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**21st Annual  
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**April 21, 2017**  
Hurst Conference Center

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Guest Speaker:



**Chef Jeff Henderson**  
Inspirational TV star  
and bestselling author



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# THE FUTURE OF HEALTH CARE MAY BE UNCERTAIN. **OUR EXPERIENCE CAN GUIDE THE WAY.**

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**Steve Love**

President/CEO  
Dallas-Fort Worth  
Hospital Council

# Findings from an interim report on mental health

**THE SELECT COMMITTEE ON MENTAL HEALTH** of the 84th Legislature submitted its interim report on January 5, including recommendations for consideration by the 85th Legislature. Texas State Representative from District 87 Walter Thomas Price, IV (Four Price) served as chair, and we thank him and his committee for their conscientious efforts.

Some of the findings ([http://www.house.state.tx.us/\\_media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf](http://www.house.state.tx.us/_media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf)) included Texas spends approximately \$6.7 billion in funds on mental health programs. It was noted that even with these significant resources, the demand throughout the state continues to increase.

The report also listed statewide concern for expansion to help solve existing service gaps, including treating the whole person, prioritizing early intervention, expanding public school programs and transparency between providers and insurance companies. The report supported sustainability of the 1115 Medicaid Transformation Waiver and expanding the availability through technology such as telemedicine.

The committee spent numerous hours interviewing stakeholders, analyzing data and researching what has become a severe problem in Texas. We must emphasize the need for the sustainability of the 1115 Medicaid Transformation Waiver and hope the Centers for Medicare and Medicaid Services (CMS) approves continuation as the Delivery System Reform Incentive Payment (DSRIP) behavioral health initiatives are helping citizens throughout Texas.

We hope CMS will agree to the Texas Health and Human Services Commission (HHSC) request for an additional 21 months of funding for the Uncompensated Care (UC) and DSRIP pools. The potential for telehealth and telemedicine to assist patients in Texas is enormous as some counties have no primary care providers or psychiatrists. We hope we can expand these services and utilize technology as part of the solution. We are excited about a bipartisan bill regarding telehealth that will be introduced this session.

We thank members of the 85th Texas Legislature for their service and hope this report provides a roadmap for enhancing behavioral health services throughout our state. ■

WINTER 2017 [www.dfwhc.org](http://www.dfwhc.org)

## DFWHC INTERLOCUTOR

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**PUBLISHED**

*Interlocutor* is published by the DFW Hospital Council as a membership benefit providing information on healthcare issues and DFWHC activities. Material may be reprinted without permission, provided acknowledgement is given. Articles, news items and opinions are appreciated.

**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**



DALLAS-FORT WORTH  
HOSPITAL COUNCIL



GroupOne  
BACKGROUND SCREENING

# WEB DEBUT!

*DFWHC, Foundation and GroupOne launch new websites*

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC), THE DFWHC FOUNDATION AND GROUPONE** announced the launch of its new websites in January. Key features of the sites include cleaner designs and a more engaging user experience with improved navigation.

The sites, located at [www.dfwhc.org](http://www.dfwhc.org), [www.dfwhcfoundation.org](http://www.dfwhcfoundation.org) and [www.gp1.com](http://www.gp1.com), have a refreshed and simplified look, combined with enhanced content and functionality allowing members and clients to better interact online.

“We are excited to be able to offer these improved websites to our members and clients,” said W. Stephen Love, president/CEO of DFWHC. “Over the past few years, we have been aggressively expanding our electronic presence and these websites continue that trend.”

The logos and links of year-round sponsors and partners are displayed on each website. In addition, each site will have blog and news updates posted on a weekly basis with an expected 250 postings a year. All blog and news postings will be promoted by DFWHC staff members through social media sites at LinkedIn, Facebook, Twitter and Instagram.

The websites were created by Agency Creative, a branding firm headquartered in Dallas. ■



# *DFWHC signs name to letters mailed to President Trump and U.S. Congress*

## Repeal & Replace?



**DFW HOSPITAL COUNCIL PRESIDENT/CEO W. STEPHEN LOVE** worked with the American Hospital Association and signed official letters mailed January 27 to President Donald Trump and members of Congress. The documents were signed by 72 U.S. hospital associations and councils to include the Texas Hospital Association, Oklahoma Hospital Association, Louisiana Hospital Association and New Mexico Hospital Association.

The communications were written in regard to the ongoing debate over the future of the Affordable Care Act (ACA). The letters stated “If the ACA is to be repealed, the potential repeal and replace should be done simultaneously, and ensure that

the 22 million people receiving coverage continue to receive adequate coverage.”

The letters also noted, “If repeal and replace cannot be accomplished simultaneously, the reductions to hospitals and health systems included in the ACA should be restored to ensure there are sufficient resources to provide care to the uninsured.”

You can read the full letter to President Trump at <https://dfwhc.org/wp-content/uploads/2017/01/Letter-President-Trump-January-2017.pdf>.

The letter to Congress can be found at <https://dfwhc.org/wp-content/uploads/2017/01/Letter-Congress-January-2017.pdf>. ■



**Brett Lee**



**Scott Peek**



**Lillie Biggins**

# DFWHC announces 2017 Board of Trustees

**THE DFW HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED** its Board of Trustees for 2017. The Board of Trustees consists of the following individuals:

- Chair **Brett Lee**, CEO, Baylor Scott & White Medical Center – Lake Pointe
- Past Chair **Lillie Biggins**, President, Texas Health Harris Methodist Hospital Fort Worth
- Chair-Elect **Scott Peek**, COO, Baylor University Medical Center
- Trustee **Nancy Cychol**, President, Cook Children’s Medical Center
- Trustee **Clay Franklin**, CEO, Medical City Fort Worth
- Trustee **Bill Whitman**, EVP, Chief Operating Officer, JPS Health Network
- Trustee **Jeri Garison**, President, Baylor Scott & White Medical Center – Plano
- Trustee **Joseph DeLeon**, President, Texas Health Harris Methodist Hospital SW FW
- Trustee **John Phillips**, President, Methodist Mansfield Medical Center
- Trustee **David Berry**, President, Children’s Health System
- Trustee **Jeffrey Cellucci**, District COO, Kindred Healthcare
- Trustee, **Charles Gressle**, CEO, Medical City Plano
- Ex-Officio **Robert Walker**, President/CEO, Texas Scottish Rite Hospital for Children
- Ex-Officio **Dr. Frederick Cerise**, President/CEO, Parkland Health & Hospital System
- Ex-Officio **Clint Abernathy**, President, Texas Health Harris Methodist Alliance

Completing their terms are **Dr. John Warner**, VP/CEO, UT Southwestern University Hospitals; **Kenneth Hutchenrider**, President, Methodist Richardson Medical Center; **Cindy Schamp**, President, Baylor Scott & White Medical Center – Irving; and **Debbie Paganelli**, President, Texas Health Harris Methodist Hurst-Euless-Bedford. New DFWHC Board Members include Garison, DeLeon, Phillips and Berry. Walker and Dr. Cerise will continue to serve as ex-officios while Abernathy was appointed as new ex-officio.

“Our 15-member board represents a dedicated group of North Texas healthcare executives,” said W. Stephen Love, president/CEO of DFWHC. “They have an array of impressive talent. We appreciate their commitment to helping lead North Texas healthcare in 2017. We would also like to thank Dr. John Warner, Kenneth Hutchenrider, Cindy Schamp and Debbie Paganelli for their dedicated work over the past years.” ■





# DFWHC and H-Source announce joint marketing agreement

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) AND H-SOURCE HOLDINGS LTD. (H-SOURCE)** in December officially announced a joint marketing agreement expected to benefit the hospitals of North Texas. The H-Source platform will provide DFWHC hospital members a private cloud-based marketplace to purchase and sell inventory providing great cost savings and convenience. Additionally, DFWHC members will have access to the complete H-Source marketplace of member facilities across the U.S. and Canada.

W. Stephen Love, president/CEO of DFWHC said, "This is a co-marketing agreement that will benefit our hospital members. Through this platform, North Texas hospitals can now purchase and sell its inventory in a cost-effective way. We look forward to working with H-Source."

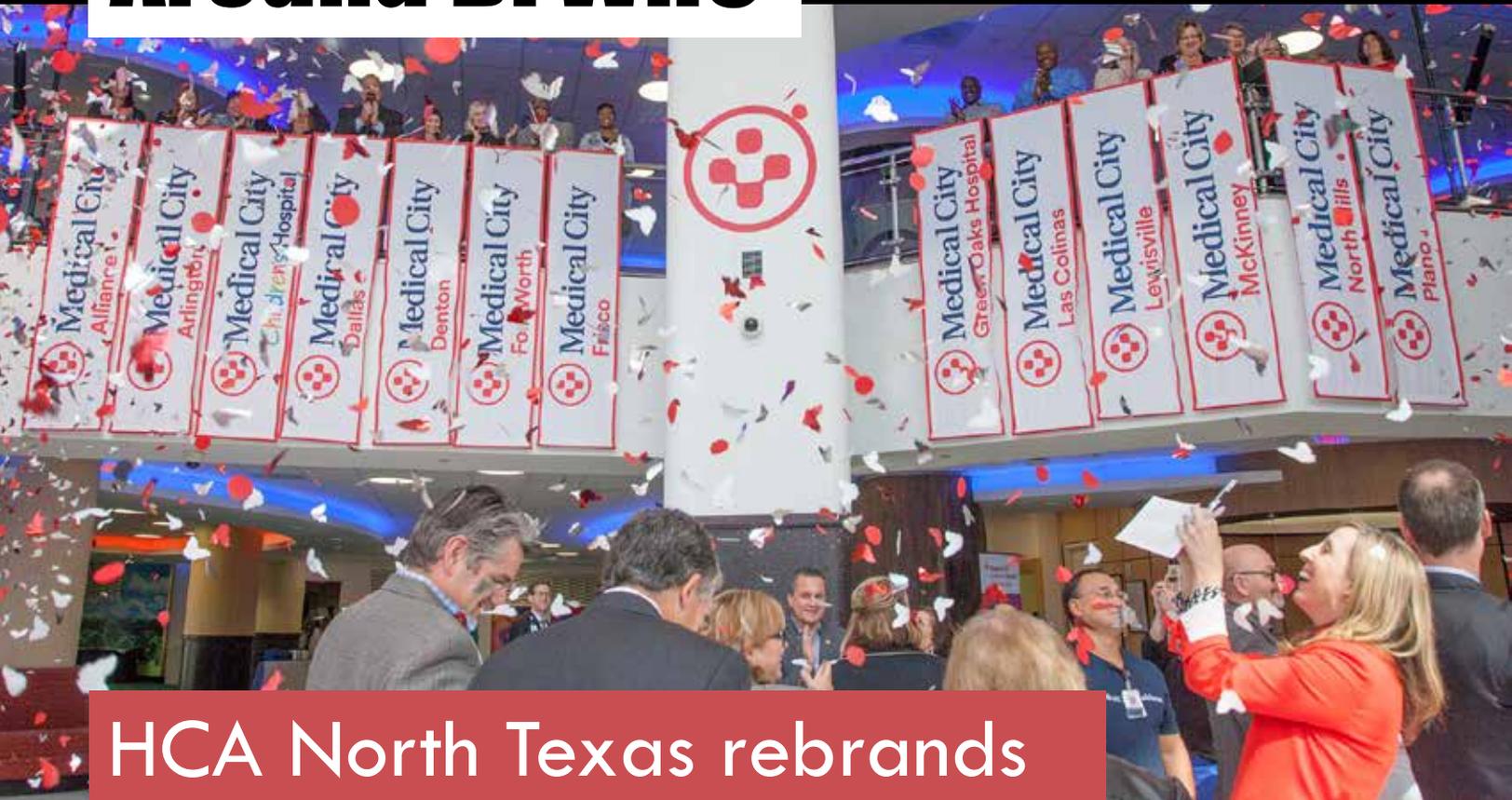
Headquartered in Vancouver, Canada, H-Source is a technology company operating within the healthcare industry through its wholly owned subsidiary, H-Source, Inc. The company developed a transaction platform that provides a private, secure and trusted marketplace for participating hospitals to buy, sell and transfer excess inventory supplies and capital equipment.

"We are so excited to work with the Dallas-Fort Worth Hospital Council and its many North Texas members," said John Kupice, CEO/director of H-Source. "This is a great opportunity to create value and improve supply chain efficiency for hospitals of all sizes in the region."

Through the H-Source platform, hospitals can conduct secure transactions within Integrated Delivery Networks, complete H-Source network or customize their own group hospitals using H-Source's built-in filters. The marketplace network is specifically designed to reduce health care costs and medical product waste. For information, please visit [www.h-source.com](http://www.h-source.com). ■



# Around DFWHC



## HCA North Texas rebrands to Medical City Healthcare

Photo by Medical City Healthcare

### HCA NORTH TEXAS OFFICIALLY ANNOUNCED

a unifying name change to Medical City Healthcare during a reception celebration at Medical City Dallas Hospital on November 18. The market-wide brand reflects the company and its 13 DFW hospitals' shared commitment and investment in the North Texas community.

"Medical City is a trusted name with an immediately recognizable reputation for quality healthcare," says **Erol Akdamar**, president of Medical City Healthcare. "We've always been a family, and now the public and our patients will be able to immediately identify our expansive system of care in their own communities."

The new name became effective immediately after the reception and affects 13 DFW hospitals and seven off-campus hospital ERs. The Medical City Healthcare system also includes 11 ambulatory surgery locations, six children's urgent care centers and the CareNow urgent care network.

A unifying name change coincides with a major capital investment of more than \$1.5 billion over three years. Investments include expansion and improvements to existing

hospitals, new services such as burn and trauma care, upgraded technology, and purchasing two new facilities.

Branding was updated for the following hospitals:

- **Medical City Alliance** (from Medical Center Alliance);
- **Medical City Arlington** (from Medical Center Arlington);
- **Medical City Children's Hospital**;
- **Medical City Dallas**;
- **Medical City Denton** (from Denton Regional Med. Center);
- **Medical City Fort Worth** (from Plaza Medical Center FW);
- **Medical City Frisco**, A Medical City Plano Facility;
- **Medical City Green Oaks** (from Green Oaks Hospital.);
- **Medical City Las Colinas** (from Las Colinas Med. Center);
- **Medical City Lewisville** (from Medical Center of Lewisville);
- **Medical City McKinney** (from Medical Center McKinney);
- **Medical City North Hills** (from North Hills Hospital);
- **Medical City Plano** (from The Medical Center of Plano). ■



The mayors of Mansfield, Arlington, Grand Prairie, Kennedale and Midlothian place their hands in cement to commemorate Methodist Mansfield's anniversary.

Photo by Methodist Health System

# Mayors celebrate Methodist Mansfield's 10th anniversary

**WHEN METHODIST MANSFIELD OPENED** on Dec. 27, 2006, the 88-bed community hospital was Methodist Health System's first health care facility in Tarrant County.

Today, Methodist Mansfield has grown to a 254-bed hospital, offering some of the latest in medical technology and innovative treatments through dozens of specialties.

The hospital recently added four new operating rooms with a focus on neurosurgery and minimally invasive robotic-assisted surgery, as well as award-winning cardiology services at the Amon G. Carter Foundation Heart and Vascular Center.

In these ten years, the hospital has grown and achieved exceptional safety scores, outperformed other hospitals in key quality measures to provide the best patient care, and has become the preferred hospital in the area.

Mansfield city and community leaders were joined in a December 17 ceremony by representatives from across the

region. Joining Mayor David Cook and City Manager Clayton Chandler were the mayors of Arlington, Grand Prairie, Kennedale and Midlothian. The mayors commemorated the event by placing their handprints in cement, which will be displayed at the hospital.

"This hospital has made a significant difference in the lives of our residents," said City Manager Clayton Chandler. "They have saved lives. And we are grateful for the commitment they have made to our community."

"We could not have asked for a better partner than Methodist Mansfield," said Mayor David Cook. "They are not only providing quality healthcare to our residents and to people throughout the region, they are active in our community."

In the past decade, Methodist Mansfield has treated 772,498 total patients, 438,114 in the emergency departments, and delivered 15,136 babies. ■

# Around DFWHC



## Crowd of 200-plus turns out for healthcare executive roundtable

THE FUTURE OF TEXAS HEALTH CARE was on everyone's minds January 6 as a crowd of 200-plus turned out for the North Dallas Chamber of Commerce's annual Health Care Conference at Texas Scottish Rite Hospital for Children in Dallas.

One of the highlights of the event was the Hospital Executive Roundtable including **Erol Akdamar**, president of Medical City Healthcare; **Joel Allison**, president/CEO, of Baylor Scott & White Health; **Barclay Berdan**, CEO of Texas Health Resources; **David T. Berry**, president system clinical operations at Children's Health; **Stephen Mansfield**, president/CEO of Methodist Health System, **Daniel K. Podolsky, MD**, president of UT Southwestern Medical Center; and **Robert Walker**, president/CEO of Texas Scottish Rite Hospital for Children. W. Stephen Love, president/CEO of the DFW Hospital Council (DFWHC) served as roundtable moderator.

**Benjamin Chu, MD**, a CEO of Memorial Hermann Health System in Houston, served as keynote speaker with the presentation "Delivery System Evolution How Far & How Fast for Texas."

**Jack Towsley**, divisional vice president of health care delivery at Blue Cross and Blue Shield of Texas, and **Clive Fields, MD**, co-founder and chief medical officer of Village MD, discussed "Using Innovation to Minimize Health Care Costs."

Bank of America Merrill Lynch was presenting sponsor of the event, with DFHWC serving as a supporting sponsor. ■



## ACA FUTURE

**DFW HOSPITAL COUNCIL PRESIDENT/CEO W. STEPHEN LOVE** was interviewed by KERA News reporter **Lauren Silverman** for her story posted January 11 titled “What Trump’s Administration Could Mean for Health Care Coverage and Cost in Texas.”

With President Donald Trump having recently taken office, changes are expected to take place for the Affordable Care Act which could potentially impact 1.3 million Texas residents.

“The Affordable Care Act has got some issues with it and some problems and even if the Democrats had taken the white house it still needed some refinements,” said Love.

You can read the full post at <http://keranews.org/post/what-trumps-administration-could-mean-health-care-coverage-and-cost-texas>. ■



## New D Healthcare Editor

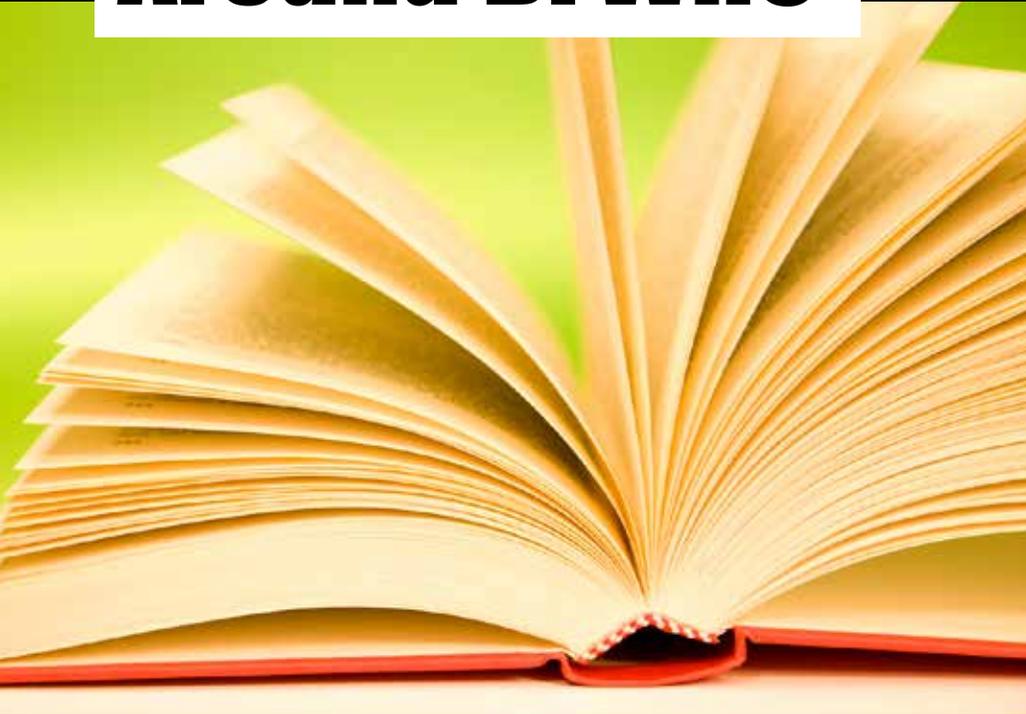
**D CEO HEALTHCARE ANNOUNCED JANUARY 17** a new editor had taken the reins of the online publication. **Olivia Nguyen**, an SMU graduate, *Daily Campus* editor and past D CEO contributor will lead the site into its next iteration, continuing to chronicle local, state and national healthcare developments in North Texas. Former Editor **Matt Goodman** was named online editorial director of D magazine’s website. Olivia was responsible for leading the award winning *Daily Campus*’ shift from print to an online, digital-first structure. Under her leadership, visits to the website more than tripled from 30,000 up to more than 100,000. She’ll take on feature-length topics along with briefs, staying on top of the most recent hires and accolades. She’ll be following the national conversation on healthcare reform and analyzing how the decisions in Washington, D.C. affect the way care is provided in Texas. ■

## Elford named CEO of San Antonio hospital

**ACUITY SPECIALTY HOSPITAL OF SOUTH TEXAS**, a 100 percent employee-owned long term acute care hospital in San Antonio, announced February 1 **Dorothy Elford** was named chief executive officer. Elford was a board member of the DFW Hospital Council for nine years and served as chair in 2006. Serving San Antonio, the Texas Hill Country and the Rio Grande Valley, Acuity Specialty Hospital of South Texas treats medically complex and critically ill patients requiring long term care. ■



# Around DFWHC



## *Lee receives book award*

**THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES** announced the winners of its 2017 Publishing Awards on January 27, with none other than DFW Hospital Council Chair Brett Lee receiving the James A. Hamilton Book of the Year Award. Lee, along with Carson F. Dye, received the award for “The Healthcare Leader’s Guide to Actions, Awareness, and Perception” (Health Administration Press, 2016). Lee is CEO of Baylor Scott & White Medical Center – Lake Pointe. ■

## **Zimmerman named CEO in Arlington**

**KEITH ZIMMERMAN WAS NAMED CHIEF EXECUTIVE OFFICER (CEO)** at Medical City Arlington, effective April 1. Since 2013, Zimmerman has served as CEO at Medical City Children’s Hospital and guided Women and Children’s services for the entire Medical City Healthcare division. He oversaw the development of a \$125 million women’s hospital scheduled to open in 2018 and a 156,000 square foot expansion to the hospital’s Building E tower, which opened in May. Zimmerman has 26 years of healthcare experience and has held multiple operational and business development roles. He holds a Master of Business Administration from Regis University in Denver, along with an undergraduate degree in Business Administration from the University of Louisiana. ■



## *“Growing Little Minds” to continue in 2017*

**NORTH TEXAS HOSPITALS** will continue the “Growing Little Minds” campaign in 2017. The initiative, inspired by an idea from Dallas Mayor Mike Rawlings, was launched in 2016 to encourage new parents to promote their child’s infant brain development. The website, video and social media sites will now be coordinated by a North Texas team made up of representatives from **Children’s Health, Cook Children’s Health Care System, Medical City Children’s Hospital** and **Texas Scottish Rite Hospital for Children**. You can view the website and video at [www.growinglittleminds.com](http://www.growinglittleminds.com). ■

# UT DALLAS EVENT

## AN EDUCATIONAL EVENT

**DETAILING** “Healthcare Policy in the Trump Administration” took place February 6 in the Davidson Auditorium at The University of Texas Dallas, hosted by the school’s Naveen Jindal School of Management. The seminar was highlighted by a panel discussion including **Dr. Michael Burgess** of the Texas U.S. House of Representatives; **Dr. Stephen Mansfield**, president/CEO of Methodist Health System; and **Andrew Coats**, a senior policy advisor of Hall Render. **Dr. Britt Berrett** of UT Dallas served as moderator. Berrett, a former DFW Hospital Council board member, previously coordinated the October 5 event “Healthcare Realignment: The Brave New World.” ■



**Dr. Britt Berrett (l to r), Dr. Michael Burgess, Dr. Stephen Mansfield and Andrew Coats.**

## Experts discuss “Telehealth” at DFW Alliance luncheon



### THE DFW ALLIANCE FOR HEALTHCARE

**EXCELLENCE** hosted the February 9 panel discussion “Future of Telehealth in Texas” at the Brookhaven Country Club in Farmers Branch. Panel members included **Julie Hall-Barrow**, vice president of virtual health and innovation at Children’s Health; **W. Stephen Love**, president/CEO of the DFW Hospital Council; and **Dr. Mari Tietze**, professor at Texas Woman’s University College of Nursing. More than 50 attendees were present to discuss telemedicine, remote home management and mobile health. The DFW Alliance for Healthcare Excellence is a group of individuals and healthcare systems in North Texas interested in understanding and supporting healthcare excellence. The Alliance achieves this through educational and networking luncheons. For more information, contact [events@healthcare-excellence.org](mailto:events@healthcare-excellence.org). ■

# Associate Members

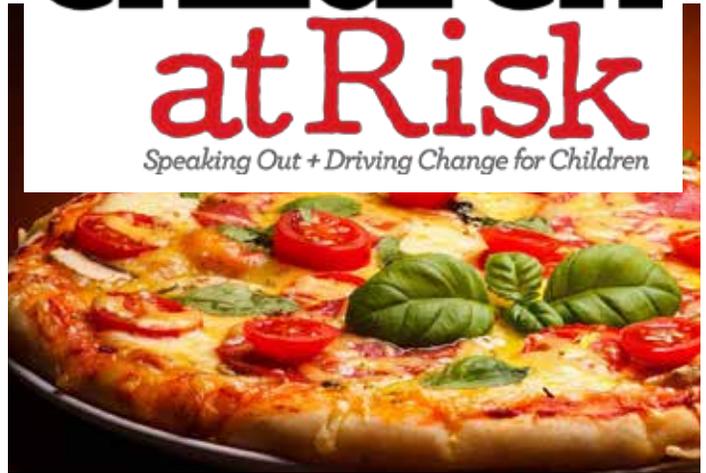


**NEARLY TWO MILLION TEXAS CHILDREN ARE** considered “food insecure,” meaning they have limited access to food and do not know where their next meal will come from. With numbers like these, it is probable you may see children who fit this description in your hospitals and healthcare centers.

*Interlocutor* is publishing articles submitted by Associate Members. This was provided by **Children at Risk**. For guidelines, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).

# children at Risk

Speaking Out + Driving Change for Children



These children may be underweight, underdeveloped or in some cases, even obese. Whatever the reason for their visit, in the past there have been minimal tools, physicians or nurses available to help these scores of hungry children.

Now, through a partnership with the U.S. Department of Agriculture (USDA), hospitals across the country's southern regions can use a "Medical Model" to feed hungry children. This model allows hospitals and clinics to serve fully reimbursable meals, free of charge, to children who walk through their doors.

For many children, going to a hospital or clinic for an appointment or even visiting a loved one, it means missing a meal at school. For those students who qualify for a free or reduced meal, missing a school breakfast or lunch could mean relying on less nutritious foods to fill the gap, or going without a meal entirely. The Medical Model allows hospitals to use federal nutrition programs, similar to those utilized in schools, to provide healthy and nutritious meals to anyone under the age of 18 who is not receiving in-patient care.

Hospitals participating in the Medical Model have great

autonomy when implementing the program. For some hospitals, partnering with a local food bank is the most efficient method of meal preparation and delivery. But for others, keeping the entire program in-house works best. For these hospitals, children often receive a "ticket" for a complimentary cafeteria meal. For others, the food is prepackaged and children take the meal from a designated area. No matter the model, the hospital's primary responsibility is to keep a count of meals served in order to report this number for reimbursement.

This is a program that could truly impact the health and well-being of children throughout the Dallas-Fort Worth area. The U.S. Department of Agriculture and its advocacy partner, Children at Risk, are leading the effort to expand this model across Texas.

For more information, please visit the Children at Risk website, [childrenatrisk.org](http://childrenatrisk.org), and search "Medical Model." You can also contact **Jenny Eyer**, senior policy analyst, at 214-599-0072. Through this program, we can put Texas at the forefront of innovation in the fight against childhood hunger. ■

# Associate Members

## War of the Back Pain



**By Donita Doubet,**  
program manager for  
the Innovative Quality  
Healthcare Collaboration  
of the Dallas-Fort Worth  
Business Group on Health

### *Could lower back pain stop a mission to Mars?*

**BACK PAIN IS A PRIMARY REASON FOR LOST TIME** from work and overall decrease in quality of life for many Americans. Given the broad impact, improving the management of low back pain is on the minds of employees, employers, and providers across the county. It has even become an issue for scientists at NASA where astronauts suffer low back pain at a rate four times higher than the national average. NASA has learned to take low back pain seriously and has commissioned a study through the University of California-San Diego that's being used to determine how to prevent the problem on the upcoming manned mission to Mars.



*Interlocutor* is publishing articles submitted by Associate Members. This was provided by **DFW Business Group on Health**. For info, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).



Whether your pain is caused from overuse or too much exertion during weekend golf or basketball, or sitting in micro-gravity during a space flight, this is a real problem. There is an emerging nationwide curiosity and excitement around improving patient outcomes — as it relates to low back pain — and the Dallas-Fort Worth Business Group on Health (DFWBGH) is at the leading edge of this movement in North Texas.

Representing over 70 employers with 750,000 North Texas employees and dependents, DFWBGH is launching an initiative supporting the movement toward value-based care, through the Innovative Quality Healthcare Collaboration (IQHC).

The preliminary analysis shows the management of nonspecific low back pain is often treated by adopting a 'one-size-fits all' model of care. What's often missed with this kind of thinking is an inability to separate patients who would see results from advice and/or physical therapy to patients needing further diagnosis and more aggressive treatment.

The Collaborative leverages the collective scale of North Texas employers to work alongside suppliers (physicians and health systems) to improve quality, efficiency and patient safety in our community. Since employers are the ultimate purchasers of health, DFWBGH's goal is to work more closely with interested suppliers to redesign the current fragmented process of care and to bring a "Six Sigma" approach rooted in evidence-based treatment guidelines. IQHC wants to recognize those physicians and health systems delivering higher quality care, so they are rewarded for their process improvements and results.

Through this effort, we'll apply research and data to take the very best of existing treatment methods and shape them into targeted approaches and practices that all our employers can use. We want people to be more satisfied with the progress of their care, have less time off work, and improved quality of life.

The more that we can understand the specific techniques to reduce or eliminate pain, heal injuries and delay or avoid expensive, non-needed procedures and be transparent with those tools, the more we can expect better outcomes.

Perhaps we'll get a call from NASA and our work will help them make the first trip to Mars a pain-free expedition. ■



# Associate Members

*Strike a  
balance!*



Generating  
New Revenue  
by Optimizing  
**RISK**

By Brandy Killion,  
SVP, Clinical Performance,  
KPN Health, Inc.

**HEALTHCARE IN THE U.S. IS PLUNGING TOWARD ANOTHER YEAR OF UNCERTAINTY**, revenue compression and ever-increasing mandates for quality measurement. Hospitals have become increasingly focused on striking the balance between maximizing revenue streams and maximizing the quality of care as they continue on the path from Fee-for-Service to Value-Based payments.



Healthcare organizations operating in risk-adjusted environments must ensure they are properly compensated for the appropriate care of their patients. Incomplete, inaccurate and missing codes from patient encounters have long been a focus in revenue cycle management.

What about the negative revenue impact from missing and undiscovered diagnoses? These are areas that directly affect risk scores and risk score improvement is quickly becoming a key component of revenue optimization.

Revenue optimization in hospitals can be driven through many initiatives such as using a defined set of precise analytics, using disciplined standards and optimizing risk. Maximizing revenue streams is only done in a scalable way by applying standardization and focusing on appropriate clinical and financial quality measures that improve risk and subsequently improve reimbursement from relevant payers.

Specifically, the hospital must understand the potential risk score gain available, beginning at the patient level, that can be achieved in order to negotiate increased reimbursements. At the patient level, this begins by identifying missing conditions and erroneous coding which contribute to the current score and which, if properly addressed, will improve the patient's risk adjusted score.

Every organization will be at different stages (listed below) in their journey; Risk Factor adjustment starts to have significant impact in stages 5, 6 and 7. Volume is impacted by becoming the preferred provider for various procedures. As the organization proves its ability to affect risk adjusted factors, it may begin to leverage that ability in its reimbursement rates. Stage 7 shows the organization maximizing all the pieces affecting the Risk Factors and capitalizing on that capability.

I. **Standardize Clinical Quality Metrics** across the

- organization to align with Payers;
2. **Measure and Evaluate Population** to properly identify clinical and non-clinical factors affecting measure compliance and adherence;
3. **Refine and Expand** the program in a continuous improvement process;
4. **Incentivize** all influencers to ensure program adherence;
5. **Drive Volume** through improved Quality and Ranking vs other providers;
6. **Leverage Risk** —ultimate goal— allows for negotiation with payers on bundled payments, increased reimbursement rates, and other full risk revenue models such as Oncology Medical Home, PMPM capitated payments, lump sum payments, etc.);
7. **Maximize Risk** ... RAF score improvement process to maximize reimbursements.

A combination of technologies must be applied to: (i) aggregate patient data across the system; (ii) continually update the analysis of conditions at the patient, provider, location and plan level to identify and quantify opportunities for risk score improvement; and (iii) provide information at the point of care so providers can act on the findings.

Subsequent enhanced reimbursements follow as the organization leverages its ability to quantify and achieve the improvements in risk scores. Provider level, actionable information regarding patient conditions and recommendations for improvement are then required to achieve results.

For more information, please contact **Jennifer Johnston**, communications specialist, at **214-593-6990** or [jennifer.johnston@kpnmp.com](mailto:jennifer.johnston@kpnmp.com). ■

# Associate Members

# WHAT EXECUTIVE RECRUITERS wish they could tell you

**By Donna Padilla,  
Witt/Kieffer**



**TOP SECRET**

# You want the interview to feel more like a meeting than a strained conversation. Creating a dialogue is a shared responsibility.

**WHETHER YOU ARE SEARCHING FOR AN EXECUTIVE POSITION FOR THE FIRST TIME OR NOT**, there are some key points that pertain to any job search. While each situation is unique, common themes and process points tend to surface each time a position is filled. Below is a list of tips that any organization or recruiter wishes you knew before embarking on a search.

**Level of interest:** It is always good to be open to opportunities that cross your desk. Most of the time these opportunities are appropriate for networking rather than acting upon. While you may want to learn more, it is important to weigh your interest against your current professional and personal situation. If you are not making the move alone, don't make the decision alone. Involving family early in the process is critical. Inviting your spouse/partner to visit the location — especially if they are unsure — is also a good idea. Waffling interest and last-minute turndowns are damaging to the search process and, ultimately, your reputation.

**No surprises:** We have all had moments in our careers that we wish we could do over or had handled differently. If there is something in your past — for example, a short career stop you have not included on your resume or something that will show up in a more thorough background check — it is best to bring that to light as early as possible. Your recruiter will be better able to address the situation up front with the organization and advise you on how to discuss it moving forward.

**The interview:** The best advice is to do your homework. Seek feedback from the search consultant on what to anticipate and how to prepare. Ask for and expect to receive direct feedback regarding your presentation. This feedback is not meant to be

critical, but to help with the specific search you are considering as well as for future interviews. When onsite, make sure you are listening as actively as you are presenting yourself. Come prepared with questions. You want the interview to feel more like a meeting than a strained conversation. Creating a dialogue is a shared responsibility.

**The social element:** A social dinner is often a critical step in the final interview process. Remember that you are still a candidate and want to present yourself as engaged and able to interact socially and professionally. While onsite, you may be given a tour of the community and will likely be joined by a realtor and organization host. Both are there to help guide you as well as gauge your interest. Many, if not all, organizations will ask the realtor for feedback on how the tour went. Similar to the dinner, this is an opportunity to show how you come across out of the spotlight.

**The time commitment:** Do not underestimate the time a search will take, especially if you are employed. Typically, searches have several rounds and are almost always held in person and onsite. Make sure your recruiter or the organization is aware of any schedule constraints (e.g., existing vacations or a current location from which traveling is difficult). Strategize early about how you will approach these visits.

**Note:** A longer version of this article is available on the Witt/Kieffer website at <http://www.wittkieffer.com/thought-leadership/Recruiters-Executive-Hiring-Advice>.

**Donna Padilla** (<http://www.wittkieffer.com/executive-search/Donna-M-Padilla/50>) is senior partner and vice chair of the Healthcare practice at the executive search firm Witt/Kieffer. ■

# Associate Members

## YMCA's Community Integrated Health

**Healthcare partnership  
to impact well-being of  
area communities**

**YMCAS, HEALTHCARE PROVIDERS AND OTHER COMMUNITY ORGANIZATIONS** across the country are increasingly finding new ways to collaborate to address the health of their community members.

The "Y" aims to improve the nation's health and well-being by providing programs and activities that promote wellness, reduce the risk for disease and help others reclaim their health. These programs and everything else the Y does are in service of making our communities better. The result is a country that values health and communities that support healthy choices.

### **Community Integrated Health**

Community Integrated Health (<https://yexchange.org/community-integrated-health/Pages/default.aspx>) is the effort to strengthen the linkages between traditional health care and community-based prevention strategies to help individuals prevent, delay or live better with chronic conditions.

Community integrated health:

- Increases access to care;
- Lowers costs;
- Prevents and addresses chronic disease;



- Reduces effects of some social determinants of health.

YMCAs have begun to collaborate with healthcare providers and others in the community on evidenced-based programs. On a national scale, the Y offers programs such as:

- YMCA's Diabetes Prevention Program - a part of the CDC's national prevention effort;
- Livestrong at the YMCA - to help reduce the effects of cancer treatment and improve recovery;
- EnhanceFitness - a program for those living with arthritis;
- Moving for Better Balance.

In 2012, the Dallas Y was one of 17 YMCAs across the country to be selected to participate in a grant from the Centers for Medicare and Medicaid Innovation (CMMI) to study the effects of the YMCAs Diabetes Prevention Program on Medicare

*Interlocutor* publishes articles submitted by Associate Members. This was provided by **YMCA of Metropolitan Dallas**. For info, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).



## THE DALLAS YMCA WAS ONE OF 17 ACROSS THE COUNTRY TO BE SELECTED TO PARTICIPATE IN A GRANT FROM THE CENTERS FOR MEDICARE AND MEDICAID INNOVATION.

recipients. Our Y worked closely with physicians at USMD and other local healthcare providers to implement the program at our various YMCAs over a three-year period.

The program enjoyed enormous success, not only in the Dallas area but also in the other 16 participating YMCAs across the country. Actuaries for CMMI determined that outcomes from the program saved \$2650 per person over a 15-month period. Thus, Secretary Sylvia Mathews Burwell of the USHHS, decided to promote the program to a Medicare benefit beginning in January 2018.

The YMCA of Metropolitan Dallas also collaborates with other healthcare systems on a local level including Children's Health. The Dallas YMCA works with their Population Health department to offer a suite of classes around childhood obesity. "Get Up and Go" is the primary program, and is a physician-referred program for youth at or above the 85th percentile for BMI. The 9-week program involves the entire family and

focuses on developing healthy choices and behaviors. In 2016, we graduated nearly 450 youths at 18 different locations in the Dallas Metro area.

The YMCA of Metropolitan Dallas continues to work with many other community leaders and organizations to help change policy and physical surrounding to bring healthy living within the reach of all people.

Gordon Echtenkamp is the President and CEO of the YMCA of Metropolitan Dallas. The Dallas YMCA Diabetes Prevention Program is in collaboration with the YMCA of the USA and the Center for Disease Control. The Y is one of the nation's leading nonprofits strengthening communities through youth development, healthy living and social responsibility. Anchored in 21 North Texas communities, the Dallas Y has the long-standing relationships and physical presence not just to promise, but to deliver, lasting personal and social change. For more information, please go to [www.ymcadallas.org](http://www.ymcadallas.org). ■



# DFW HOSPITAL COUNCIL

## THE ONLY HOSPITAL COUNCIL IN TEXAS

90 HOSPITAL MEMBERS

70 BUSINESS MEMBERS

47 YEARS OF COLLABORATION



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DALLAS-FORT WORTH  
HOSPITAL COUNCIL

# DFWHC ASSOCIATE MEMBERS

For information, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).

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## Kristin Jenkins

JD, MBA, FACHE

President, DFWHC Foundation  
Senior Vice President, DFWHC

# Foundation's work in 2017

**THE DFW HOSPITAL COUNCIL FOUNDATION IS DEDICATED** to improving health and healthcare in North Texas. We would like our partners to consider us the “go to” resource to support improvement in the region. During 2017, we will highlight strategic initiatives designed to achieve these goals and align with our partners’ visions. We encourage you to call 469-648-5016 or email [kjenkins@dfwhc.org](mailto:kjenkins@dfwhc.org) to ask about these initiatives.

As this is our first 2017 publication, we will outline areas in which the Foundation works with you. Future publications will explain details of our initiatives and the outcomes achieved. We are here to serve you and your team in many ways – we are not just a data aggregation center. Please let us know if you have a need for our assistance at any time!

### Foundation Focus:

- Coordinating care for increased value through our Post-Acute Care Committee and data collection and reporting on Skilled Nursing Facility Performance;
- Improving patient safety through the Hospital Improvement and Innovation Network Education and Data Analysis as a contractor for the American Hospital Association;
- Informing initiatives through “big data” by matching our claims warehouse for 95 percent of the North Texas healthcare market with clinical data registries using the Regional Enterprise Master Patient Index;
- Improving community health by providing 1115 Medicaid Waiver measure support and generating community health needs assessments for partners;
- Informing the region in regulatory compliance through our Regulatory Committee;
- Building the “Workforce of Today and Tomorrow” by providing education in preceptor academies, the Summer Institute and certification training;
- Supporting physician engagement with patient safety, quality and research committees led by physicians;
- Innovation in medicine and population health by supporting North Texas research studies ranging from trauma readmissions to the epidemiology of Parkinson’s disease. ■

### How to contact us

972-717-4279

[info@dfwhcfoundation.org](mailto: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.

### Foundation Trustees

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# Around DFWHC Foundation



## Foundation publishes paper on ED disparities in TPHA Journal

**MORE THAN 65 PERCENT OF EMERGENCY (ED) VISITS** could be treated in an out-patient venue, according to a paper authored by staff members of the DFW Hospital Council (DFWHC) Foundation with assistance from the late **Dr. Ron Anderson** of Parkland Health & Hospital System. Titled “High Frequency Patient Analysis to Identify Disparities Associated with Emergency Department Utilization in Dallas County,” the study was published in the Winter 2017 edition of the *Texas Public Health Journal*.

Staff members contributing to the 11-page report included Dr. Sushma Sharma, Theresa Mendoza and Kristin Jenkins. In addition to Dr. Anderson, in what was the final study he participated in before his death in 2014, additional contributors were Norman Seals, Marshal Isaacs, the Emergency Medical Services Bureau, the Dallas Fire-Rescue Department, UT Southwestern Medical Center and Parkland Health & Hospital System. The *Texas Public Health Journal* is a quarterly publication of the Texas Public Health Association.

The report’s objective was to identify characteristics of ED usage in Dallas County by utilizing out-patient data from 21 hospitals in the DFWHC Foundation’s database. An analysis was made of ED patients utilizing their zip codes and to identify “hot blocks” in the community representing patients with the most

ED visits.

One of the study’s conclusions was 38 percent of the patients visiting the ED had no insurance, which was the highest percentile in Dallas County followed by Medicaid, insured and Medicare patients. The report also revealed patients from high ED-visit zip codes had limited healthcare options with only a single pediatric practice and no additional community healthcare options. There were a number of physician’s offices in the zip codes, but these providers did not accept uninsured patients and only a limited number of Medicaid and Medicare patients.

“These results highlight the need to develop more community-based healthcare venues,” said Dr. Sharma, the director of public and population health research at the DFWHC Foundation. “These venues need to be easily accessible and have extended hours. Equally important, they need to be affordable and culturally involved so individuals feel comfortable visiting these centers and less likely to delay treatment until an emergency condition develops.”

You can read the full report on page 19 of the journal at [http://c.ymcdn.com/sites/www.texaspha.org/resource/resmgr/docs/Journal\\_Files/TPHA\\_Journal\\_Vol\\_69\\_Issue\\_1.pdf](http://c.ymcdn.com/sites/www.texaspha.org/resource/resmgr/docs/Journal_Files/TPHA_Journal_Vol_69_Issue_1.pdf).

For additional information, contact Dr. Sharma at [ssharma@dfwhcfoundation.org](mailto:ssharma@dfwhcfoundation.org). ■



# DON'T STOP BELIEVING

in the Power of You!

**21st Annual  
Employee of the  
Year Luncheon**

**April 21, 2017**

Reception 11:00 a.m.

Luncheon 12:00-2:00 p.m.

**Hurst Conference Center**



**Honoring the best hospital  
employees of North Texas.**

**For information:**

[workforce@dfwhcfoundation.org](mailto:workforce@dfwhcfoundation.org)

[chrisw@dfwhc.org](mailto:chrisw@dfwhc.org)

Benefiting the DFWHC  
Foundation Workforce Center

## THE DFW HOSPITAL COUNCIL FOUNDATION'S 21ST ANNUAL EMPLOYEE OF THE YEAR LUNCHEON

is set for Friday, April 21, 2017 at the Hurst Conference Center. We hope you mark your calendar for this great opportunity to honor hospital employees from across North Texas. Last year, 14 recipients were honored from a pool of more than 100 nominees.

This will be the first time the event is held at the **Hurst Conference Center**, located at 1601 Campus Drive in Hurst, Texas, 76054.

This year's theme is "Don't Stop Believing in the Power of You!" with **Chef Jeff Henderson** serving as keynote speaker. Chef Henderson discovered his passion for cooking in a most unlikely place—prison. Now an award-winning chef, bestselling author and Food Network television star, he is one of the most influential role models in the country. Drawing from his personal journey of redemption—from imprisoned drug dealer to renowned celebrity chef and TV star—he provides audiences with inspiration, real life strategies to help others reboot their dreams and gain a new foothold on the ladder to success.

Chef Jeff is the creator of the Food Network's reality series, *The Chef Jeff Project*, the host of *Family Style with Chef Jeff*, and the star of the popular current series, *Flip My Food with Chef Jeff*.

The bestselling author of two books, his most recent, "If You Can See It, You Can Be It," outlines his 12 street-smart recipes for success, helping readers discover their hidden aptitudes, make life-changing decisions and strive for new levels of personal success. His inspiring life story is being adapted for a major feature film by Will Smith.

For 21 years, the Employee of the Year Luncheon has honored more than 1,000 exceptional hospital employees. The luncheon serves as a salute to the North Texas hospital workforce, a crucial group of employees making a difference in the health of our residents. In the fashion of an awards show, recipients will be announced and come to the stage to receive their honor.

Nominees are separated into four categories including hospitals with 1-99 beds, hospitals with 100-250 beds, hospitals with 251-499 beds and hospitals with more than 500 beds. Two recipients are selected from each category.

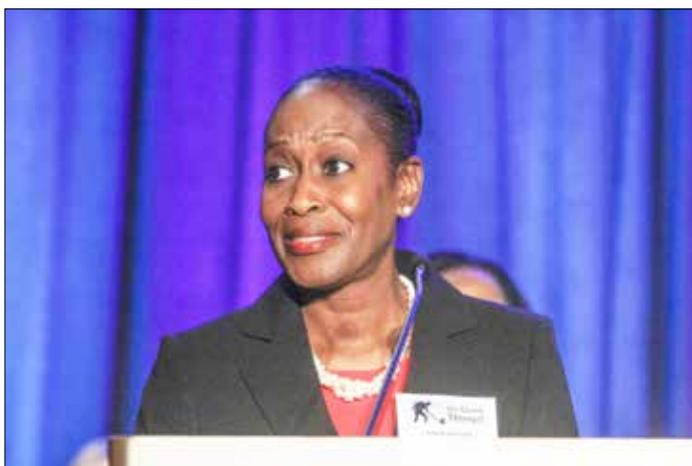
Additional honors include the Community Service Award, the Physician Award, the Hospital System Award, the Volunteer of the Year Award, the Preceptor of the Year Award and the Rex McRae Scholarship.

Nominee forms and sponsor packets have been distributed. They can also be downloaded at <https://dfwhc.org/event/21st-annual-employee-year-luncheon>.

For info, contact [workforce@dfwhcfoundation.org](mailto:workforce@dfwhcfoundation.org), [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org), or call 972-719-4900. ■



**CHEF JEFF HENDERSON**



# Around DFWHC Foundation



## Jenkins moderates TCU health care panel

**DURING A SOLD OUT EVENT DECEMBER 14** at Texas Christian University (TCU) in Fort Worth, DFW Hospital Council Foundation President Kristin Jenkins served as panel moderator for the educational breakfast forum “Transforming Health and Health Care.” The event was hosted by TCU’s Neeley School of Business. The panel included **Barclay Berdan**, CEO of Texas Health Resources; **Stuart Flynn, MD**, Dean of TCU and the University of North Texas Health Science Center School (UNTHSC) of Medicine; and **Bill Thornton**, President of the Fort Worth Chamber of Commerce. Fort Worth Mayor **Betsy Price** was on hand to provide city-wide statistics on the success of the Blue Zone Project Initiative, a community-wide campaign focusing on residents leading healthier lives. John Roach, Dean of TCU’s Neeley School of Business, welcomed attendees. The event was sponsored by TCU’s Health Care MBA Program, TCU and UNTHSC School of Medicine, the HFMA Lone Star Chapter and the TCU Neeley Executive Education. ■



## Preceptor Academy 2017

### THE DFW HOSPITAL COUNCIL FOUNDATION

Workforce Center’s first Preceptor Academy of 2017 was held January 26 at HCA Resource Center in Irving. A sold-out audience of 120-plus attended. Speakers included **Dr. Tony Paterniti**; **Victoria England** of UT Southwestern Medical Center; **Dr. Susan Sheriff** of Texas Woman’s University; **Marci Ayers** of Medical City Healthcare; **Connie Lowry** of UT Arlington College of Nursing; and **Stephanie Knox** of Texas Health Presbyterian Hospital Allen. A second Preceptor Academy is scheduled for February 28 at the same location. For info, contact **Sally Williams** at **972-719-4900** or **workforce@dfwhcfoundation.org**. ■



## Campaign with “Superpowers” takes off

**DID YOU KNOW CERTAIN FRUITS AND VEGETABLES HAVE SUPERPOWERS?** The **Healthy Tarrant County Collaboration** does, and in November it started the communications campaign “Live a More Colorful Life” to inspire residents to add more fruits and vegetables to their daily diet.

As part of the **Plan4Health** grant, the campaign can be seen on 15 bus benches, nine billboards and numerous posters, flyers and banners within the 76105, 76112, and 76119 zip codes. Utilizing DFW Hospital Council (DFWHC) Foundation data, the Collaborative designated the three zip codes as “problem areas” in community with a high prevalence of obesity and diabetes.

In October, Healthy Tarrant County sent a direct mail piece to every household in the three zip codes with details on the campaign in addition to information on “Fruitful Friday” events held in the community.

Healthy Tarrant County also worked with students of **Paul Laurence Dunbar High School** to repaint the exterior of Ramey Market located in the 76105 zip code. The store, which opened December 10, specializes in the sale of fresh fruits and vegetables, in addition to other healthy choices.

The Healthy Tarrant County Collaborative is a partner of the DFWHC Foundation’s Community Health Collaborative, an organization made up of 32 residents with expertise in public health, data analysis and strategic planning. For information, please contact **Dr. Sushma Sharma** at [ssharma@dfwhcfoundation.org](mailto:ssharma@dfwhcfoundation.org). ■



**THE DFW HOSPITAL COUNCIL FOUNDATION RECEIVED** a recognition award from the Centers for Medicare and Medicaid (CMS) for work on **Hospital Engagement Network (HEN)** projects during the CMS Quality Conference, December 13 in Baltimore. **Patti Taylor**, the Foundation’s director of quality and patient safety services, was present to receive the plaque. In 2012, 26 Hospital Engagement Networks were formed by the CMS as part of the Partnership for Patients campaign. The Foundation was a participant. It is estimated the U.S. HENs saved 87,000 lives, decreased patient injuries by more than two million and saved \$19.8 billion in hospital savings. The award was presented by **Dr. Paul McGann, Jean Moody-Williams** and **Dennis Wagner**. ■



## TQI announces dates for annual meetings

**DATE AND LOCATION** for the **Texas Quality Initiative’s** Annual Conference is set for May 11 at UT Southwestern Medical Center (UTSW). The program is from 7:00-11:00 a.m., followed separately by a lunch with **Dr. Jeff Rich**, the director of the Center for Medicare and Medicaid Services. The 8th Annual **Texas Regional Data Managers Network** is May 12-13, also at UTSW. For information, please contact **Cathy Knoff** at [214-535-7811](tel:214-535-7811) or [cknoff@dfwhcfoundation.org](mailto:cknoff@dfwhcfoundation.org). ■

# Around DFWHC Foundation



Danny Davila of GroupOne (l to r), Greg Mangum of United Way of Metropolitan Dallas, Sally Williams of the DFWHC Foundation, Kristin Jenkins of the DFWHC Foundation and Christina Melton Crain of Unlocking Doors.

## Davila provides expertise to Foundation event on hiring employees with records

### AN EDUCATIONAL MEETING EXAMINING THE POSSIBILITIES

of hiring employees with past arrests titled “Seizing Opportunities to Hire Talented Workers with Records” was held January 12 at the offices of the **United Way of Metropolitan Dallas**.

Sponsored by the DFW Hospital Council Foundation and the United Way, the North Texas Healthcare Employer Forum was an opportunity to examine the potential of hiring from a large pool of untapped, qualified workers—people overlooked simply because of a past arrest or conviction record. Such

potential employees now make up nearly one in three U.S. adults.

The National Employment Law Project (NELP) and the Safer Foundation, with support provided by JPMorgan Chase, are partnering to engage healthcare employers around the country in a discussion about the opportunities to recruit and employ people with records. The initiative’s goal is to expand the pipeline of applicants seeking healthcare employment to meet the significant demand for qualified workers.

The forum brought together local healthcare employers to exchange

information. The event featured case studies of employers who have successfully tapped into the workforce of people with records.

Featured speaker was **Michele Sedney**, senior director of central recruitment services with Johns Hopkins Health in Baltimore. **Danny Davila**, executive director of GroupOne, shared local perspective and detailed how to navigate the Texas background check requirements.

For information, please contact **Sally Williams** at [workforce@dfwhcfoundation.org](mailto:workforce@dfwhcfoundation.org). ■

# Group1ne

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## Danny Davila

Executive Director  
GroupOne Services

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### E-mail

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# Measure a candidate's background

## HAVE YOU EVER WONDERED WHAT IS IN THE BACKGROUND REPORT

of people you sit with at meetings? Results may surprise you. As we know, human resource (HR) officials have a difficult job. They must incorporate factors from interviews and consider the need to fill a position with the best candidate. They must also ensure a safe workplace.

I had the privilege of serving as an administrator for 18 years in the workforce development profession. Our agency provided job training and placement to the economically disadvantaged. Thousands of people who fell "between the cracks," dropouts, teenage mothers or former criminals, benefitted from our program. I learned that placing these graduates was challenging due to perception.

Ironically, my next role allowed me to assess candidates with various backgrounds as a recruiter for a health care system. I discovered why we had to be prudent and use safe hiring practices. You have to consider the entire process and not jump to conclusions.

On January 12, I participated in the educational forum "Seizing the Opportunity to Hire Talented Workers with Records." This event provided healthcare employers an overview of programs for hiring candidates with records. My unique role, serving as leader in three distinct industries (workforce development, HR and consumer reporting/background screening) allowed me to speak from each perspective.

Several factors need to be addressed before considering candidates with records. Examine your organization's policies. If you do not take an "individual assessment" of the report, consider using the practice. Consider sourcing candidates from community-based or faith-based groups with job training. Instruct HR on how to read reports to ensure decisions are made with careful consideration - the language can lead to unsubstantiated decisions.

John Hopkins Hospital & Health System presented a successful model at the forum. Utilizing creative sourcing, community resources, strong policies and education, the hospital's HR team has succeeded in recruiting from this untapped pool of workers.

For more information, please visit:

- [www.saferfoundation.org](http://www.saferfoundation.org);
- [www.nelp.org](http://www.nelp.org);
- [www.unlockingdoors.org](http://www.unlockingdoors.org). ■



### GroupOne Services

Created by a board of hospital CEOs in 1989, GroupOne was the nation's first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.



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#### Kim Hines:

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## February participation available for HR Surveys



**FEBRUARY IS SURVEY TIME AT GROUPONE**, with three annual HR surveys conducted from February 1-28.

The annual **Pay Practices Survey** and **Benefit Practices Survey** provide valuable benchmarking data from across Texas. Participation is free and reports are available for \$225 a survey. Survey links were sent to GroupOne clients and other healthcare entities on February 1. Please pass the information on to your HR, Benefits and Compensation teams.

The third survey is the **Annual Vacancy & Turnover Survey** for North Texas. This provides benchmarking information for hospitals and education partners. The survey is usually completed by the employment or nursing department.

All hospitals in North Texas have received a link to participate in this on-line survey. Participants

will receive the Vacancy & Turnover results free of charge.

**PAY PRACTICES SURVEY** – key compensation measures, certification pay, differential and shift pay, call pay, charge and preceptor pay, critical shortage pay plans.

**BENEFITS PRACTICES SURVEY** – time off, retirement plans, medical, dental, vision, prescription plans, wellness programs, short and long term disability, life insurance, tuition assistance, and professional development.

**VACANCY & TURNOVER SURVEY** – (North Texas region only; results free to participants) – vacancy rates for nursing and allied health positions; turnover for staff, nursing and PRN.

To learn how to participate, contact **Stephen Dorso**, director of compensation and benefits, at 469-648-5014 or [stephend@gp1.com](mailto:stephend@gp1.com). ■

By Mark McGraw



## Curtailing Credit Checks

*New bill being considered by the D.C. Council Judiciary Committee*

*Excerpted from the National Association of Professional Background Screeners newsletter*

### **USING JOB CANDIDATES' CREDIT HISTORIES**

as a factor in hiring decisions can be risky business.

Some argue that information uncovered in a credit check could offer clues as to an applicant's likelihood to, say, commit embezzlement or theft. Others contend that performing credit checks unduly affects certain job seekers -- which, in turn, put the company at legal risk as well.

Many employers have acknowledged this dilemma, and some have begun to shy away from performing credit checks as part of the hiring process.

Washington, D.C. recently joined a growing number of cities to pass or at least consider legislation that would

prohibit this practice, with a few exceptions.

Passed by the D.C. Council Judiciary Committee, the Fair Credit in Employment Amendment Act would make credit information a protected trait covered by the D.C. Human Rights Act of 1977. The new bill would, however, permit an employer to check a candidate's credit history if the company had a "credible reason" for doing so, or if local or federal law obligated the employer to perform a credit check.

California, Colorado, Maryland, Nevada and Vermont are among the 11 states (along with the cities of New York and Chicago) to have already passed legislation that curtails the use of credit checks in hiring decisions.

Jeffrey Tanenbaum, a San Francisco-based member of Nixon Peabody's labor and employment practice, has "no doubt" that we'll see that list get longer.

*Laws such as the one proposed in D.C. typically provide for some form of statutory penalties ranging from \$1,000 to \$10,000 per violation.*

“While there are no hard data studies, it seems likely that credit checks disproportionately impact the ability of lower-income applicants and employees to obtain and keep jobs,” says Tanenbaum. “And proponents of such laws can provide powerful individual stories where employment was denied based on a credit check.”

Such anecdotal evidence can drive legislation and regulation, he says, “especially in . . . states and cities where there is an emphasis on protecting applicant and employee access to jobs and privacy.”

All that said, don’t expect to see any such movement at the federal level anytime soon, says Tanenbaum.

“I don’t believe there is any way we will see such law or regulation at the federal level in the near future,” he says, “given the [incoming] Trump administration and the current make-up of Congress.”

Aaron Warshaw, attorney in the New York office of Ogletree Deakins, agrees.

“A national credit check law is very unlikely,” says Warshaw, adding that employers running background checks are typically subject to the Fair Credit Reporting Act, which contains detailed disclosure requirements, and “is a particular hotbed for litigation.”

Still, useful, job-related information can in some cases be gained by looking into candidates’ credit histories, he says.

“Employers might want to run a credit check where credit worthiness is related to a current or potential job,” says Warshaw. “For instance, when an employee is personally responsible for company funds or valuable property, the employer might want to obtain a credit check to help prevent potential theft or embezzlement.”

And, some sectors -- the highly regulated financial industry, for example -- are required by law to perform credit checks on applicants.

While most state and local laws permit credit checks to be used for these purposes, legislatures adopting these credit-check related laws “have stated that they are attempting to prevent perceived overreach, such as

. . . [tying] an employee’s credit worthiness to his or her character,” says Warshaw.

Organizations and HR managers opting to enter credit checks into the hiring equation have other possible pitfalls to consider.

Nancy Puleo, a Boston-based partner in Posternak Blankstein & Lund’s employment law and healthcare practice groups, sees two primary concerns.

The first, she says, is compliance with FCRA, which, as Puleo notes, requires employers to obtain written authorization to run credit reports and provide employees or job applicants with the results -- thus enabling them to dispute information they believe is incorrect.

Often, employers are unaware that they must comply with FCRA when performing a credit check on an employee or candidate for employment,” says Puleo. “FCRA is a federal law that includes a fairly onerous procedure for employers performing credit checks on employees or job candidates.”

Privacy, in terms of limiting access to information obtained from credit reports within the organization, is a potential issue as well, she continues.

“Employers must ensure that only those with a business-related need to know have access to credit report information concerning employees or applicants.”

A failure to comply with credit check-related regulations could come with a hefty cost, adds Warshaw, noting that laws such as the one proposed in D.C. typically provide for some form of statutory penalties ranging from \$1,000 to \$10,000 per violation, while California’s credit-checks laws also provide for an award of attorneys’ fees.

“The best thing that an HR professional can do is stay abreast of the current patchwork of laws and regulations,” says Warshaw. “This is a constantly evolving area for both compliance and litigation. It is far better to know the laws upfront and to adopt a more conservative approach to using credit history information than to learn the hard way when a state or local agency investigation, or a lawsuit, lands on your desk.” ■



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