will emerge equipped with valuable and enlightening information about your personal leadership style, communication and decision-making skills, and the impact that you have on others.

[Register now or learn more](#)

2011 Chapter Management Webinar Series

The schedule for the 2011 Chapter Management Webinar Series is now set. Below are the dates and topics:

July 20	Engage Senior Healthcare Executives
October 19	Presidents-Elect
November 16	End-of-Year Reporting
December 14	Chapters 101—New Board Orientation

Registration is now open for all of these webinars.

Take Advantage of 2011 Pricing for 2012 Clusters

Register for 2012 clusters by Nov. 1 to take advantage of 2011 pricing. Our upcoming 2012 clusters include:

[Key West Cluster](#), January 23–26, 2012

[Beaver Creek Cluster](#), February 6–9, 2012

[Las Vegas Cluster](#), February 13–16, 2012

Pricing for 2012 programs is subject to increase after Nov. 1



Interesting Reading

7 Strategies for Success in Governing an ACO

Successful accountable care organizations (ACOs) use the strengths of their various participants to their advantage. Hospitals, for instance, have greater access to capital and other financial resources than physicians. ACO leaders also must create a patient-centered strategic plan with clear goals and benchmarks; make sure that capital and resources are allocated in accordance with these goals, taking patients' best interests and the need to offer high-quality care and service into account; and develop a process for identifying, nurturing and training future leaders. Finally, board members should be focused on governance; legal and organizational structures must be created to proceed with an integrated ACO model, with executive, finance, IT, quality assurance, governance and audit/compliance committees; and technology -- EHRs, CPOE and e-prescribing, for instance -- should be used to provide high-quality, patient-centered care.

From [7 Strategies for Success in Governing an ACO](#)

Healthcare Financial Management (05/11) DeMuro, Paul R.

Automation Can Help Hospitals Process Claims

With claims being scrutinized more closely by recovery audit contractors, hospitals must adopt accurate business process automation that creates efficiencies and does not merely transfer data. Experts suggest that true automation will reduce labor costs, increase quality and speed up workflow processes through scalability, much like cloud-based automation services. These software-as-a-service systems require little staff training and support because they are hosted and managed offsite, and they can lead to reductions in expenses related to training, support, maintenance and implementation by up to 70 percent. Moreover, the systems can improve response times for commercial- and compliance-based changes, like ICD-10. Experts also point out that processing variance can be reduced by up to 30 percent, which makes it easier to manage complex claims and reduce workloads for staff. Metadata also is produced, which hospitals can use to identify improvement opportunities and

care trends.

From [How Automation Can Help Hospitals Process Claims](#)

Becker's Hospital Review (07/06/11) Rodak, Sabrina

[Bridging the Gap: Exploring the Basic Health Insurance Option for New York](#)

Explores New York state's options, costs, and benefits of creating a basic health plan under health reform, including available federal funding, take-up rates by various population groups, types of plans, and impact on state exchange and uninsured rates.

New York State Health Foundation

Benjamin, Elisabeth R.; Arianne Slagle

Published: June 2011

Funder(s): New York State Health Foundation

Government Tools, Apps Available to Help With Meaningful Use

Federal health agencies have rolled out several tools to help providers meet meaningful use criteria. The National Library of Medicine has released MedlinePlus Connect, a free service that allows providers to link patient portals and EHRs to MedlinePlus, which U.S. Department of Health and Human Services Chief Technology Officer Todd Park says will "spit back to the patient information about their meds or a customized package of information." The Office of the National Coordinator for Health IT says that the service will help providers enhance patient education materials. Among other applications, the Centers for Medicare and Medicaid Services, the U.S. Department of Defense and the U.S. Department of Veterans Affairs have released Blue Button, which will allow beneficiaries to download personal health information to electronic devices or personal health records. The application helps providers meet the requirement that they give patients a copy of their health information within four days

From [Government Tools, Apps Available to Help With Meaningful Use](#)

Healthcare IT News (06/17/11) Mosquera, Mary

Hospitals Must Reduce Care Disparities

In an effort to eliminate care disparities, hospitals and their trustees not only must collect, but also analyze data about race, ethnicity and patient language in relation to healthcare quality. Identifying differences in patient populations can help hospitals determine if those differences are interfering with patients' ability to receive quality care and reduce potential medical errors, especially now that regulators and accreditation bodies are making the elimination of care disparities a priority. Once data is collected, it should be shared among departments and incorporate as many ethnicities and languages as possible to ensure accuracy at the time of admission. However, hospitals also have to respect patient privacy and may need to take some additional time with patients to explain the need for demographic data collection.

From [Quality Care for All](#)

Trustee (07/11) Greene, Jan

Hospitals Turn to Nocturnists to Improve Care



Research shows higher death rates and increased complications and medical errors associated with patients treated at night or on weekends, prompting more hospitals to hire nocturnists. Nocturnists generally work three to four shifts per week from around 7 p.m. to 7 a.m., and their salaries are higher than physicians who work during the day. John Nelson, who coined the term "nocturnist," says, "It shouldn't matter if a patient arrives with pneumonia at noon or midnight. What matters is that patients have a doctor who's there and awake and expecting to work." Nocturnists have gained popularity as hospitalists earn widespread acceptance, interns and residents face mandatory limits on work hours and the federal government turns its attention to patient safety improvements.

From [Hospitals Turning to Nocturnists -- Doctors Who Work Nights -- To Improve Care](#)

Kaiser Health News (06/06/11) Boodman, Sandra G.

Hospitals Use Health Coaching to Engage Patients

With patient engagement a priority of the U.S. Department of Health and Human Services and viewed as a way to reduce readmissions, hospitals are taking a closer look at health coaching to get patients more involved in their care.

Bronson Methodist Hospital in Kalamazoo, Mich., rolled out the Bronson Home Health Care Heart Failure Pathways program to reduce readmissions among heart failure patients. It employs primary care providers and home-health nurses to educate patients and ensure they adhere to treatment plans. Tina Sullivan, RN, nursing director of adult medical services, says, "We use teach-back methods when talking to patients about their medications, weight loss and changes to their medications. This forces patients and caregivers to tell us in their own words what they understand and lets us know what needs to be reinforced." Heart failure patients are followed in the hospital and for 30 days after discharge, with patients given a transition-team coach.

From [Heath Coaching](#)

Hospitals & Health Networks (05/11) Wetzal, Tracy Granzky

Medicaid to Reduce Hospital Pay for Preventable Conditions

A final rule issued by the Centers for Medicare and Medicaid Services (CMS) on June 1 prevents Medicaid payments for 10 types of hospital-acquired conditions and other preventable injuries and illnesses, similar to a plan instituted for Medicare in October 2008. States can obtain CMS approval to add additional conditions to the list and expand penalties to providers outside of hospitals, but

the agency says that the focus should remain on care quality, not cost containment. Payment to treat the primary diagnosis or conditions not on the list will not be affected, but experts say that hospitals will need to better document a patient's condition when they are admitted. This poses a challenge, however, if conditions cannot be identified at the time of arrival. States have until the end of September to submit implementation plans to CMS, and the rule will go into effect on July 1, 2012.

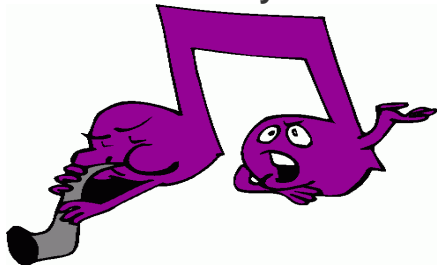
From [Medicaid to Reduce Hospital Pay for Preventable Conditions](#)
American Medical News (06/13/11) Trapp, Doug

Medicare to Expand Coverage for Telehealth

The Centers for Medicare and Medicaid Services (CMS) has proposed changes to its definition of telehealth services eligible for coverage, considering the proven clinical benefits of a telehealth service instead of requiring providers to prove that a telehealth service is "equivalent when furnished in person or through telehealth." However, CMS does not believe it should cover remote critical care services. CMS states, "Because we did not find evidence that use of a telecommunications system to deliver critical care services produces similar diagnostic or therapeutic outcomes as compared with the face-to-face delivery of the services, we are not proposing to add critical care services . . . to the list of approved telehealth services. We reiterate that our decision not to propose to add critical care services to the list of approved telehealth services does not preclude physicians from furnishing telehealth consultations to critically ill patients using the consultation codes that are on the list of Medicare telehealth services."

From [Medicare Will Expand Coverage for Telehealth](#)
InformationWeek (07/08/11) Terry, Ks

Other Noteworthy News



CMS Extends Application Deadline for ACO Pioneer Project

The deadline for accountable care organizations (ACOs) applying to be Pioneer ACO models has been extended by the Centers for Medicare and Medicaid Services. Letters of intent will be accepted until June 30, and applications must be postmarked no later than Aug. 19. By improving care management for beneficiaries, eliminating duplication and coordinating with private payers, Medicare will save an estimated \$430 million over three years under the Pioneer ACO model.

From [CMS Extends Application Deadline for ACO Pioneer Project](#)
Healthcare IT News (06/09/11) Manos, Diana

Gain Alignment Strategies in New Issue of *Healthcare Executive*

The July/August issue of *Healthcare Executive* features strategies to:

- Reduce variations in care
- Align hospitals and physicians
- Empower your staff through communication

The issue also takes a special look at ACHE's *Code of Ethics* and the current ethical issues that are shaping the industry. ACHE members [Read the issue now](#)

Is the ACO Strategy Right for Your Organization?

[*Accountable Care Organizations: Your Guide to Strategy, Design, and Implementation*](#), a new book by Marc A. Bard, MD, and Mike Nugent, will help you understand the ACO framework and assess your readiness to embark on an ACO strategy. This book provides the structural blueprints, management skills and cultural tools necessary to implement a successful ACO.

Practical advice is bolstered with real world examples of leading healthcare providers that are pioneers in the rapidly changing world of accountable care. This guidebook is designed to facilitate critical conversations and decisions at all stages of the ACO development journey.

For more information on this or other Health Administration Press publications, please visit ache.org/HAP.