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## A Letter From The Editor...

Dear Member,

It is the season to:

- ⇒ Be thankful for family, friends and our health
- ⇒ Reunite with someone you have been meaning to contact
- ⇒ Share your time, talent and fortune
- ⇒ Enjoy good food and the holiday spirit
- ⇒ Make everyone's holiday more joyous

I hope you can find the time to fulfill all your holiday promises.

As we plan all the things we would like to do for others, inevitably others do things for us. So, I have made my HFMA Christmas wish list. I hope they all come true. Here goes:

- ⇒ A return visit at our annual Holiday Social by Manny Evans and Bob Bray, two long time members of our chapter who have taken new jobs outside the area.
- ⇒ Tom Jerrytone, another long time member to dress up as Santa at our Social and hand out candy canes to everyone.
- ⇒ Have Vinelle Johnson, long time HFMA NEPA Business Asst., be successful at her new job and continue to support our chapter (Vinelle does all of our communication work)
- ⇒ Have all of our members take a step forward with their career and pursue certification.
- ⇒ Have a few members step forward and become active leaders in our chapter so we can continue to provide outstanding benefits to our members.

I know it is a long list, but, I have been good and I hope Santa can deliver. I wish for you a Happy Holiday and a prosperous New Year.

Sincerely,

Thomas P Sokola, FHFMA  
Editor

## A Note from the President...

Although the fall months have quickly come and gone and we are falling into the throws of the hectic holiday season...we need to slow down and take a deep breath and be thankful for many things, such as our health, family, friends and support networks!

Our Chapter has had an active education schedule since this past August. We have had three separate educational events...the two most recent sessions were in September & November. The September meeting was our Annual Reimbursement Education Session, which was extremely well attended as always...this year we added a physician Part B component to the agenda and had speakers from Blue Cross and Highmark Medicare Services...along with a wrap up discussion by Dave Banko from Cordis Corporation on the Impact of the Final FFY 2007 I/P Rule for Cardiovascular Providers.

Our November Education Session attendance was about half of what we anticipated, however, the sessions overall theme "The Future of Healthcare" was very timely and packed with critical information...and based the feedback from the actual attendees the speakers were given four stars...our November education team worked very hard and pulled together an excellent group of speakers which traveled from all areas of the state and even from Washington, D.C

Our Keynote Speaker was John Dugan from PricewaterhouseCoopers, Philadelphia Office...the content of his presentation focused on the Seven Features of a Sustainable Health System...we had Jim Redmond from HAP provide a legislative update which covered the implications for Hospitals based on the recent outcome of our Federal and State Elections...hospitals and healthcare leaders will need to devote time in educating the new elected leaders as to the issues facing the NEPA Hospitals, etc.

The afternoon session featured breakout sessions for both long-term and acute care individuals...this is the first time we were able to provide this simultaneously. Diane Martinez and Mary Lou Roos from Parente Randolph's Senior Living Services Consulting Group provided a very thorough two hour presentation on Navigating the Medicare Maze...from a Post Acute Care Perspective. On the Acute Care track...Dr. Mark Selna, Director of Clinical Effectiveness from Geisinger, gave a great discussion on Heart Failure and the Impact of Home Monitoring Technology on Acute Care. In addition Scott Memmott, from Sonnenschein, Nath, and Rosenthal, LLP of Washington, D.C. provided a detailed presentation on Health Care Industry Compliance Programs and the Top 10 Provider Risk Areas.

Our next Education Session is Friday December 8<sup>th</sup> coupled with our Annual Holiday Christmas Social...you can register directly on-line at [www.nepahfma.org](http://www.nepahfma.org) keyword program schedule and registration...we are featuring an Economic Update both general and specific to Healthcare by individuals from PNC Advisors and Wealth Management...followed by a presentation on the Baby Boomer Impact on Healthcare and Three Dimensional Leadership Skills by Terry Welford. This newsletter has two articles written by Terry...Managing Change and a separate Leadership Skills article.

I hope to see everyone at our Social on Friday and extend my warmest wishes to you and your families for a safe and happy holiday season!

# NEPA CHAPTER OFFICERS

## 2006-2007

### President

Ms. Josephine Bradley, CPA, MHA

### President-Elect

Mr. Loren L. Stone, CHE, MHA

### Program Chair

Ms. Dianne Roberts, FHFMA

### Treasurer

Mr. William Schultz, MBA

### Secretary

Mr. Frederick Jackson

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### **Our HFMA NEPA Electronic Window**

Please visit our new Chapter website at [www.nepahfma.org](http://www.nepahfma.org) which went live on September 18<sup>th</sup>!

Our newest update is the establishment of a Regional Job Bank...we have provided links to the following Regional Chapters Classifieds:

Philadelphia  
Western Pennsylvania  
Appalachian  
New Jersey

Our NEPA Chapter will be offering on-line position posting in the near future which will complete the Regional Job Bank...more information will be sent out to chapter members.

Other features of our website include on-line program registration, information regarding our sponsors and sponsorship program, certification information, current newsletters, our current leadership and committees/contacts, strategic initiatives, and even links to the national website.

## New Member Corner

We would like to welcome the following new members to our NEPA Chapter...we hope our new members will utilize the information on our website ([www.nepahfma.org](http://www.nepahfma.org)) and contact any of the Officers if they have any questions or want to participate on Committees or become involved in an area they desire...we hope to see you at upcoming education sessions...our Christmas Social on Friday December 8<sup>th</sup> is a great way to meet existing members and begin developing a solid network!

Michele McGowan  
Assistant Professor Healthcare Management  
King's College, Wilkes-Barre, PA

Colleen Hegland  
Director of Materials Management  
Indiana Regional Medical Center, Indiana, PA

Kimberly Hixson  
Contract Manager  
Geisinger Medical Center, Danville, PA

Nicole Harris  
Vice President & Sr. Associate  
The Diversified Search Company, Philadelphia, PA

Will M. Staretz  
Financial Analyst  
Geisinger South Wilkes-Barre, W-B, PA

John. W. Wellman, Jr.  
Business Manager  
Siemens Medical Solutions, Malvern, PA

Kathryn Ziarko  
Intern  
Parente Randolph, W-B, PA

Nancy Y. Kizer  
University of Scranton, Scranton, PA

## **Managing the Journey Through Change**

### **By Terry Welford, President of The Welford Group**

Change disrupts the status quo. It breaks the momentum and continuities that represent the steady stream of our lives and organizations. Change shocks us out of a comfortable place and moves us into discomfort. This is true even for change that we perceive as positive and useful.

The dictionary defines change as “to make the form, content or future course of something different from what it is, or from what it would be if left alone” and “to transform and convert.” In both definitions, the heart of change is movement, transition and discontinuity. Although a given change may be necessary for survival, it still fundamentally tampers with something stable that has been carried along by momentum.

When a change initiative falls apart, it is often due to a failure to truly understand – and subsequently respond to and manage – the significant impact of the change. Change of any kind has an emotional consequence for those asked to implement or live with it. There is a natural and inevitable emotional journey that people follow when confronted with change. This four-phase emotional roadmap helps us better understand the array of responses to change, as well as how to manage these responses.

#### **Comfort and Control**

In the first phase of the journey through change, people generally feel comfortable, safe and in control of their work or personal lives. There is order in their environment. They understand where they fit in and what’s expected of them. Although they may even be dissatisfied with the status quo, it is at least familiar to them. At this stage, the greatest challenge for change leaders is to simply get people to wake up and feel the need for change.

#### **Fear, Anger and Resistance**

The next phase of the journey is fear, anger and resistance. As they begin to experience change, people feel anxious, uncertain, angry and fearful. They realize that the ways of the past are no longer adequate for the challenges of the future. Suddenly, the world is a more insecure and uncertain place. In this phase, change leaders must listen to and empathize with people’s anxieties and fears. It is important to understand what people believe they are likely to lose as a result of the change – it could be a loss of power, security or social connections, for example. Change leaders must try to offset the perceived losses with the new benefits and opportunities that people are likely to realize from change.

#### **Inquiry, Experimentation and Discovery**

This third phase of the journey through change is when people move from focusing on the past to focusing on the future. It is still an unstable and chaotic time, but one that is shifted toward the positive. Change leaders can be helpful in this phase by providing direction and support.

## **Learning, Acceptance and Commitment**

In this final phase, people begin to see that the change is leading to tangible and positive results. Change leaders can be helpful in this phase by encouraging and supporting learning and celebrating accomplishments. However, they must also take steps to stabilize, reinforce and sustain the new systems, behaviors or processes to ensure that they continue. However, these stabilizing efforts may also reduce people's openness to the next needed change. As people settle into the "new normal," they move right back into Comfort and Control – and the journey begins again!

## **Change is Inevitable; Growth is Optional**

Although we can help ourselves and others through the change process, people must navigate the journey through the phases themselves. Change is simply part of the human experience. It is ever-present and inescapable. You can't turn your back on change – it will happen regardless – but you can turn your back on growth and learning. Moving beyond the pain of change and realizing the opportunities and growth change offers is fundamentally a personal choice. Make the choice to successfully manage change – and grow.

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### **HFMA NEPA SPONSORS**

The Northeastern PA Chapter of HFMA wishes to recognize and express their sincere appreciation to the following sponsors who have supported the Chapter activities for the 2006-2007 year.

#### **SILVER SPONSORS**

Carbis Walker, LLP  
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McKay Consulting  
National Recovery Agency (NRA)  
PNC Bank  
Quest System 2000

#### **BRONZE SPONSORS**

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Parente Randolph, PC  
Penn Credit  
Sunstone Consulting

#### **OTHER PATRON**

Rosen, Jenkins & Greenwald

## **ORHS's Efforts to Improve Patient Access Work Quality and Accuracy**

By Chuck Kramer

Since implementing web-based Registration Quality Improvement (RQi) in June of 2005, Orlando Regional Healthcare System (ORHS) has measured 99% billing accuracy for all registrations. ORHS records 50,000 registrations per month and one day AR of \$2.6 million annualized.

“With RQi we are able to look at the account in two ways: Discharged (D) and Billed (B). With our manual process that was showing us 10% of accounts registered, we were usually in the 83-85% range,” said ORHS Director of Patient Business Craig Pergrem.

“As a corporation, we stand at 99% and have not been lower than that since May 2005. Several of our facilities maintain a score of 100% at “B” status, as well as, many of our representatives maintain 100% in both “D” and “B” accounts.”

Upon implementation, management was able to learn about the system in a live environment for one month. Following that, RQi was rolled out to staff with a 30-day grace period to learn the system without having it impact their coaching plan score.

“RQi is a continuous education tool that each staff member receives daily.” Pergrem said. “They are able to look at their errors on a daily basis and not only see what they did wrong, but get a chance to correct it themselves and know why the error was made.”

“The reporting capabilities in RQi allow us to pull reports on individuals for that period and break it down by error and the total account dollars that could be or were impacted with those errors.”

ORHS has been working to improve patient access professionalism, accuracy and accountability for years. By implementing RQi, ORHS has implemented the newest most cutting edge and cost effective way to review and account for 100% registration and information accuracy while achieving a level of employee training and accountability never accomplished before.

For more information on Registration Quality Improvement, contact Chuck Kramer at 407.872.7969, [chuck@kramergroup.com](mailto:chuck@kramergroup.com) or visit [www.kramergroup.com](http://www.kramergroup.com).

## Three-Dimensional Leadership: Keys to Getting Results

*“Leadership is one of the most observed and least understood phenomena on earth.”*

- J. M. Burns

Organizational success begins with effective leadership. Yet, in America, leadership is at a crossroads. It’s hard to imagine a time when faith in corporate leaders has been so poor (think Enron, Tyco, WorldCom, etc.) Too many news stories reflect the lack of integrity in corporate leaders.

Certainly, integrity and trustworthiness are essential to effective leadership, but what else is needed? Just what are the skills and competencies that make a great leader? And just how well are you leading?

Many people have never thought of themselves as leaders and don’t really know what that means. Some think that being a good manager of tasks is leadership.

There are lots of managers in the world, focusing on tasks to help their organizations meet their goals. There are far fewer leaders. Being a great leader means opening yourself up to the competencies required to be effective. So, what are these competencies?

Here is a simple and practical model of leadership which groups critical competencies into three categories or dimensions:

**Personal Dimension** – These are competencies that enable leaders to model personal effectiveness and include accountability, credibility and trustworthiness, ethics and integrity, flexibility, and self-awareness.

**Interpersonal Dimension** – These are competencies that enable leaders to work effectively with others and include communication skills, managing conflict, negotiating skills, team building and relationship skills.

**Organization Dimension** – These are competencies that enable leaders to effectively utilize the right tools and techniques with the right people for the right purpose at the right time and include change management, decision making, planning and goal setting, process improvement and strategic thinking.

It is the integration of the competencies in all three dimensions that produces leaders who can achieve results. It is not enough to display high personal effectiveness. Nor is the ability to work effectively with others the sole key to being an effective leader. Having strong organizational competencies alone will not produce an effective leader. The effective leader has strengths in all three dimensions.

The good news is that leadership is a skill, one that can be consciously learned and developed by anyone. It’s about leveraging your strengths, and developing your weak areas. No one person can be strong in all of the competencies at one time, but the more strengths you develop, the higher probability of achieving effectiveness.

Leadership is a journey, not a destination. So, how can you begin your journey? Here are five tips for increasing your effectiveness as a leader:

1. Raise your self-awareness. Undertake self-examination. Ask for feedback.
2. Start small. Going from good to great follows an “S” curve of learning. Starting small means doing something now, something within your control that will have immediate impact.
3. Build on your strengths. Figure out what you do well and magnify it.
4. Connect competencies and leverage combinations. For example, leaders who are highly competent in results-orientation and relationship skills have a powerful combination.
5. Develop your weak areas. You can improve your leadership effectiveness through self-development. Read. Get a coach. Attend leadership development workshops.

Leaders are made, not born. Everyone can get better at leadership. Decide to become a great leader and take steps now to move yourself down the path.

*Terry Welford is President of The Welford Group, a training and development company. She has over 25 years of experience in the training field and provides training and development services to corporations, higher education and non-profit organizations.*

**HFMA NEPA  
EDUCATIONAL SESSION DATES  
2006-2007**

| <b>Date</b>       | <b>Topic</b>   |
|-------------------|--|
| December 8, 2006  | Economic Update – General & H/C Baby Boomer Impact – Holiday Luncheon                    |
| February 23, 2007 | Revenue Cycle – MC & MA Updates<br>Managed Care Contracts<br>CFO Roundtable (Topics TBD) |
| April 13, 2007    | Asset Management/& Benchmarking Best Practices   |

## **CMS Announces Pay-for-Performance Project for Small to Medium Group Practices**

CMS has launched a new initiative to pay physicians in solo to medium-sized group practices for the quality of the care they provide to seniors and disabled beneficiaries with chronic conditions. Approximately 800 practices in Arkansas, California, Massachusetts, and Utah will be recruited to participate in the three-year demonstration. Physician groups will continue to be paid on a fee-for-service basis, and they will submit data annually on up to 26 quality measures related to the care of patients with diabetes, congestive heart failure, and coronary artery disease, as well as on preventive health services such as immunizations and cancer screenings to high-risk patients with a range of chronic diseases.

In its first year, the program will be a “pay-for-reporting” initiative to provide baseline information on quality and to help physicians become familiar with the quality measurement process. In subsequent years, practices will be eligible to earn an annual incentive of up to \$10,000 per physician and up to \$50,000 per practice year based on their performance on the quality measures. The quality measures being used are similar to those being used in other CMS pay-for-performance demonstrations.

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## **More Difficulties Retaining Employees in Health Care vs. Other Industries**

Sixty-nine percent of U.S. healthcare organizations report difficulties retaining critical-skill workers compared with 43% of companies across industries overall, according to a survey of 110 healthcare providers by Watson Wyatt Worldwide and the American Society for Healthcare Human Resources Administration. Retaining registered nurses is the most difficult staffing challenge facing healthcare providers, with 84% listing it among their top three staffing challenges, followed by pharmacists (39%) and rehab therapists (33%).

Healthcare providers are also experiencing a median 14% voluntary turnover rate, which is considerably higher than other industries. Nearly half of the respondents (47%) cited relocation as one of the top three reasons employees leave, followed by lack of promotional opportunity (41%), and pay (33%). To address staffing shortages, healthcare organizations are trying various initiatives, such as adjusting pay levels to better reflect the market, providing reimbursements and forgiving loan payments for educational studies, and implementing flexible work arrangements. Some are also improving the employer match on contributions that workers make to their 401(k) or 403(b) plans. But few employers are improving other aspects of their employee benefits, including health insurance, paid time off, or retiree medical benefits, according to the survey.

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## **Few Hospitals or Physicians Fully Using EHRs/CPOE: Study**

Fewer than one in 10 physicians are using a fully operational electronic health record that collects patient information, displays test results, allows providers to enter medical orders and prescriptions, and helps physicians make treatment decisions--and only 24.9% of physicians are using EHRs with basic functionality, according to a study by the Robert Wood Johnson Foundation and the federal Office of the National Coordinator for Health Information Technology. And although surveys suggest that between 4% and 24% of U.S. hospitals have adopted computerized physician order entry systems, the study's authors believe that as few as 5% of hospitals have fully functioning CPOE systems.

The report points to four key technology adoption drivers: financial incentives; laws and regulations; the state of the technology and organizational influences such as the size of a practice, hospital, or payer mix; and how integrated a healthcare system is. Some of the major barriers to adoption are the high cost of EHR systems, providers' concerns about ROI, compliance with privacy regulations, and worries about specific EHRs becoming obsolete. The report was commissioned to set a benchmark for where the United States stands on EHR adoption and reflects analyses of dozens of studies and surveys by some of the nation's leading experts on health IT.

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# HFMA NEPA EDUCATIONAL SESSION

Friday, December 8, 2006

East Mountain Inn–Wilkes-Barre, PA  
Route 115, Exit 170A off I-81  
Phone: (570) 822-1011

## *Meeting Information*

### **Healthcare Financial Market Update Baby Boomer Impact on H/C Three Dimensional Leadership Skills**

**PROGRAM OBJECTIVES:** This session will cover an overview of the financial and economic markets and a market outlook setting the stage for a specific discussion, from an investors' point of view, regarding investing in the health care sector of our economy. A separate discussion will focus on the impact of our Baby Boomer generation on the Healthcare sector. There will be an interactive presentation on the qualities and characteristics critical for developing effective leadership skills; attendees will learn management versus leadership, the three dimensions of leadership, the three keys to leadership effectiveness and the explore strategies for increasing your leadership effectiveness.

**TARGET AUDIENCE:** Chief Financial Officers, CPA's, Controllers, Compliance and/or Internal Audits Directors & Staff, Treasury and Investment Healthcare Officers, Reimbursement & Budgeting Directors/Managers, Physician Practice Management Directors, Strategic Planners, Analysts, Project Analysts, Senior and Staff Financial Analysts, and other healthcare executives and managers.

**TARGET INDUSTRIES:** Inpatient acute care, Outpatient ambulatory, Long-Term Care, Physician Practices, and Home Health care.

**CPE CREDITS:** 3.0 CPE Hrs (Category Other)

# Program Agenda

December 8, 2006

- 8:00 AM**                      **HFMA Board Meeting**
- 8:30 AM**                      **Registration and Continental Breakfast**
- 9:00 AM**                      **Opening Remarks HFMA Chapter Update**
- 9:10-9:30 AM**                **Financial Market Review**  
Richard P. Masucci, *VP & Market Investment Director*  
*PNC Advisors*
- 9:30-10:15AM**                **Investing in the Healthcare Sector “Checking the Pulse”**  
Ruairi G. O’Neill, *CFA, Senior Research Analyst/VP*  
*PNC Wealth Management*
- 10:15-10:25 AM**              **Morning Break**
- 10:25-11:25 AM**              **The Baby Boomers & Their Impact on Healthcare**  
*Speaker TBA*
- 11:30-12:30 PM**              **“Three-Dimensional Leadership: Keys to Building Leadership Effectiveness”**  
Terry Welford, *President*  
*The Welford Group, Blue Bell, PA*
- 12:30 – 3:30 PM**              **Holiday Luncheon/ Social!**



Friday December 8,  
2006

Update”

“Healthcare Financial Market

HFMA Northeastern PA Chapter

**FAST FAX  
RESPONSE**

**TO: Bill Schultz**  
Geisinger Health System

**FAX #: (570) 826-7387**

**Registration Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

HFMA MEMBER?    Yes        No    Member # \_\_\_\_\_

*The following individual(s) will also attend:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
HFMA MEMBER?    Yes    No    Member # \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
HFMA MEMBER?    Yes    No    Member # \_\_\_\_\_

Educational seminar fee includes materials and luncheon.

HFMA Member – **\$65**    Student/Retired/Unemployed Member - **\$30**    Non-HFMA Member - **\$90**

**Make check payable to: HFMA NORTHEASTERN PA CHAPTER**

Please mail or fax registration form by December 4, 2006 to:

William Schultz, Financial Liaison  
Geisinger Health System  
1000 E. Mountain Drive, Wilkes-Barre, PA 18711-0027  
Phone: (570) 826-7392 Fax: (570) 826-7387 Email: bschultz@geisinger.edu

Please Note: To avoid being charged the full registration fee, cancellations MUST be made 72 hrs prior to the meeting date by calling or e-mailing Bill Schultz. Thank you.