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**Carter Bloodcare's  
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to receive Distinguished  
Health Service Award**

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**Steve Love**

President/CEO  
Dallas-Fort Worth  
Hospital Council

# ACA's five-year checkup in the U.S. is encouraging

**SIGNED INTO LAW ON MARCH 23, 2010**, the Patient Protection and Affordable Care Act (PPACA) is more than five-years-old. One of the guiding principles of this law was to ensure all Americans have access to quality, affordable healthcare.

We know the law is not perfect and needs refinement. Let's examine how successful the program has been for our country. Earlier this summer, the Commonwealth Fund released findings from a survey, "Americans' Experiences with Marketplace and Medicaid Coverage." The uninsured rate has decreased from 20 to 13 percent since 2013. This happened even though 22 states, including Texas, refused to expand Medicaid coverage. Sara Collins, vice president for Health Coverage and Access at the Commonwealth Fund, said, "People living in states that expanded Medicaid are benefitting substantially, while large numbers of low-income adults who live in states that haven't expanded the program remain uninsured."

The survey said 86 percent of the people insured in the health insurance marketplace or through expanded Medicaid were satisfied with their new coverage. It stated 60 percent who found new primary care physicians were able to get an appointment within two weeks and 53 percent got appointments with specialists within two weeks. More than 90 percent of the respondents were satisfied with the health plan physicians.

According to a *Gallup Healthways Well-Being Index Report*, 21 percent of Texans lack health insurance coverage. This is the highest uninsured rate in the nation. The big difference is Texas refuses to expand Medicaid. Political opponents to expansion say the system is flawed, with wait times increasing and the quality of care decreasing. Findings of the Commonwealth Fund Survey clearly refute these opinions. Political preference should not be healthcare policy, especially public health policy. The Institute of Medicine concluded that health insurance is good for health. A Massachusetts study after healthcare reform concluded that for every 830 adults who gained insurance, one death was prevented.

The five-year checkup is encouraging, but we still need enhancements to the PPACA for future improvement. It is apparent that Texas must expand Medicaid coverage to help more than 1.5 million of our citizens who lack proper access to healthcare. ■

Summer 2015 [www.dfwhc.org](http://www.dfwhc.org)

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**INTERLOCUTOR**

**1: one who takes part in dialogue or conversation**

**2: one in the middle of a line who questions the end people and acts as a leader**



# Now Open

## Parkland Memorial Hospital stands ready for business at its new location

**AT 6 A.M., THURSDAY, AUGUST 20**, the Rees-Jones Trauma Center, Emergency Department, Urgent Care Emergency Department and Labor & Delivery services in the new Parkland Memorial Hospital opened for business at its new location on 5200 Harry Hines Boulevard. Simultaneously, the current hospital stopped receiving new emergency patients and those arriving for care via ambulance were taken to the new location. Prior to the massive move, Parkland staff continued to care for all patients in the departments at the current facility until the last person was treated.

“Parkland stands ready during this transition to our new facility, as always, to provide vital emergency and trauma services to every patient entrusted to our care,” said **Alexander Eastman, MD**, Medical Director and Chief of the Rees-Jones Trauma Center at Parkland and Assistant Professor of Surgery at UT Southwestern Medical Center.

In addition to the Trauma Center, Emergency Department and Labor & Delivery, other areas ramped up operations in the new hospital over a busy three-day period, including the intensive care units, regional burn center and operating suites. Elective, or scheduled surgeries, were reduced during the transition although emergent or urgent surgeries continued to take place. Transition of services to the new facility was expected to be completed by August 22, but in a testament to great planning, Parkland completed its move one day early.

Akin to the firing of the starting gun at the Big D Marathon, at 7 a.m. on August 20, Parkland officials began the multi-day process of moving more than 600 hospitalized patients to the new facility. Like an endless train, patients were transported over the Mike A. Myers Sky Bridge that connects the current and new hospitals. Each patient was accompanied by a team of healthcare providers.

Dallas County residents who were not experiencing an emergency medical condition were encouraged to seek adult

## Anderson statue unveiled in new lobby

**FOR NEARLY THREE DECADES, RON J. ANDERSON, MD** was Parkland Health & Hospital System’s president and CEO and a champion of healthcare for the uninsured and underinsured. He was committed to improving the health of those in need and was a driving force behind the passage of a 2008 bond package to build a new Parkland Memorial Hospital.

Although he died in 2014, Dr. Anderson’s presence was felt when the new Parkland opened August 20. Thanks to the generosity of an anonymous donor, a statue of the late CEO now stands in the lobby of the new hospital overlooking the

Moody Foundation Wellness Park.

“Parkland is synonymous with Dr. Anderson and he with it,” said **David Krause**, President & CEO of Parkland Foundation. “He believed that everyone deserved compassionate and quality healthcare, regardless of their socioeconomic status, and it’s only fitting that we honor his memory.”

Designed by **Janie LaCroix** of Houston, the bronze statue stands seven-feet, six-inches tall and took three months to cast. The statue depicts him wearing his signature medical lab coat.

“Dr. Anderson credited Parkland’s successes to the support





**2.1 million square feet  
862 private patient rooms**

and pediatric acute and primary care services and medication refills at one of the 12 Community Oriented Primary Care centers. The centers received walk-in patients in an effort to support the hospital move.

“We have been preparing for this move for well over a year and have challenged ourselves to plan for every possible scenario that could potentially arise,” said **Kris Gaw**, Parkland’s Executive Vice President and Chief Administrative Officer – Hospital Operations. “The health and safety of each of our patients is paramount, which is why we have gone to great lengths to ensure that they are moved safely to the new hospital.”

In preparation, Parkland officials conducted a full-scale test run in July, complete with volunteers serving as “patients.” In addition, Parkland’s Operational Excellence staff conducted multiple mock transition drills over several months prior, beginning in March with simple tabletop exercises, and growing larger and more complex each time.

“You can plan all you want, but until you actually put a process to the test, it is virtually impossible to identify every potential gap,” said **John Raish**, Vice President of Transformational Initiatives. “These mock transition drills not only helped us refine our process, but they also familiarized our staff and volunteers with how the move will work well before it begins.”

The new Parkland, a 2.1 million-square-foot, state-of-the-art facility, adds needed space for better delivery of healthcare services to a growing North Texas population, particularly in critical areas such as the emergency room, operating room, burn center and neonatal intensive care unit. The hospital includes 862 private patient rooms.

For more information about the new Parkland Memorial Hospital, please visit [www.newparklandhospital.com](http://www.newparklandhospital.com). ■

of the Dallas community and the hospital’s dedicated doctors, nurses and staff,” said **Fred Cerise, MD, MPH**, Parkland’s CEO. “He embodied the role of a servant leader, approaching every task with a genuine desire to serve others. It’s fitting that his statue stands as a reminder of what he meant to the healthcare profession in Dallas and to Parkland.”

Dr. Anderson was a 1992 chair of the DFW Hospital Council (DFWHC) Board of Trustees and a 2002 recipient of its Boone Powell, Sr. Award of Excellence. He was also a long-time member of the DFWHC Foundation Board of Trustees. ■



# Annual Awards Luncheon

## Dr. Merlyn Sayers to receive the Distinguished Health Service Award

**THE DFW HOSPITAL COUNCIL (DFWHC) ANNOUNCED IN AUGUST** that **Dr. Merlyn Sayers**, a physician with 35 years of experience in transfusion science medicine and President/CEO of **Carter BloodCare** since its formation in 1996, will be the 2015 recipient of the Distinguished Health Service Award. The honor will be presented during DFWHC's Annual Awards Luncheon, **October 29** at Arlington Convention Center.

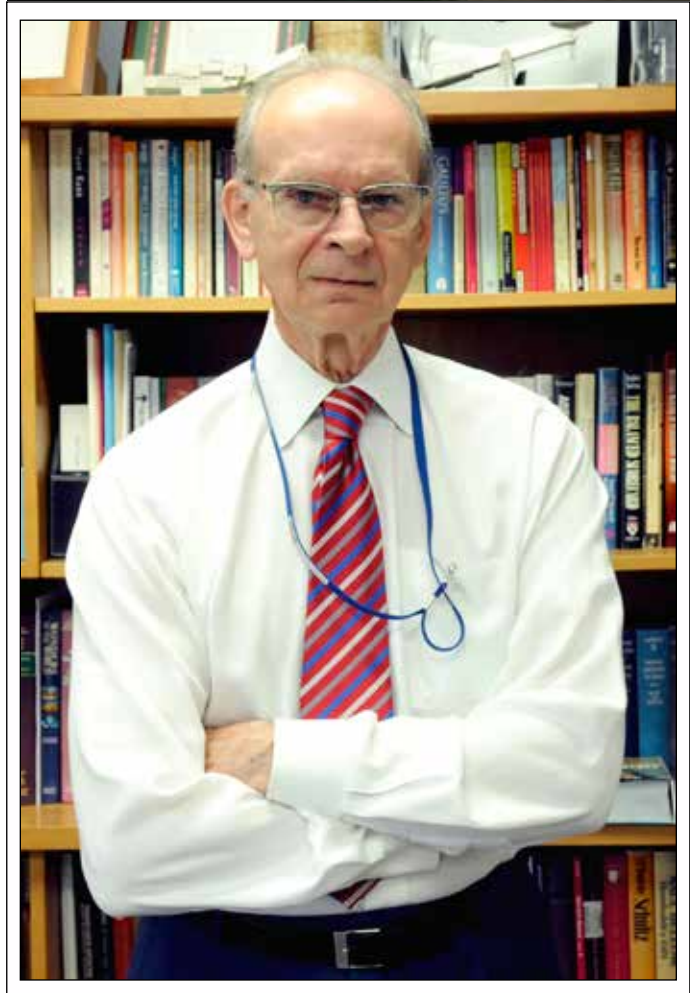
Dr. Sayers has a long history of volunteer work, having previously served as chairman of the Food and Drug Administration Blood Products Committee. He also served on the Health and Human Services Advisory Committee on Blood Safety, the American Association of Blood Banks Scientific Section Committee, the Scientific Medical and Technical Committee of America's Blood Centers and the Texas Medical Association Committee on Blood and Tissue Usage.

"Dr. Sayers has served North Texas healthcare for more than two decades," said W. Stephen Love, president/CEO of DFWHC. "His leadership and considerable work in education make him a deserving recipient of this award. We are looking forward to honoring his tremendous contributions."

Carter BloodCare, a 501(c)(3) organization, is the largest blood bank in Texas, supplying 90 percent of the blood products used in the 58-county area around North, Central and East Texas. With a staff of more than 1,000, the organization collects close to 400,000 blood donations a year and is recognized nationally as a center of excellence.

Dr. Sayers was born in Reading, Berkshire, England and received his medical degree and PhD from the University of Witwatersrand in Johannesburg, South Africa. After immigrating to the U.S., he completed fellowships in hematology, oncology and blood banking and transfusion medicine at the University of Washington. Dr. Sayers is on the faculty of the UT Southwestern Medical Center in Dallas. His current research involves community and public health, particularly among teenagers.

The Distinguished Health Service Award has been bestowed annually for 67 years. Since 1948, residents of the Dallas/Fort Worth area have been honored for their dedication and support of healthcare including **Dr. Wright Lassiter, Jr.** (2014), **Senator Florence Shapiro** (2013), **T. Boone Pickens** (2012), **Mayor Mike and Rosie Moncrief** (2011), **Ray and Nancy Ann Hunt** (2009), **Ross and Margot Perot** (2008), **Jerry Gilmore** (2007), **Ruben Esquivel** (1992), **Tom Vandergriff** (1985), **J. Erik and Margaret Jonsson** (1974) and **Joe Dealey** (1967). ■



**Dr. Merlyn Sayers**



# AAL 2015

## 67th Annual Awards Luncheon

**October 29, 2015**

Arlington Convention Center  
1200 Ballpark Way  
Arlington, TX 76011

**Reception 11:00 a.m.**

**Luncheon 12:00 - 1:30 p.m.**

**Introduction of Chairs of Board of Trustees of DFWHC hospitals**

Keynote Speaker:

**Jon Meacham**

Distinguished Health Service Award:

**Dr. Merlyn Sayers**

Young Healthcare Executive:

**James Mendez**

Kerney Laday, Sr. Trustee Award:

**David Biegler**

**Information:**

**972-719-4900**

## Honoring Healthcare Innovation & Excellence

## Mendez voted the 2015 Young Healthcare recipient

**THE DFW HOSPITAL COUNCIL (DFWHC)**

**ANNOUNCED** in August that **James Mendez**, CEO of **Kindred Hospital Dallas**, would be the 2015 recipient of its



**James Mendez**

Young Healthcare Executive of the Year Award. Mendez's rapid climb within Kindred Healthcare began in 2010 as the director of respiratory therapy. In 2013, he was accepted into Kindred's Executive Fellowship Program. After completion, he was promoted to Kindred Hospital Dallas Administrator and today serves as the hospital's CEO. Mendez was instrumental in the start-up of Kindred's partnership with an outpatient wound care company as he oversaw the project's construction, marketing and recruitment.

The project has provided significant quality of care for patients following discharge. He was also the leader of a Kindred IT project involving the creation of a tool that now provides hospital analysis and overviews. ■

## Biegler chosen for 2015 Kerney Laday, Sr. honor

**THE DFW HOSPITAL COUNCIL (DFWHC)**

**ANNOUNCED** in August that **David Biegler**, chairman of **Children's Health System of Texas** Board of Directors, would



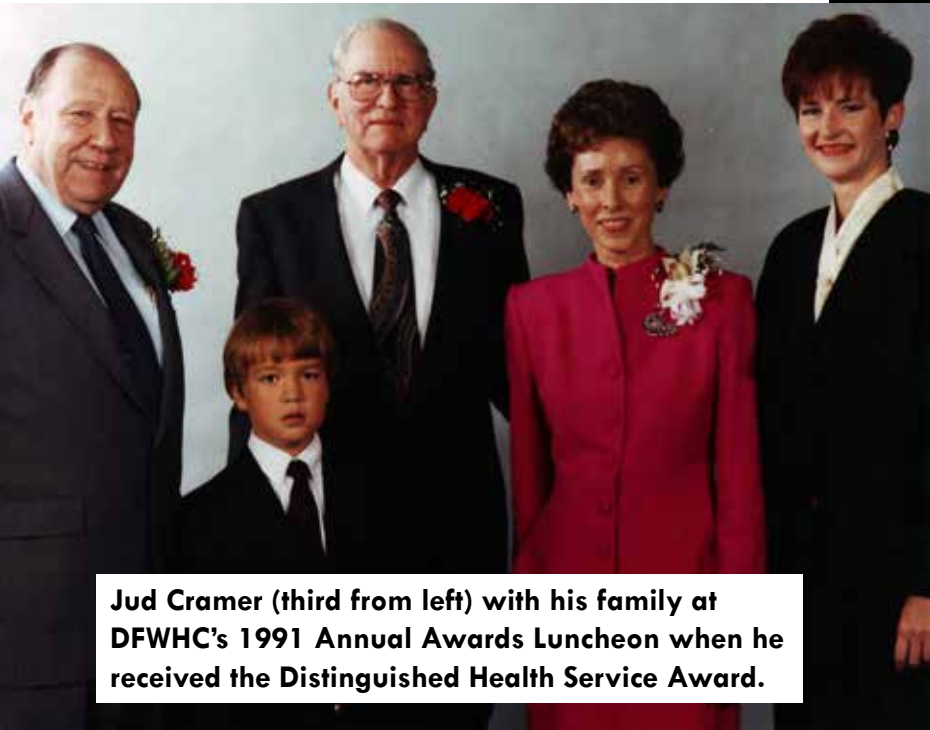
**David Biegler**

be the 2015 recipient of the Kerney Laday, Sr. Trustee of the Year Award. The award was named in memory of **Kerney Laday, Sr.**, who served on the Texas Health Resources Board for 10 productive years before his unexpected death in 2012. Biegler's association with Children's Health began in 1987 when he was appointed to the board of the Children's Medical Center Foundation. In 2000, he was named to the board of Children's Medical Center Dallas. Under Biegler's tenure, Children's Health has

expanded to include a second academic medical center, 19 pediatric practice locations and a new research institute. Biegler has also served as chair of the Greater Dallas Chamber of Commerce and the United Way Foundation. ■

# Around DFWHC

## JUD CRAMER 1921-2015



Jud Cramer (third from left) with his family at DFWHC's 1991 Annual Awards Luncheon when he received the Distinguished Health Service Award.

It was with great sadness the DFW Hospital Council (DFWHC) learned of the passing of Judson "Jud" Arnold Cramer on Thursday, August 13 at the age of 93. He was a popular presence over the years at DFWHC's Annual Awards Luncheon and Annual Social. He attended the Council's Social and Awards Luncheon February 19 when Dr. Wright Lassiter's career was honored with the Distinguished Health Service Award. Jud received the same award in 1991 for his lifetime of service to North Texas healthcare. He was a member and chair of DFWHC's Board of Trustees. He was also a member of the board of trustees of Harris Methodist Hospital and Texas Health Resources, among many other contributions over the years. He will be missed. ■

## METHODIST DEBUTS NATURE TRAIL

**PARTNERING WITH ELMER W. OLIVER NATURE PARK**, the city of Mansfield and park officials, **Methodist Mansfield Medical Center** opened a new nature trail June 15. The trail is a part of Methodist Mansfield's campaign "Pathways to Health" and invites citizens to enjoy the Oliver Nature Park with a healthy exercise regime in mind. **Methodist Mansfield President John Phillips** commemorated the trail opening and announced "Move 125," which invites citizens to stay healthy by walking 125 miles in celebration of the city's 125th birthday. To find out more about Move 125, please go to <http://info.methodisthealthsystem.org/mansfieldmove125>. ■



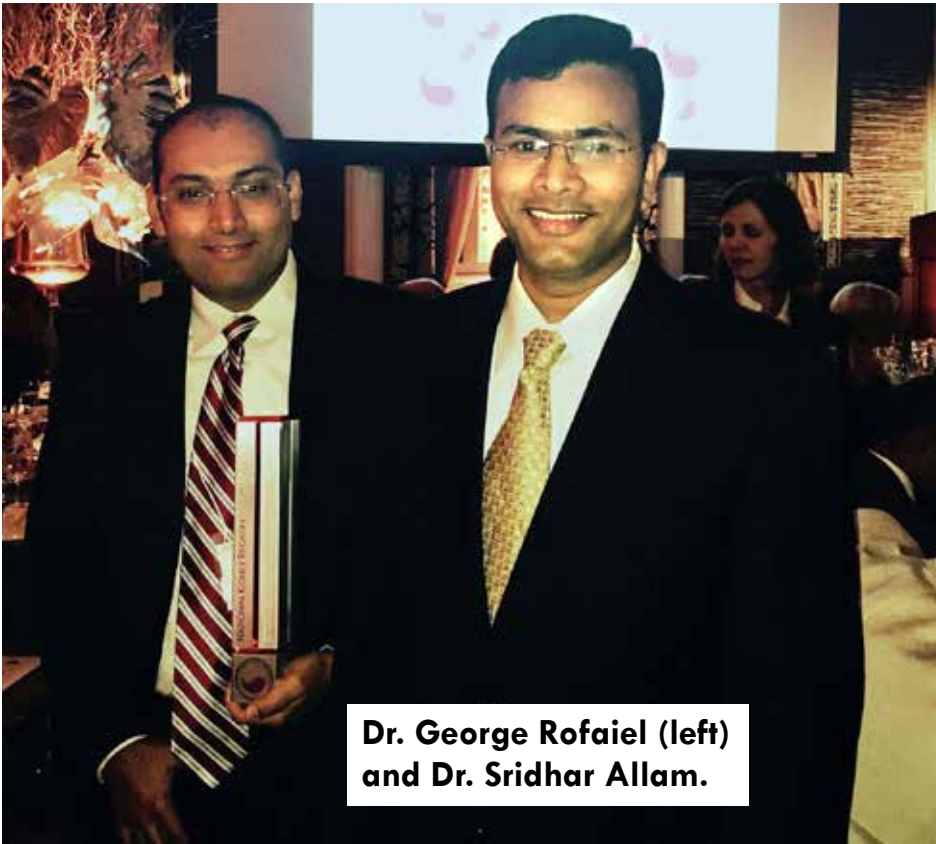
## Baylor Scott & White opens new rural hospital



**IN AUGUST, BAYLOR SCOTT & WHITE HEALTH** announced the opening of a new \$100 million acute care hospital in Marble Falls that will serve 90,000 residents in a primarily rural Texas region. The idea to build a hospital there was set into motion long before the **Baylor Health Care System** merged with **Scott & White**. The process first came up about 20 years ago, when residents began lobbying for a hospital to attract newcomers. It was a "missing piece," says **Eric Loooper**, the leader of the Hill Country region of Baylor Scott & White Health. The hospital is expected to serve five counties including Burnet, Llano, San Saba and parts of Blanco and Travis. ■



# The Great Kidney Swap



**Dr. George Rofaiel (left) and Dr. Sridhar Allam.**

**DURING AN AWARD CEREMONY JUNE 18**, The National Kidney Registry (NKR) honored the Fort Worth Transplant Institute at **HCA's Plaza Medical Center of Fort Worth** with an "Excellence in Teamwork Award" for being part of the largest kidney swap in U.S. history. The chain of kidney transplants took place in May and involved 70 recipients and donors, including a Fort Worth patient who received a kidney at Plaza Medical Center. Surgical Director **George Rofaiel, MD** and Medical Director **Sridhar Allam, MD**, accepted the award for the Plaza Medical Center's transplant team at the NKR's "Seventh Annual Season of Miracles Awards Gala" at the Waldorf Astoria in New York City. ■

## King vs Burwell

**THE DFW HOSPITAL COUNCIL (DFWHC)** was quick to react June 25 to the U.S. Supreme Court ruling that upheld a key piece of the Affordable Care Act. The ruling in the King vs Burwell case allows federal subsidies to continue in states such as Texas that didn't create a health exchange. DFWHC President/CEO **W. Stephen Love** released this statement following the ruling: "The U.S. Supreme Court ruled in favor of Burwell in the King vs. Burwell case today. Hospitals within the DFW Hospital Council and throughout the nation are glad the high court supported the arguments of the government. For Texas, this means almost one million of our fellow citizens will continue receiving tax subsidies to help them purchase health insurance on the insurance marketplace because we are a federally facilitated exchange. This is very important for Texas as we lead the nation in the amount of uninsured citizens and we did not expand Medicaid. Many working Texans struggle to make monthly expenses and cannot afford health care. Hopefully, we can continue our efforts to provide coverage and access for our fellow citizens." ■

## Joint venture hospital opens in Arlington

**OFFICIALS FROM Texas Health Resources, Methodist Health System and Kindred** joined together to open a 40-bed inpatient rehabilitation hospital July 2 in Arlington. The Texas Rehabilitation Hospital of Arlington is a \$15.8 million, 46,449 square-foot facility located at 900 W. Arbrook near Interstate 20. Strategically located between **Texas Health Arlington Memorial Hospital** and **Methodist Mansfield Medical Center**, the facility will employ 150 people. ■



# Educational event detailing patient handling set for Sept. 2

## **PATIENT HANDLING IS MORE DIFFICULT THAN YOU THINK.**

The DFW Hospital Council will be hosting a special educational meeting on **Wednesday, Sept. 2** at the Texas Scottish Rite Hospital for Children auditorium.

Titled **“Safe Patient Handling and Mobility,”** a special panel of experts will discuss evidence that shows organizations with a robust and safe patient handling program will see improved outcomes.

Each year, as many as 1 million patients suffer a fall in U.S. hospitals, making it the most common health care-acquired condition. Nearly half of those falls result in injury.



The panel will also discuss financials, operational and clinical aspects of safe patient handling.

An additional topic will be hospital-acquired pressure ulcers (HAPUs), a national concern due to patient morbidity, cost and reimbursement issues. “Safe Patient Handling and Early Mobility” could be an important step in learning how to mitigate these risks. This complimentary meeting is from **8:30 a.m. to 10:30 a.m.** and a continental breakfast will be provided. The event is

sponsored by **Atlas Lift**. To register, go to <http://www.dfwhc.org/dont-miss-our-sept-2-complimentary-event-on-patient-handling>. ■

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# Speed Networking

~~March 12, 2015~~

~~May 28, 2015~~

**Sept. 3, 2015**

~~Nov. 5, 2015~~



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AVAILABLE**

**8:30 a.m. - 10:00 a.m.**

Texas Scottish Rite Hospital for Children  
2222 Welborn Street Dallas, TX, 75219

Continental breakfast will be provided.  
Please bring plenty of business cards!

**Free to DFWHC members;** \$40 for non-members  
To register, go to:

<https://www.eventbrite.com/e/dfw-hospital-council-speed-networking-tickets-15542385694>



DALLAS-FORT WORTH  
HOSPITAL COUNCIL

For information, contact Kristin Alexander  
at [kalexander@dfwhc.org](mailto:kalexander@dfwhc.org) or **469.648.5116**.



# Associate Members



## Two-Midnight Rule

### *Hospital Compliance Remains Critical*

by Hazel Manzano, MD, Chief Medical Officer and Glen Reiner, RN, MBA, Senior Vice President

**ALTHOUGH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)** has softened the “two-midnight rule,” appropriate clinical documentation to justify the physician’s inpatient decision on hospital stays less than two-midnights is still essential.

In the new proposed rule recently announced, 2016 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System, CMS is attempting to clarify guidelines for hospitals. When a hospital stay is expected to be less than two-midnights, the physician is responsible to make a clinical judgment determining appropriate inpatient status and supporting this decision with clear and thorough documentation in the medical record.

Effective documentation includes a complete picture of the patient’s clinical presentation including but not limited to severity of symptoms, comorbidities, lab markers, risk of an adverse event and expectation of need for inpatient care.

The proposed rule places the clinical decision making back in the hands of physicians. However, inpatient admissions for less than the two days will continue to be reviewed. The oversight of the policy will be enforced by Quality Improvement Organizations (QIO), while recovery audit contractors (RAC) will review hospitals with high denial rates.

*The proposed rule places the clinical decision making back in the hands of physicians.*



The recent regulatory change:

- Supports the argument from hospitals and providers that prior to this change the two-midnight rule undermined clinical judgment;
- Confirms the decision to admit should not be based on the expected time the patient will be hospitalized, but on the complex medical decision made by the physician;
- Increases the need for physicians, and/or physician advisors, knowledgeable in regulatory requirements for compliant patient level of care recommendations.

Thus physicians and physician advisors are essential in determining a patient's admission status. Adreima's team of physicians can help ensure that the detailed clinical documentation is in the medical record to support the appropriate level of care. They also possess the knowledge

of the evidence-based medical literature that addresses the patient's risk of adverse outcome or mortality based on their clinical presentation.

Finally, they have access to an array of proprietary clinical decision-support risk prediction and stratification models through the Adreima partnership with Health Outcomes Sciences Inc. (HOS).

Adreima's priority is partnering with hospitals and health systems to provide a collaborative and timely physician's recommendation for the patient's level of care billing status to:

- Enhance compliance with federal rules and regulations;
- Improve clinical documentation within medical records;
- Support revenue integrity and reimbursement. ■

**NOTE:** CMS made an August 12 announcement that it will extend the partial enforcement delay of the two-midnight policy through the end of the year.

# Associate Members



## National CG-CAHPS Trends

By Greg Hyman

**WHILE NOT YET MANDATORY**, the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey has already begun having a profound impact on healthcare. For early adopters, the availability of nationally standardized survey instruments and benchmarking data has allowed organizations to better understand how their service quality stacks up against competitors. This increase in awareness has placed pressure on both early adopters and holdouts to spend greater time contemplating and improving their patient experience.

As of this writing, public reporting of scores remains voluntary, though the number of practice sites contributing data to the national database has more than doubled since 2010.

Drawing on the public data, analysts can observe trends that tell much about the effort groups are exerting to improve patient satisfaction, as well as the areas likely to pose challenges for groups once public reporting of CG-CAHPS scores becomes mandatory in the near future.

Here is a look at several key trends and data points from the National Database for CG-CAHPS Visit Version survey data.

### **SERVICE QUALITY IS IMPROVING**

Talk of public reporting and value-based purchasing is often couched in the language of anxiety and dread. Yet, as industry analysts have observed in the case of HCAHPS, scores on CG-CAHPS are improving over time. In fact, since 2010, the 50th





## *The survey can tell clinic administrators much about patients' level of satisfaction.*

percentile on every survey item and composite, or grouping of items, has increased. While the scores and improvement of individual clinics may not track with the national average, the overall trend speaks volumes about the potential for early adopters to improve scores prior to the CMS mandate.

### **THE IMPROVEMENT IS NOT UNIFORM**

Naturally, while scores are improving across the board, the degree of improvement on individual items and composites varies. In conjunction with supporting data, analysis of the comparative rate of improvement across items has the potential to help identify the service areas on which the greatest attention is being placed, as well as areas where barriers to change are most common. Superficially, patterns in the data also align with the law of diminishing returns, in that the lowest scoring items and composites tend to exhibit the greatest improvement over time, while lower yields are seen in high scoring areas. As the industry has been seen with HCAHPS, improving performance is likely to become more challenging over time, as individual organizations and the industry improve.

### **ONE PAIN POINT STANDS OUT**

Among several composites on the survey, the Access to Care composite (i.e., "Getting Timely Appointments, Care and Information") is by far the lowest scoring. In fact, it is the only composite with a 50th percentile below 80 percent trailing the closest-performing composite (including single-item survey categories) by nearly 20 percent. While improvement on this has generally outpaced others, it is clear that for many provider groups and clinics, improving access to care will represent a key opportunity as CG-CAHPS is implemented nationwide.

### **EXPECTATIONS AND PRIORITIES MATTER**

While not a comprehensive measure of the experience of care, the survey can tell clinic administrators much about patients' level of satisfaction, as well as the areas of service that matter most to patients. For example, at the 50th percentile of performance, only 72% of patients received an appointment for a checkup or routine care "as soon as needed," yet 90% of patients would still recommend their provider's office to others. From this, we may be able to infer that patients generally have some level of tolerance for appointment wait times, whereas they may have less flexibility in regard to other aspects of the care experience. Expectations and cultural norms likely play into these tolerance thresholds. Detailed correlation and driver analyses can help groups identify the specific areas where effort is likely to generate the greatest ROI, in terms of the patient experience. In addition, some vendors offer supplemental patient surveys that allow organizations to assess and track performance against patient expectations.

These CG-CAHPS trends provide a high-level look at the challenges and achievements that early adopters are experiencing as they prepare for the national mandate. The efforts of these organizations, and their willingness to voluntarily share their survey scores, have provided a rich set of data for physician groups nationwide to draw on in planning patient experience initiatives. As more groups recognize the importance of aligning their efforts and service assessments with the standardized instrument, they will benefit from moving beyond the national trends to leverage organization- and provider-specific insights, for a tailored, more impactful approach to improvement. ■

# Associate Members

From the  
**FRONT LINE**  
to the  
**BOTTOM LINE**

*Building revenue integrity in a hospital's revenue cycle*

By John Britt, Shawn Adams and Trevor Snow



**CONSTRUCTION OF THE REVENUE CYCLE** in hospitals and the components that produce measurable outcomes are well-known and widely accepted. Any hospital can be expected to have a patient financial services (PFS) team, with members variously situated in the front, middle and end of the revenue cycle. This team is charged with ensuring the organization is paid the exact amount of money to which it is entitled without fear of penalty or need for repayment.

This is not an easy task. Many PFS teams face an ongoing struggle with negative outcomes and trends in accounts receivable (A/R) such as denials and discharged not final billed (DNFB) accounts. Such circumstances raise two questions:

1. Are the variables that bring about these outcomes outside of a PFS team's control?
2. Is it simply a revenue cycle leader's lot in life to be faced with justifying suboptimal revenue cycle outcomes to executive leadership?

The answer to both questions is no. Addressing these challenges requires expanding the definition of the revenue cycle team. Hospitals and health systems must acknowledge the reality that revenue cycle outcomes depend on front-line personnel not only in the business office but also on the clinical side. It is also necessary for these front lines to be fully engaged in the process of creating revenue integrity. They are much more likely to become engaged if they understand their roles and can access scorecards that have clear performance targets.

Through this engagement of clinical stakeholders, the concept of revenue integrity becomes an intrinsic element in defining the revenue cycle. The term "revenue cycle" encompasses "all administrative, financial and clinical functions that contribute to the capture, billing, collection and management of patient service revenue." The concept of integrity adds to this definition a sense of unity, cohesion, togetherness and solidarity.

### **THE REVENUE INTEGRITY MODEL**

There are two differences between the revenue integrity model and a traditional revenue cycle model. First distinction is that the revenue integrity model encompasses clinicians' perspective not seen in the traditional model focused primarily on the actions of business office personnel. Simply put, the revenue integrity model is formed by unity, cohesion, togetherness and solidarity between clinical and business personnel. This involvement goes well beyond clinicians' use of electronic health records (EHRs), which have helped to mitigate some issues in the revenue cycle process through prompts to reduce errors and omissions. But this does little to ensure that clinicians understand how their actions affect revenue integrity. In a traditional model, physicians are not engaged as active contributing members of

the revenue cycle team. By contrast, under the revenue integrity model, physician engagement is fostered by the case manager and clinical documentation specialist. They link the clinical and business domains to affect outcomes where the patient receives care in the appropriate setting while accurate documentation ensures the organization is paid appropriately.

The second distinction is the revenue integrity model uses scorecards to promote accountability among members of this group of revenue cycle stakeholders. Under this model, the hospital requires a well-developed scorecard to ensure a disciplined approach is used for setting measurable goals, monitoring outcomes and responding to negative variances.

### **WHAT TO DO NEXT**

Expanding the assessment beyond the traditional revenue cycle team represents only one of many opportunities to improve financials. In the revenue integrity model that this hospital implemented, the case management team, health information management professionals and clinical documentation improvement specialists are uniquely positioned to promote consistent accuracy and value among clinicians. Although these professionals require C-suite sponsorship, they must coach, guide and direct clinicians toward sustainable documentation practices. When this happens, complications and comorbidities will be captured accurately, documentation to support medical necessity improves, and denials and days in A/R will decrease.

In the traditional PFS environment, we track measures such as DNFB and A/R targets with fervor. As clinicians are brought into the fold, they require these targets:

- Percentage of records where medical necessity is documented clearly;
- Submission of all charges within three days of discharge;
- Documents supporting charges 100 percent of the time;
- Documents supporting placement in level of care 100 percent of the time;
- Diagnosis-related documentation that supports the procedures ordered 100 percent of the time.

If one considers the roles of business and clinical personnel separately, CFOs and PFS focus on ensuring their facilities receive the correct amount of money at the correct time without fear of penalty or repayment. Clinicians are focused on having the right resources to provide the best care possible. The value proposition is that these two perspectives are interdependent. Investing in your front line can improve your bottom line and bring success to your organization. ■

*John Britt, RN, is a senior manager at Blue and Company, LLC  
Shawn Adams is a manager at Blue and Company, LLC  
Trevor Snow, RHIA, is a healthcare principal at Blue and Company, LLC*



# Associate Members



## 21st Century Cures A Breakthrough for the Next Generation

**IT'S TIME TO BRING MEDICAL INNOVATION**, patient-centric care and new cures to the 21st Century. The U.S. Congress took the first step to making this happen July 10, 2015 when the House of Representatives approved the 21st Century Cures Act (HR 6) with a final vote of 344-77.

This bipartisan legislation aims to accelerate the development of new diagnostics, therapies and cures. Currently, the path from bench to bedside for new cancer medications takes more than nine years on average. Some patients simply cannot afford to wait that long for the drug that could cure their cancer. This landmark legislation invests in science and medical innovation, integrates the patient perspective into the development process and modernizes clinical trials so the system can deliver more cures both quickly and safely.

A few key reforms include:

- Promoting meaningful patient engagement during the clinical trial process;
- Improving patient access to investigational drug options;
- Advancing the ability to target new precision medicines to patients;
- Streamlining outdated clinical trial rules to expedite collaborative research;
- Investing \$8.75 billion in early research and regulatory science.

These improvements and others in HR 6 will allow researchers, sponsors and regulators to make better decisions that protect patient safety, promote effectiveness and speed patient access to life-saving therapies and cures.

While this progress will ultimately benefit all Americans facing life-threatening and debilitating diagnoses, the Leukemia & Lymphoma Society (LLS) highlighted the potential impact on blood cancer patients in its advocacy efforts.

## ***The House of Representatives approved the 21st Century Cures Act (HR 6) with a final vote of 344-77.***



This year, over 150,000 Americans will be diagnosed with a blood cancer. Sadly, the only choice for many of those patients will be decades-old treatments that are too often ineffective. These patients are more hopeful than ever, as researchers are on the brink of exciting new breakthroughs. In fact, over 240 medicines to treat blood cancer are in the development pipeline.

The Leukemia & Lymphoma Society (LLS) is the voice of blood cancer patients in Washington, D.C., and the society mobilized its entire advocacy network to support this act. The LLS advocacy network flooded representatives with tens of thousands of letters, calls and stories letting them know why these advancements mattered to them personally. Congress listened to their constituents and engaged the LLS government affairs & advocacy staff in the crafting of this act.

The CEO of LLS, Dr. Lou DeGennaro, testified to the Congressional Committee on the great need for these

advancements and its significance in the lives of those waiting for cures. Ultimately, all these efforts paid off as the act was approved by the House. However, there is more to be done. The bill's authors, House Energy and Commerce Committee Chairman Fred Upton (R-MI), Oversight and Investigations Subcommittee Ranking Member Diana DeGette (D-CO), Health Subcommittee Chairman Joe Pitts (R-PA), full committee Ranking Member Frank Pallone, Jr., (D-NJ), and Health Subcommittee Ranking Member Gene Green (DTX) commented: "Today, we took a big leap on the path to cures, but we still have much work left to do. The 344 votes today should be a springboard for action. On to the Senate."

If you would like to join LLS in investing in research to find a cure, expanding healthcare access and enriching the lives of those affected by blood cancer, then you can sign up to be a part of the LLS advocacy network here: [http://advocacy.lls.org/signup\\_page/signup](http://advocacy.lls.org/signup_page/signup). ■



# WHAT DID THE LAWYER SAY TO THE DOCTOR?

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For information, contact Kristin Alexander at [kalexander@dfwhc.org](mailto:kalexander@dfwhc.org).

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Alliant Services	Deloitte	Parker University
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## Kristin Jenkins

JD, FACHE

President, DFWHC Foundation  
Senior Vice President, DFWHC

# The most difficult job in healthcare?

**BEING A TRUSTEE OF A HOSPITAL BOARD** is one of the most difficult jobs in healthcare. Many trustees are volunteers who spend weeks of personal and professional time providing guidance to our health systems. Their service is indispensable. And what issues do our trustees deal with as they serve?

- Transitioning the hospital to value-based pricing;
- Appropriate deployment of capital to support changing infrastructure;
- Relationships between partners and stakeholders necessary for effective care;
- Horizontal and vertical diversification strategies;
- Merger/acquisition for financial survival;
- Legal and regulatory concerns;
- And of course, overseeing the quality, safety and cost effectiveness of care.

These are exciting times to be sure. The level of experience needed to be an excellent trustee continues to increase along with the pressures of an industry in transformation. And with these needs comes an increase in stress and exhaustion in leadership that cannot be ignored. Further, trustees who are not paid for their effort invested may find it impossible to continue to serve due to the time commitment required to do the job well.

As executives, we are properly concerned about the pace of change in our industry and its effect on our workforce and patients. After speaking with local trustees from many hospital organizations over the last 15 years, I believe it may be time to focus even more on countering the effects of our trustees' fatigue with difficult decision making and work hours spent at our hospitals. The chair and executive committees of these boards are especially prone to these pressures and are often the most valuable members of the governance team. As we enter the Fall, the DFW Hospital Council hosts your annual trustee event. This October 29 luncheon is designed to recognize excellence in governance as demonstrated by local trustees. This year and every year we will partner with you to support those who have "the most difficult job in healthcare." ■

### How to contact us

972-717-4279

info@dfwhcfoundation.org



[www.dfwhcfoundation.org](http://www.dfwhcfoundation.org)

### Foundation Mission

To serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.

### Foundation Vision

Act as a trusted community resource to expand knowledge and develop new insight for the continuous improvement of health and healthcare.

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# Around DFWHC Foundation



## F1RST Do NO Harm

Patient Safety Summit attracts more than 300 attendees

**CLOCKWISE FROM TOP:** Linda Stimmel speaks to the Patient Safety Summit audience, Patricia Quigley discusses "Avoiding Patient Falls," Vickie Gillespie talks "Preventable Adverse Events," and John Bourke opens the day with "Crucial Conversations."

**FROM COMMUNICATION SKILLS TO PATIENT ADVOCACY**, there was something for everyone during the DFW Hospital Council (DFWHC) Foundation's 8th Annual Patient Safety Summit, August 5 at the Las Colinas Marriott in Irving. With the theme "First Do No Harm," the full-day conference brought together care-givers from across Texas with a goal of improving the health and quality of care for patients.

The event was officially a sellout, with more than 300 attendees present to hear seven noted speakers including John Bourke, Vickie Gillespie, Linda Stimmel, Donna Crimmins-Bonnell, Patricia Quigley, Rosanna Barrett and Geri Amori.

"One of the most important ways to reduce accidental harm and improve patient safety is to learn from close calls in the healthcare workplace," said Kristin Jenkins, president of the DFWHC Foundation. "The Patient Safety Summit is an opportunity to identify problems and provide solutions. We were thrilled by the turnout and audience participation."

Topics included "Crucial Conversations," "EHR Risks," "Avoiding Patient Falls" and "Cultural Competency." Platinum Sponsors were Allied Bioscience, BD-Carefusion, IntelliCentrics and Qualaris. ■



# Around DFWHC Foundation

## SUMMER INSTITUTE

**MORE THAN 150 NURSES** turned out for the annual DFW Hospital Council Foundation North Texas Nursing Consortium Summer Institute, August 6 in Fort Worth. Taking place at Tarrant County College, this year's theme was "Hardiness Training for Nurses," with speaker Sharon Judkins, RN, PhD, NEA-BC (right), a retired associate professor at UT Arlington, presenting her seminar throughout the day. ■



## Workforce hosts Nurse Preceptor Academies

**THE DFW HOSPITAL COUNCIL FOUNDATION WORKFORCE CENTER** has had a busy summer, hosting two North Texas Preceptor Academies June 18-19 in Dallas and August 12 in Fort Worth. The Dallas event was held at **Texas Woman's University** attracting more than 100 attendees. **JPS Health Network** hosted the Fort Worth academy at Tarrant County College attracting more than 50 attendees. The sessions were designed to help new healthcare preceptors with understanding their roles while learning communication and critical thinking skills. Hospitals and schools serving on the event committee included **Texas Woman's University, VA North Texas, HCA North Texas, JPS Health Network, Texas Health Resources, UT Southwestern, Baylor Scott and White, UT Arlington** and the **North Texas Nursing Consortium**. A new session is scheduled for **September 18** at Texas Health Harris Methodist Fort Worth. For information, contact [workforce@dfwhcfoundation.org](mailto:workforce@dfwhcfoundation.org). ■





# SIXTH AWARD

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S fall public awareness campaign "Stop C-diff Now!" received its sixth award in June. Its commercial was presented the Silver "People's Choice" Telly Award during the 36th annual ceremony. The campaign began last year to raise awareness on the dangers of the acute diarrhea caused by the Clostridium difficile bacteria. The campaign was previously awarded two MarCom Platinum Awards and three Davey Awards. To see the video and to learn more about C-diff, go to <http://stopcdiffnow.org/>. ■



The Telly Awards  
SILVER WINNER



Marilyn Self (left) and Kelly Blair

## Dallas Area Agency on Aging speaks to Foundation

**HIGHLIGHTING THE JULY 14 MEETING** of the DFW Hospital Council (DFWHC) Foundation's Community Health Collaborative, **Marilyn Self**, director of the **Dallas Area Agency on Aging**, provided a presentation detailing the efforts of her organization. Also presenting was **Kelly Blair**, projects coordinator of the Dallas Area Agency on Aging.

The Dallas Area Agency on Aging works under the umbrella of the **Community Council of Greater Dallas** and is responsible for planning and coordinating resources for seniors (persons 60-plus) and their caregivers in Dallas County.

Coordinated by the DFWHC Foundation, the Community Health Collaborative is made up of 32 residents with expertise in public health, data analysis and strategic planning. The team is working towards understanding health and disease disparities in North Texas while creating plans to promote healthier lives.

For information, please contact **Sushma Sharma, PhD**, at [ssharma@dfwhcfoundation.org](mailto:ssharma@dfwhcfoundation.org). ■

## PHYSICIAN SHORTAGE

A study prepared for the DFW Hospital Council Foundation's North Texas Regional Extension Center (NTREC) by **Merritt Hawkins** exposing physician gaps was noted in the July 7 story "It's Official: TCU, UNT Health Science Center Detail New Medical School With M.D. Track" in *D Healthcare Daily*. The Foundation/NTREC study surveyed the state to determine if there was a physician shortage, finding North Texas had 197.2 physicians per 100,000, below the national average of 226 per 100,000. To read the study, go to <http://www.dfwhcfoundation.org/wp-content/uploads/2015/04/mhaNTREC2015studyfinal.pdf>. ■



## Health IT Analytics

In an article released July 6 in *HealthIT Analytics*, DFW Hospital Council Foundation staff members discussed how population health could be influenced by big data. **Theresa Mendoza**, directory of quality, BI and data services, and **Richard Howe, PhD**, executive director of the North Texas Regional Extension Center, provided their expertise in the story penned by **Jennifer Bresnick**. You can read the story here: <http://healthitanalytics.com/news/how-an-rec-enables-population-health-with-big-data-analytics>. ■



## Danny Davila

Executive Director  
GroupOne Services

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# Change, Practice, Implementation - it starts with GroupOne

**OUR COUNTRY ELECTS A PRESIDENT** every four years. Our state legislators run for office every two years. Business models change constantly. Telecommunication and desktop computers have evolved into laptops and tablets. Within our businesses, we challenge ourselves to move from practices embedded for years to contemporary models.

GroupOne has endured significant changes to operating systems. In doing so, we have evaluated processes, vendors and human resources. Healthcare lends itself to constant monitoring of processes to ensure systems are aligned to deliver effective and timely care to patients. Change does not occur without hesitation. We recognize during our careers that change has improved elements of our work such as time, accuracy and outcomes.

In GroupOne's effort to complete the transition of its new operating system, there are several updates significant to this milestone. The process of how GroupOne manages research assignments is undergoing an overhaul and will be introduced to our clients in the Fall of 2015. GroupOne's leadership team was strategically realigned to manage workflow while eliminating redundancy and improving turnaround time (without compromising research accuracy).

Another significant change will involve GroupOne's evaluation of performance and outcomes. Standard measurements for consumer reporting agencies include turnaround time by subject, product and research items. Review and standardization of these benchmarks will be a priority to ensure GroupOne addresses the expectations of the National Association of Professional Background Screeners (NAPBS).

From the feedback landing on my desk from customers, employees and leadership, these changes has been favorably received. But change is never universally applauded, oftentimes producing anxiety and frustration. It is imperative GroupOne continuously evolves. We must take the feedback and implement these ideas into future solutions. I encourage your feedback by e-mail or LinkedIn and, by the way, if you know a company searching for a background check vendor, we would appreciate your referral. ■



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# Around GroupOne



## GroupOne to participate in ASHHRA and CUPA-HR annual conferences

**GROUPONE WILL BE HOSTING A BOOTH** during the American Society for Healthcare Human Resources Administration's (ASHHRA) 51st Annual Conference and Exhibition, **September 19-22** at the Orlando World Center Marriott in Florida. The activity will continue **September 27-29** when GroupOne travels across town to the College and University Professional Association for Human Resources' (CUPA-HR) Annual Conference and Expo at the Hilton Orlando Bonnet Creek Hotel in Florida.

The ASHHRA Conference is the premier event for healthcare human resources professionals and business partners to come together to share their knowledge. The CUPA-HR Conference serves higher education professionals by providing resources and connections for workforce excellence. The events' three-day formats will both feature more than 100 exhibitors and speakers.

Account Manager **Kim Hines** will be present throughout the Orlando events to explain the advantages of GroupOne's services including pre-employment, background, student and faculty screening. Drop by to say "Hello" and learn more about GroupOne's advantages.

For event information, please go to <http://www.ashhra.org/conference/2015/index.shtml> and <http://www.cupahr.org/conference2015/>.

For additional information, contact Kim Hines at [khines@gpl.com](mailto:khines@gpl.com). ■



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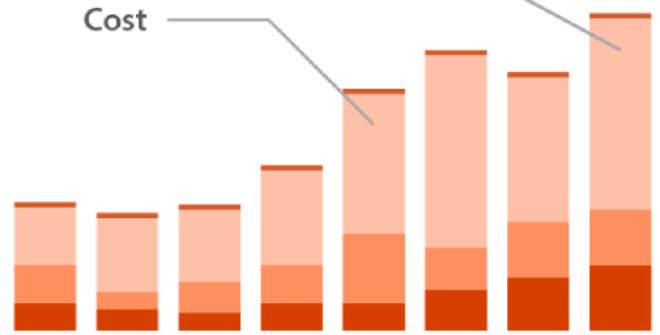
and improve the strategy through periodic reviews

Technology Mapping



Current

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