



Letter From The Editor..

Dear Member:

The one education session I try to make every year is HFMA's Annual National Institute (ANI). Not only is it usually in a site that I enjoy visiting, but it always offers expert-led sessions covering over 80 topics. This year ANI is being held in Las Vegas, Nevada from June 23rd through June 26th at the Mandalay Bay Resort & Casino.

I encourage you to attend and enjoy the keynote speakers such as:

- Tom Peters, Best Selling Author and Business Management Consultant
- Steve Cases, Chairman and CEO, Revolution Health Group and Co-Found America Online (AOL).

In addition, nowhere can you find the healthcare finance intelligence to debate your issues with and help provide solutions. Networking opportunities exist throughout the formal education sessions and are also provided by many HFMA sponsored events over the course of the institute.

In this edition you will find a list of the keynote speakers and the topic they will be addressing at ANI. In addition, you can read a reprint of *Lesson in Making a Difference* by Mary Beth Briscoe, our outgoing chairman.

Sincerely,

Thomas P. Sokola, FHFMA

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ANI 2008 Keynotes Provide Insight

HFMA's 2008 Annual National Institute (ANI) in Las Vegas, being held Tuesday, June 24, through Thursday, June 26, features five outstanding keynote speakers.

Tuesday, June 24: 8:00-9:30 a.m.

The Consumer's Role in Healthcare Transformation

Steve Case, chairman and CEO, Revolution Health Group, and co-founder, America Online (AOL)

As co-founder of AOL, Steve Case played an integral part in building the world's largest Internet company and helped transform the way people communicate, learn, and conduct business. Now he has set his sights on health care. As chairman of Revolution Health Group, Case is trying to put consumers back in control of their healthcare decisions. Revolution provides online services to help people manage their health, offers a membership resource that provides access to premium health services, and provides a nationwide group of retail care centers that offer basic healthcare services. During ANI's opening keynote, Case will outline his vision of the consumer's role in healthcare transformation, why he founded Revolution Health Group, and what impact he believes pricing transparency will have on the healthcare industry.

Wednesday, June 25: 8:00-9:30 a.m.

Healthcare Policy in the Election Year

Richard J. Umbdenstock, FACHE, president and CEO, American Hospital Association (AHA)

Prior to assuming his position at the AHA, Richard Umbdenstock was executive vice president of Providence Health & Services. His career includes 11 years as an independent consultant for voluntary hospital governing boards in the United States and Canada. He is the author of several books and articles for the hospital board audience and has authored national survey reports for the AHA and the American College of Healthcare Executives. Umbdenstock will present a look at critical issues defining the healthcare policy environment in the election year.

Wednesday, June 25: 8:00-9:30 a.m.

All's Fair: Love, War and Healthcare Policy

James Carville, political consultant and television commentator;

Mary Matalin, Republican activist and television commentator

James Carville and Mary Matalin will provide an enlightening look at the healthcare policy environment during this election year, as well as a behind-the-scenes look at Washington politics. They will combine their unique experience as perennial political insiders to provide a candid and provocative analysis of the political scene. One of the country's foremost political strategists and commentators, Matalin is a veteran of numerous national political campaigns. She appears frequently as a political commentator, served as co-host of CNN's "Crossfire," and has written for *Newsweek* and *The Los Angeles Times*. Carville has a long list of electoral successes that prove his knack for steering overlooked campaigns to unexpected landslide victories, and for remaking political underdogs into upset winners.

Thursday, June 26: 8:00-9:30 a.m.

The Road to Excellence in Healthcare

Tom Peters, best-selling author and business management consultant

Since co-authoring the bestseller *In Search of Excellence*, Tom Peters has been regarded as a business guru and a highly sought-after consultant, credited with launching the management revolution. Today, Peters' ideas--and more than a dozen of his books--are considered standard operating procedure in businesses around the world. During Thursday's keynote, he will draw on his experience as an author, consultant, veteran, former White House advisor, and business world iconoclast, and provide his thoughts on how to achieve excellence through leadership in the healthcare arena.

For complete details and to register for ANI 2008, visit www.hfma.org/ani or call (800) 252-4362, ext. 2.



A Lesson in Making a Difference by Mary Beth Briscoe

Beginning a new year provides us with an opportunity to reflect on our lives and think of opportunities that lie ahead.

The person in my life who was most instrumental in helping me see my own opportunities was my mother. Many of you were introduced to my mother during my chairman's address at ANI in San Diego. Having her by my side at ANI demonstrated her support and encouragement of my participation in HFMA. I shared with you how she made a formidable impact in my life by always believing in me, even when I doubted myself. Her strength and her belief in me gave me the will and the way to make a difference in the lives of others. I very deliberately selected the music from the following lyrics to play during our Monday morning session: "You raise me up to more than I can be." That's what my mother did for me.

My world was changed when I received a call on Dec. 1, 2007, that my mother, the rock of my life, had passed away in her sleep at the age of 87. She was my parent, friend, life coach, counselor, and spiritual adviser. She made a profound difference in my life and challenged me to do the same for others. She instilled in me a sense that you can overcome life's challenges with hard work, a little ingenuity, colorful wit, and unwavering faith.

It has been touching to hear the countless stories of how my mother impacted the lives of people in her small community of Lawrenceburg, Tenn. Her circle of influence allowed her to make a lasting impact on the lives of countless children through her involvement in the local school system—a true example that no change is too small! My spirited mother was a substitute teacher until she was 81 years old, with a level of energy I only aspire to. Her many friends recounted stories of how she helped them through trying times in their lives, along with stories of my mother's "free unsolicited life advice," for which she was so admired.

Her advice had central themes: "You were created for a purpose; fulfill your role. Help others. Religious and academic education are keystones of life. From those to whom much has been given, much is expected to be returned."

As we contemplate the year ahead and what we want to accomplish in our lives, my wish for all of us is that we have a renewed recognition of the value of a day, our time, and our life. I hope we will all heed the lesson my mother so caringly instilled in me: that the most important way to make a difference is by investing in others. May we leave the world having made a profound difference with our life.

Mary Beth Briscoe, FHFMA, CPA
Chairman HFMA



THE QUALITY CONNECTION: Bridging the Disconnect Between CFOs and Quality Managers

Your hospital may have internal barriers that are preventing it from achieving desired patient care outcomes.

At a Glance

A survey of hospitals to assess the impact of selected organizational factors on achieving optimal patient outcomes found several barriers. To improve clinical and financial outcomes healthcare organizations should:

- Perform a self-assessment and discuss different perspectives and perceptions among stakeholders
- Redesign structures and processes that support multidisciplinary input and involvement
- Realign roles and responsibilities
- Ensure open lines of communication among stakeholders

Healthcare organizations continually strive to provide high-quality care. With growing accountability for providing and demonstrating best practice care, organizations look for new ways to achieve best practice clinical and financial outcomes. Yet health care is a complex system with multiple stakeholders who have different roles and responsibilities, skill sets, and perspectives on the delivery of healthcare services.

Recent studies have suggested that organizational dynamics and human factor issues affect the plan development and implementation, process management, and system support that are important for organizational success.⁴ Organizations should not rely on staff expertise alone to achieve best practice outcomes. They also need standardized processes, adequate resources, system support, and qualified leaders who can drive results. Although evidence-based best practice standards and protocols have helped to significantly reduce variations and improve outcomes of care, additional improvement is possible.

For example, published national data on percentage compliance with process standards for the Centers for Medicare and Medicaid Services/Joint Commission quality indicators for acute myocardial infarction, heart failure, and pneumonia show there is significant opportunity for improvement (www.hospitalcompare.gov). Other publicly available information sources, such as the data sets produced by HealthGrades, highlight differences in actual to expected disease-specific hospital mortality rates (www.healthgrades.com).

Is the gap due to lack of knowledge or lack of agreement, or is it more related to system issues involving organizational dynamics and human behaviors? Sometimes organizations are unaware that they may have internal barriers that are preventing them from achieving desired outcomes.

Impact of Barriers on Achieving Best Practices

VHA West Coast designed a survey in 2007 to determine the influence of key organizational and communication barriers on best practice delivery of care. (The survey questions were organized in seven broad categories: leadership and commitment, culture, resource capacity/competency, process and outcomes, data assessment, clinical/operational efficiency, and communication bias. The survey tool was distributed to the CFOs, COOs, chief nursing officers (CNOs), chief medical officers (CMOs), and directors of quality/performance improvement at VHA West Coast member organizations.

One major finding was the identification of key barriers that impeded achieving best practice outcomes: deficiencies or lack of leadership motivation and visibility, poor physician engagement, resistance to change, “sacred cows,” lack of accountability, role ambiguity, poor data integrity, ineffective implementation of best practice tools and processes, and communication gaps.

A second major finding was how differently the responding groups perceived the significance of each barrier and its effect on achieving optimal performance. The CFO/COO and CMO groups indicated less concern about barrier interference than did the CNOs and directors of quality/performance improvement.

In the leadership and commitment category, the survey identified barriers related to leadership motivation and commitment and physician support. In the organizational culture category, the survey found concerns about barriers related to resistance to change, sacred cows, and physician engagement. In the process and outcomes category, the major barriers identified were change management, clarity of roles and responsibilities, accountability, and feedback. The combined results from these three categories show that all the barriers need to be addressed to improve the system as a whole.

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THE QUALITY CONNECTION: Bridging the Disconnect Between CFOs and Quality Managers Cont'd

Leadership motivation and commitment need to involve more than policy design and implementation. Leaders need to be seen and heard as advocates for improvement initiatives—more walking the walk than talking the talk. People placed in charge of improvement efforts need to have technical, communication, and leadership skills; clear roles and responsibilities with clear objectives; the necessary resources to get the job done; and authority to make things happen. They need to be held accountable for their actions while being empowered to hold others accountable for their involvement. Where sacred cows are concerned, when the issue revolves around safety, quality, and efficiency, everyone is responsible for providing the best possible patient care. The organization assumes considerable risk if the issue is not addressed. In dealing with resistance to change, leaders who respect stakeholder impact, explain the rationale, provide education and support, and put respected project champions in place will support the change management process. Allowing for stakeholder input and providing appropriate feedback stimulates motivation and compliance for most groups, although not necessarily with physicians.

Why are physicians so difficult to engage? Organizations have tried many management theories and strategies designed to change physician behaviors, with varying degrees of success. To modify physician behaviors, one must first understand the factors that contribute to the physician mindset and then find and apply a strategy that will do the job. It isn't easy. Issues to consider include the physicians' understanding of the issues, role and involvement in those issues, belief that the requested change will add value to patient care, and perception that the requested action is their responsibility. Potential barriers include time, interest, other "more important" priorities, the status of hospital-physician relationships, employment status, training experiences and preferences, motivation and incentives, and overall personality and attitude. The situation is further compounded by growing competition in the medical marketplace, less time being spent in the hospital, the increasing frustrations of managing a medical practice, and the growing distrust from outside intrusions. Factors that stimulate physician acceptance are the impact on patient safety and quality of care, peer pressure, use of physician champions, and incentives for change.

Another consideration is the medical staff structure and its alignment with organizational objectives. Recent articles have advocated revamping the medical staff structure to more effectively address evolving organizational needs.^b The organization also needs to implement processes that are compatible with the way physicians process information and provide care. One barrier noted by survey respondents was physician compliance with best practice protocols. Physicians do not intentionally ignore best practices for care; rather, they are more likely to follow these guidelines if the guidelines fit into their process flow. Reminders at the time and point of care work best to influence physician decisions at the bedside.

Another factor that influences physician behavior is the use of data. The nursing and quality groups in particular noted barriers in data sharing and data utility. Data are a crucial component of the improvement process. Providers need data not only to measure, monitor, and report on what was done, but also to identify opportunities for improvement. Physicians will not realize there is a problem with their performance unless they see data that show them. The data have to be accurate, reliable, timely, meaningful, and applicable. With the CFO/COO and CMO groups feeling that all is well and the CNO and quality groups commenting on data barriers, this is a major area of concern. Good data presented in a positive way can do a lot to motivate changes in physician behavior.

Financial incentives are a mixed blessing. On one hand, we have gainsharing programs and performance bonuses; on the other hand, we have public report cards and pay-for-performance initiatives. On the positive side, these initiatives raise awareness and increase accountability for performance outcomes with the hope that less than best practice performers will use this information to identify opportunities for improvement. On the negative side is why we have to provide financial incentives to improve quality performance.

The last part of the survey compared group perceptions of the relationship between organizational system and process issues and communication factors and their influence as barriers to attaining best practice outcomes. Recent research has looked at the impact of disruptive behaviors, poor communication, and impaired teamwork and collaboration adversely affecting patient outcomes of care. The Joint Commission states that more than two-thirds of adverse events can be traced to a communication error. This is a serious issue that needs to be given as much attention as fixing structures and processes. Sometimes it's difficult to separate the two issues. The ultimate fix may lie in addressing both system and process and communication issues at the same time.

Achieving Best Practice Care

To improve outcomes, hospitals should not only implement evidence-based clinical guidelines, but also address key success factors related to internal organizational dynamics, including leadership commitment, understanding and support, and effective communication among administrative and clinical leaders about their roles and perceptions of what needs to be done to optimize success. Organizations need staff who not only possess expertise, but also are capable and empowered to drive results and address organizational barriers to achieving optimal outcomes.

Organizations need to commit to achieving best practice outcomes. They can show their commitment by conducting a self-assessment, discussing different perspectives and perceptions, redesigning structures and processes to support multidisciplinary input and involvement, realigning roles and responsibilities, addressing problem personalities, and ensuring that the lines of communication, including input and feedback, are linked to all pertinent stakeholders. The goal is to unite the organization through visionary and committed leadership, a positive supportive culture, and a well-functioning structure filled with the right people doing the right things.

HFAM NEPA CHAPTER

Educational Session Dates 2007-2008 Year

Thursday, April 24, 2008

- Varied Topic Session
- ROI Best Practices/Cost Benefit
- Tax/Audit Update
- Interpersonal Communication Skills Topic

Happy Spring 2008!



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