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Medicaid myths and challenges

THE MEDICAID PROGRAM was originally authorized by Title XIX of the Social Security Act Amendments of 1965, which was signed by President Lyndon B. Johnson. Today, Medicaid covers one in five low-income Americans as the majority of enrollees lack access to affordable health insurance. Each state administers the Medicaid program and must comply with federal standards.

States have flexibility in determining covered populations, covered services, delivery models and reimbursement. They are also guaranteed federal matching dollars for services to beneficiaries, so the Medicaid program is financed jointly by federal and state dollars. Due to this flexibility, Medicaid programs vary greatly from state to state.

People frequently ask me about the Texas uninsured population, which is the highest in the U.S. Why does Medicaid not provide them with coverage? Texas Medicaid healthcare covers pregnant women, children and disabled adults, subject to an income test. Additionally, Texas decided not to expand Medicaid under the Affordable Care Act, so many individuals that could have received coverage do not qualify.

People also ask since the Medicaid budget continues to rise, why don’t we reduce payments? The answer is payments do not cover the cost of the services and many providers, especially physicians, elect not to participate. The Medicaid budget increases due to volume growth of more enrollees every year. If we examined the “per member per month” rate, it would be flat.

We should also remember that the total Medicaid expenditures will exceed $40 billion this year, but the federal government payments cover over 50 percent of that amount. Many people think this number is funded entirely by Texas taxpayers.

Governor Greg Abbott named Courtney Phillips as the new Executive Commissioner for the Texas Health and Human Services Commission. We welcome her and will support efforts to improve the health of all Texans. Additionally, we thank state legislators as they prepare for the 86th Legislative Session which opens in January 2019.

We all want better health, better care and better value for all Texans, but we must work collaboratively to improve coverage. We must reduce the uninsured, budget appropriate Medicaid dollars and preserve the pre-existing protection for beneficiaries.

Through cooperation, we will move the needle in the right direction.
Making a difference in healthcare for over 30 years.
Accenture is proud to support the Dallas-Fort Worth Hospital Council as it advances high quality healthcare in the region.
CHARTING THE COURSE

DALLAS-FORT WORTH HOSPITAL COUNCIL’S 70TH ANNUAL AWARDS LUNCHEON

photos by Jerry McClure

- Charlie Powell (top left);
- Keynote Speaker Alan Simpson (middle left);
- Jyric Sims (lower left);
- Jim L. Turner (above);
- The Dallas Street Choir (next page, top left);
- Scott Peek (next page, top right, l to r), Kyle Armstrong, Brandie Meyer and Nkem Okafor.
BEFORE A NEAR SOLD OUT audience on October 17 at the Arlington Convention Center, the DFW Hospital Council (DFWHC) celebrated its 70th Annual Awards Luncheon before 700-plus attendees.

Recipients included Charlie Powell of Ciera Bank and JPS Health Network with the Distinguished Health Service Award; Jyric Sims of Medical City Fort Worth as the Young Healthcare Executive of the Year; and Jim L. Turner of Baylor Scott & White Health as the Kerney Laday, Sr. Trustee of the Year.

Scott Peek, chair of DFWHC and COO at Baylor University Medical Center, served as Master of Ceremonies. Michael Darrouzet, CEO of the Dallas County Medical Society, provided the invocation while Brian Swift, CEO of the Tarrant County Medical Society, provided the benediction.

Additional honorees included Young Healthcare Executive of the Year nominees Kyle Armstrong of Baylor Scott & White Medical Center McKinney, Brandie Meyer of Texas Health Resources and Nkem Okafor of Methodist Health System.

The event kicked off with the introduction of the chairs of the boards of trustees of all DFWHC-member hospitals, followed by The Dallas Street Choir, a group made up of the homeless, performing the National Anthem.

They were followed by a video created by Agency Creative detailing the history of the Annual Awards Luncheon dating back to 1948.

Keynote Speaker Alan Simpson, the former long-time senator of Wyoming, discussed his 30-plus years in politics in addition to a few “spicy” comments on U.S. fiscal responsibility.

Some of the dignitaries in attendance included:

- Dallas County Judge Clay Jenkins;
- Wylie Mayor Eric Hogue;
- Texas Hospital Association President/CEO Ted Shaw;
- David Pearson of the American Hospital Association;
- former Kerney Laday Award recipient Levi Davis;
- former Distinguished Health Service Award recipients Ruben Esquivel, Clinton Howard and Jerry Gilmore;
- former Boone Powell, Sr. Award recipients Doug Hawthorne and Ron Smith;
- Kerney Laday, Jr. and his wife Marcia;
- and former DFWHC President/CEO John Gavras.

DFWHC would like to thank all sponsors, attendees and trustees for carrying on this tradition to honor quality healthcare in North Texas.
Since 1948...

DFWHC’s historical video on the Annual Awards Luncheon posted online

AN HISTORICAL VIDEO DETAILING THE 70-YEAR HISTORY of the DFW Hospital Council’s (DFWHC) Annual Awards Luncheon, in addition to a brief glance at the history of DFWHC dating back to 1948, is now available online.

DFWHC recruited Agency Creative, the Dallas marketing and advertising agency, in August to produce the film which debuted during DFWHC’s 70th Annual Awards Luncheon on October 17.

Interviews with DFWHC President/CEO W. Stephen Love and former President/CEO John Gavras were included in the film in addition to select footage from past events.

Agency Creative had previously worked with DFWHC on the “Stop C-Diff Now” and “Growing Little Minds” campaigns.

Prior to the film’s production, DFWHC team members sifted through thousands of photographs and videos of past luncheons to put together a workable timeline for the project. Nary a file cabinet went unopened during the process, with photographs discovered from events dating back to the 1950's.

“It was a great effort from the teams at DFWHC and Agency Creative,” said Love. “We were so pleased with the result. There was so much history to cover that we encountered great frustration during the editing process. We wanted to convey the many decades of healthcare collaboration in North Texas, and we hope we were able to accomplish that.”

The video can be found on DFWHC’s YouTube channel at https://youtu.be/-ooAuxb6Q3s.

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8 dfwhc interlocutor
Texas Health Resources congratulates Charlie Powell for receiving the Distinguished Health Service Award from the DFW Hospital Council. Being recognized for excellence in health care is an honor. And it's our great pleasure to congratulate you on a well-deserved award. Thank you for your passion and dedication to the communities we serve.
DFW hospital council president/CEO W. Stephen Love was one of the presenters during the September 25 grand opening of the St. Vincent de Paul Pharmacy in Dallas. The establishment is noted for being the first free pharmacy open to the public in Texas.

Additional presenters included Michael Pazzaglini, executive director of the pharmacy, and Dallas County Judge Clay Jenkins.

“We are here to provide support for our neighbors in need,” said Pazzaglini. “There are over four million people living within the nine-county area served by St. Vincent de Paul of North Texas. You might be surprised that over 700,000 have no health insurance and live in households with incomes less than 200% of the federal poverty line.”

The pharmacy, located at 5750 Pineland Drive, is available to patients following a brief application process and proof of Texas residence. Clients will then be able to gain access to health-sustaining medications like asthma inhalers, insulin and blood pressure medication.

Qualifications for service at the pharmacy include no health insurance, family below 200% of the federal poverty line, residency within the service area and one or more valid prescriptions.

“We are blessed with outstanding employees, generous pharmacists, pharmacist technicians and so many others who donate their precious time to make this pharmacy a reality,” Love said.

For information, please call 469-607-0909.

W. Stephen Love (l to r), Dallas County Judge Clay Jenkins and Michael Pazzaglini.

Young healthcare executives participate in DFWHC classes

The future of North Texas healthcare was at the DFW Hospital Council (DFWHC) offices September 21 for a series of classes detailing hospital government relations and Lean 6 Sigma training. The gathering is a part of DFWHC’s Young Healthcare Executive Cohort, or “YHEC” for short.

The group was created this year by W. Stephen Love, president/CEO of the DFWHC, and Fraser Hay, president of Texas Health Presbyterian Hospital Plano and DFWHC board member.

YHEC is a complimentary DFWHC program to provide education, networking and collaboration to area hospital executives 40 years of age or younger.

An expert panel with David Tesmer, senior vice president of engagement and advocacy at Texas Health Resources; Matt Moore, vice president of government and community relations at Children’s Health; and Corey Davison, vice president at Tenet Healthcare, discussed hospital government relations.

Stephen Griffin, managing partner of Lean Six Sigma, provided a presentation detailing problem solving exercises and business transformation.

“The mission of the DFWHC YHEC is to engage future healthcare leaders and expose them to relevant topics,” Love said. “This is an effort to better prepare these future hospital leaders to collaborate with peers and solve common challenges.”

For information, contact DFWHC at 972-719-4900.
Phillips named CEO at Methodist Dallas

JOHN PHILLIPS was named the new CEO at Methodist Dallas in September after serving at Methodist Mansfield over the past seven years. Phillips takes over for Dr. Martin Koonsman, who has moved up the chain to become the system’s chief medical officer. In Mansfield, Phillips grew the hospital to 254 beds and helped it gain a Level 3 trauma designation as well as a Magnet designation, given to top performing hospitals for nursing. Phillips also serves on the DFW Hospital Council Board of Trustees.

Kamber named CEO at Medical City Weatherford

SEAN KAMBER was named the new CEO of Medical City Weatherford in October. Kamber has been vice president of rural and community outreach for HCA Healthcare’s Gulf Coast Division for the last year and was the chief operating officer at Weatherford Regional for three years. Kamber brings more than 12 years of health care experience to the position, including manager for a urology group, director of operations at Texas Health Resources and assistant administrator at Laredo Medical Center.
DFWHC’s Love moderates panel of healthcare “maestros” during national summit in Dallas

DFW HOSPITAL COUNCIL PRESIDENT/CEO W. Stephen Love moderated a panel of healthcare “maestros” during the Oliver Wyman Health Innovation Summit on November 7 at the Fairmont Dallas Hotel.

The presentation “You Try Running a Hospital,” included Barclay Berdan, CEO of Texas Health Resources, LaVone Arthur, chief strategy officer at Baylor Scott & White Health, and Wright L. Lassiter, III, president/CEO of the Henry Ford Health System. The event was broadcast live on Facebook.

This year’s sixth annual summit was themed “Health Redefined: Breaking Boundaries to Build a Better Way” and included industry leaders discussing a redefinition of national healthcare.

“We would like to thank Barclay Berdan, LaVone Arthur and Wright Lassiter, III for their expert commentary yesterday,” Love said. “It was a great event and I appreciated their pointed comments on the challenges of running hospitals in today’s market.”

The event was taped and will be made available to DFWHC membership.
MORE THAN 90 ATTENDEES participated in the Nov. 1 educational webinar “Robotic Process Automation (RPA) in Healthcare” hosted by the DFW Hospital Council (DFWHC) in coordination with Accenture.

The complimentary event was introduced by DFWHC President/CEO W. Stephen Love, with Carol Durham, an applied intelligence director at Accenture, James MacDougall, a senior director at Blue Prism and Frank Catone, a senior director at Accenture’s Global Intelligent Automation Solutions Team, serving as speakers.

Topics included operational costs, data analytics, compliance, employee productivity, accuracy and customer satisfaction.

The webinar can be viewed on DFWHC’s YouTube channel at https://youtu.be/eObDmqEGO_o.

DFWHC teams with OnPlan Health by Flywire

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) AND ONPLAN HEALTH BY FLYWIRE are pleased to announce a strategic partnership effective immediately. The alliance is expected to benefit North Texas hospitals through a wide range of patient friendly payment solutions provided by the OnPlan Health platform.

OnPlan Health was co-founded by John Talaga and David King in 2014 to help providers address the increasing patient out-of-pocket collection challenges due to the growth in patient responsibility through high deductible health plans (HDHP). OnPlan Health was the industry’s first automated patient engagement and payment plan solution, which pioneered the proactive “offer” and “self-activation” of payment plans based on the way patients’ have paid in the past.

OnPlan Health also provides customers with a fully-integrated suite of patient payment solutions including consolidated statements, online billing and payments, point-of-service payment management, merchant processing services, and security and compliance. Learn more at http://onplanhealth.com.
Medical City Healthcare congratulates Jyric Sims, Medical City Fort Worth CEO, as the recipient of the 2018 Young Healthcare Executive of the Year Award. We are honored to recognize Jyric for his leadership, dedication and commitment to our mission of the care and improvement of human life.

Jyric Sims, FACHE
Dallas-Fort Worth Hospital Council Young Healthcare Executive of the Year Award Winner
Congratulations to Jim L. Turner for being recognized with the Kerney Laday, Sr. Trustee of the Year Award—an honor that reflects his longtime commitment to Baylor Scott & White Health as a board member. He has played an instrumental role in leading Baylor Scott & White during a time of tremendous change in the healthcare industry while also maintaining focus on the organization’s mission to promote the well-being of individuals, families and communities throughout Texas.
IN THE WORKPLACE
Legal Issues for Texas Employers

By Robin Sheridan, JD, MILR of Hall Render, with assistance from Law Clerk Victoire Iradukunda

AT LEAST 30 U.S. STATES AND D.C. HAVE LEGALIZED MARIJUANA in some manner and nine have legalized for recreational use. At the federal level, marijuana remains classified as a Schedule I drug with heroine and LSD.

Caught amongst the evolving state and federal laws, employers are finding themselves left to untangle a mixed bag of contradictory directives. This article will provide an overview of the laws, analyze their impact, and offer practical takeaways for Texas employers.

FEDERAL LAW
The Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (CSA) is the federal law that criminalized marijuana. While multiple challenges have been brought, the Supreme Court has held that the federal government has a right to regulate cannabis, even for medicinal purposes. The CSA granted the federal government, through the Drug Enforcement Agency and the Food and Drug Administration, authority to regulate controlled substances. To achieve this goal, the CSA provides that drugs shall be placed in five categories – Schedule I through V – based upon the determination of the drug’s potential for abuse, medicinal value and risk to public health. Marijuana is listed as Schedule I because the government determined it has a high potential for abuse.

Employers must comply with the American with Disabilities Act (ADA). Certain government funded employers must also comply with the Drug Free Workplace Act (DFWA) and the Federal Omnibus Transportation Employee Testing Act (FOTETA). The ADA prohibits discrimination against individuals with disabilities. The DFWA requires federal contractors to adopt a zero-tolerance policy and comply with strict drug-free requirements. FOTETA requires Department of Transportation (DOT) agencies to implement drug and alcohol testing of employees who hold a “safety-sensitive” position such as truck driving.

Regardless of federal laws, the government has historically taken a relaxed approach and has left the policing to the states. In August 2013, then-U.S. Attorney General James Cole stated that the DOJ would defer to states to address marijuana. However, the waters were muddied in 2018 when current Attorney General Jeff Sessions shifted the federal attitude away from the Obama-era “hands-off” approach and gave prosecutors
This article was submitted by DFWHC Associate Member
Hall Render. For information, please contact Chris Wilson
at chrisw@dfwhc.org.

Free reign to crack down on marijuana. Three months later, Sessions released another memo urging federal prosecutors to “consider every lawful tool,” including the death penalty, when prosecuting drug-related crimes. Regardless of these memos, the state-legalized marijuana industry has not slowed. Markets continue to forecast exponential growths in sales, with Washington projecting $2.3 billion in 2020, and the national market projected to reach $24.5 billion by 2021.

TEXAS LAW

While marijuana remains federally illegal, several states have legalized. The Compassionate Use Act (CUA) of 2015 legalized limited use in Texas. Under the law, patients can use a “low-THC cannabis” to treat diagnosed “intractable epilepsy,” which is defined as “a disorder in which the patient’s seizures have been treated by two or more drugs that have failed to control the seizures.” Low-THC cannabis cannot contain more than 10% cannabidiol or more than 0.5% tetrahydrocannabinol (THC). No other conditions can be lawfully treated. Texas specifically excludes smoking, meaning a physician may not prescribe smoking for ingesting medicinal marijuana.

A 2017 Gallup Poll revealed that 64 percent of Americans support legalization, and efforts are being made to expand medicinal marijuana in Texas. In 2017, House Bill 81 to decriminalize possession of one ounce or less made it into the House. House Bill 2107 was also introduced to allow Texans suffering from terminal cancer and post-traumatic stress to use marijuana. Although neither bill advanced, it is clear legalization is here to stay and it is important for employers to familiarize themselves with common laws. A few questions below.

Can an employer terminate an employee for failing a drug test due to use of recreational marijuana while off duty and off premises?

Historically, courts generally held that an employee could be terminated for failing a drug test due to off-the-clock activities. However, Texas Administrative Law Judge (ALJ) William G. Newchurch veered from this view in 2017. In Texas Education Agency, Educatory Leadership and Quality Division v. Maryam Roland, the ALJ ruled that a teacher shouldn’t be sanctioned after testing positive. Roland failed a drug test after she had consumed an edible marijuana product in Colorado. The Texas Education Agency requested guidance as they considered whether to suspend Roland’s license. The ALJ held that Roland had not violated either law, finding that she consumed the drug in Colorado, where marijuana was legal. The ALJ held that “possession of marijuana is a criminal offense in Texas—but so is gambling.” The ALJ reasoned that the Board should not “find a teacher unworthy to instruct in Texas because she legally gambled in Nevada.” Similarly, the ALJ recommended that the Board should not “find Respondent unworthy to instruct because she legally consumed marijuana in Colorado.” The ruling serves as a warning to carefully consider termination decisions.

Are employers required to make accommodations for employees using medicinal marijuana?

The ADA prohibits employers from discriminating against people with disabilities. However, the ADA does not consider individuals who use illegal drugs to be qualified as disabled, and marijuana is an illegal drug. Similarly, the Texas Labor and Human Resource Codes mirror the ADA with respect to the meaning of “disability.” Therefore, no accommodation would be required for a marijuana user under the state fair employment law at this time.

How does this impact drug test results?

Because the DOT’s Medical Marijuana Notice states that marijuana remains illegal under the CSA, the DOT expects all medical review officers to treat marijuana as a Schedule I illegal drug and issue positive results to tests. However, the employer’s medical review officer should not apply DOT standards to a medicinal marijuana user and should use standard procedures to address the employee’s claim of legality.

Editor’s note: Recommendations in this article are for educational purposes and are not to be construed as actual legal advice. Always consult with a local attorney.

For additional information, contact Mac Stewart (214) 615-2000 or Robin Sheridan at (414) 721-0469.
HUMAN MILK
OLIGOSACCHARIDES

By Heidi Storm,
Clinical Sciences Sr. Manager

Important Immunological Components in mother’s milk

BREASTFEEDING IS THE BEST WAY TO NOURISH AN INFANT, and it is recommended as the sole source of nutrition for infants up to 6 months of age by the American Academy of Pediatrics (AAP). A recognized advantage of human milk is the immunologic support it provides the infant. Much activity has evolved around breastmilk human milk oligosaccharides, or HMOs, the 3rd most abundant solid component of human milk. HMOs are diverse carbohydrates found in breastmilk, and more than 200 different HMOs have been identified. HMOs are involved in the development of the infant’s intestinal tract, brain, and immune system.

As much as 70-80% of the immune system resides as part of the gastrointestinal tract, where HMOs initiate their impact. HMOs help balance the microbiota and have at least three ways of providing immune system support to the infant. One means is via their role as prebiotics, meaning they are utilized as food for specific types of bacteria that are considered beneficial for the infant. A second function of HMOs is their ability to act as decoys against potentially pathogenic microorganisms.
A third mechanism of HMOs is their ability to improve immune cell communication. HMOs influence cytokines, which are proteins secreted by certain cells of the immune system and can help regulate immune and inflammatory responses of other cells. In a study where babies were fed infant formulas with or without an HMO, cytokine levels in the infants fed formula with HMOs were more like those of breastfed infants, compared to infants fed the HMO-free formula.5

Another trial demonstrated that the addition of HMOs to infant formula was associated with fewer reported episodes of bronchitis, fewer lower respiratory tract infections, and less use of antibiotics and medications for fever compared to infants fed formula without an HMO.6

Because of the benefits that HMOs offer via breastmilk, an HMO ingredient has also been introduced into some infant formulas in the U.S. The first HMO selected for infant formula was 2’Fucosyllactose, or 2’FL. 2’FL HMO is a prebiotic oligosaccharide, and the most prevalent human milk oligosaccharide, making up about 30% of all HMOs. Due to its prevalence in human milk and its ability to be produced in a bioequivalent, structurally identical form to the 2’FL in breastmilk, 2’FL HMO, previously mentioned as studied in infant formulas is currently added to some infant formulas in the U.S.5

Breastfeeding remains the best choice for nourishing an infant. For mothers unable to breastfeed, and for those mothers who choose to use infant formula during their infants’ first year of life, formulas with HMO are an option that may provide support to their infants’ developing immune system.

REFERENCES
Charlie Powell: A Living Example of “Distinguished Service”

“Distinguished Service” describes Charlie Powell’s penchant for serving others:

- Chair of Make-A-Wish Foundation Regional Council
- Co-Chair—along with his son James—of the 2013 Tarrant County United Way campaign (the first father-son combination in its then 91-year history)
- Chair of John Peter Smith Health Network
- Recipient of the Distinguished Leadership Award from the Boy Scouts of America
- Recipient of the Leadership & Community Service Award from the Fort Worth Chamber of Commerce

Ciera Bank honors our President and CEO for distinguishing yourself through service to our community. Well done, Charlie!
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After all, patients are people. And people deserve a more unique, personalized approach to healthcare.

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After all, patients are people. And people deserve a more unique, personalized approach to healthcare.

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Getting proactive about preventative care marketing

Healthcare marketing is reactive by nature. People don’t search symptoms until they have them. They don’t think about emergency care until they break something. While marketing to prospective patients in these “need you now” situations is certainly important, in today’s always-on world, it’s only part of the marketing puzzle. Adopting a proactive marketing approach centered around preventative care could be the strategic piece that’s been missing from your marketing mix.

At first blush, focusing on prevention might seem counter-intuitive. Delivering content that helps keep people out of your office or hospital? But looking at it from a 360° view, it makes a lot of sense. People today are actively seeking out ways to live healthier, longer, fuller lives. They want “go-to” resources when it comes to their health and wellness. For some it’s a daily pursuit.

Embracing a proactive preventative care marketing approach builds something that reactive “pain point” marketing can’t always buy: Trust.

Pushing preventative content not only helps build and maintain brand awareness, it builds brand affinity long before a patient needs it. So, when the time comes that they do, the doctors or hospitals they’re going to turn to are the ones that have already proven to genuinely care about their health. This is an over-simplification, but you get the point. Being there for them when they’re healthy means they’re more likely to be looking for you when they’re not.

That, in a nutshell, is the “why.” Now for the how. Digital will obviously be the driving force behind any preventative healthcare marketing strategy, and maximizing social media channels is a good place to start. Just make sure you’re being authentic to your brand and your practice in every piece of content created. Quality content that’s fresh, timely and unique is highly shareable and builds a deeper relationship based on a personalized value exchange.

Embracing a proactive preventative care marketing approach builds something that reactive “pain point” marketing can’t always buy: Trust.

Developing a recurring preventative care blog is a tried-and-true way to build trust with prospective patients. It’s also the most efficient way to optimize organic and paid search.

For more progressive organizations, leveraging AI-enabled tools like voice search and chatbots represent burgeoning opportunities to reach new audiences that the healthcare industry is just scratching the surface of.

At the grassroots level, participating in local events will humanize a brand and make it more approachable. Inviting the community to participate in preventative care activities in a fun and inviting setting will pivot the uncertainty associated with seeing a brand when they feel bad, to the positive association of seeing the brand when they feel good.

Another approach we’ve found success with is encouraging and empowering a healthcare company’s employees to share preventative care information through an employee advocacy program. Employees engage with approved content or create their own and share it with their friends and families, who in turn become part of the conversation around health and wellness. And because they are hearing the message from a friend or family member, they are more likely to engage with the content.

These are just a few of the ways to turn a preventative marketing approach into a powerful, always-on tool for generating new patients. It could also be the very reason why a patient chooses to walk through your doors when the moment counts.

About the author
Mark Wyatt Founder & CEO, Agency Creative
mwyatt@agencycreative.com
HERE’S TO THE CAREGIVERS

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For information, contact Chris Wilson at chrisw@dfwhc.org.

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How to contact us
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info@dfwhcfoundation.org

Details of the Texas State Health Plan

IN NOVEMBER OF EVEN-NUMBERED YEARS, the Texas Statewide Health Coordinating Council (SHCC) updates the Texas State Health Plan and submits their work to the governor. This legally-required plan seeks to ensure health-planning activities and that healthcare is provided in a cost-effective manner. The 2019-2020 update addresses many issues related to access to care and health literacy. The SHCC recommends:

- **Health Literacy:** Legislature should charge an existing committee or council, or create a new entity, to develop a plan to promote health literacy in the state.

- **Clinical Training Sites:** Legislature should charge colleges and universities with health profession programs to develop clinical training site availability. Plans should identify how the programs will incorporate teaching strategies and incentivize the participation of local healthcare.

- **Oral Health:** Legislature and executive branch should continue to support programs to improve rural access to oral health care and seek to maximize outcomes.

- **Trauma System:** Legislature should require the development of report on the adequacy of the state’s trauma hospitals, particularly regarding access to Level I and Level II trauma centers in a timely fashion.


At the DFW Hospital Council (DFWHC) Foundation, we will consider each recommendation in the context of our Workforce Initiative, Community Health Collaborative and our newly formed Health Literacy Collaborative. Our goal is to inform the actions of the legislature, executive branch and advisory committees to bring best practices from North Texas to the forefront of state discussions.

Please take time to review the SHCC report, and if you have an interest in joining our work in the current collaboratives at the DFWHC Foundation, please reach out to me at kjenkins@dfwhcfoundation.org.
THE DFW HOSPITAL COUNCIL FOUNDATION’S SECOND ANNUAL Information and Quality Services Center’s (IQSC) Data Summit was held November 6 at Texas Scottish Rite Hospital for Children in Dallas. Themed “Analytics to Action!”, the all-day seminar attracted more than 130 attendees and included 11 speakers and six presentations.

“We were so impressed by this year’s participation,” said Kristin Jenkins, president of the DFWHC Foundation. “The analysis of healthcare data is the future and this seminar was a great educational opportunity for not only my own staff but the healthcare employees here in North Texas.”

Keynote Speaker Dr. Priya Devapriya of UNT Health Science Center opened the event with the presentation “Analytics to Action!” He was followed by Vikas Chowdhry of the Parkland Center for Clinical Innovation discussing “Show Me the Value!”

A morning panel detailed “Hospital Data in Population Health,” with Alan Moore of Loopback Analytics, Molly Plummer of The Trust for Public Land and Marsha Ingle of Texas Health Resources serving as speakers. Laurie Long of Texas Health Resources served as moderator.

They were followed by the DFWHC Foundation’s own Theresa Mendoza and Greg Shelton discussing the “Past, Present and Future” of the organization. Dr. David Gardner of Texas Woman’s University presented “Diverse Interdisciplinary Research Teams and Secure Access to HIPAA Protected Data.”

Don Smith of United Way Tarrant County and Amanda Robbins of Texas Health Harris Methodist Hospital Fort Worth closed the show with “Strategic Allocation of Community Based Resources through Geomapping.”

The event included abstract poster presentations highlighting the use of hospital discharge data, with more than 15 submissions.

Approved for both Nursing CNEs and HIMSS CEs, the Summit was sponsored by QuadraMed®. Additional sponsors included DataBay Resources, Teknion Data Solutions and Jvion.
Around DFWHC Foundation

**Mental Health First Aid**

*Foundation receives funding to roll out training to 12 North Texas counties*

**With Seven North Texas Counties** having no psychiatric care beds and the number of behavioral care providers throughout the region below national and state levels, the Dallas-Fort Worth Hospital Council (DFWHC) Foundation announced on October 18 it was chosen to receive a Community Mental Health Grant from the Texas Health and Human Services Commission. The funding will support the DFWHC Foundation’s efforts through its North Texas Community Health Collaborative to provide Mental Health First Aid training in 12 rural North Texas counties including Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell and Wise counties.

The troubling numbers on North Texas behavioral healthcare were provided by a Behavioral Health Community Needs Assessment Report released in February by the Community Health Collaborative. The release of the 130-page report was the opening bell of a strategic goal of improving mental health services in the region over the next three years.
“We are honored to receive this grant from the Texas Health and Human Services Commission,” said Kristin Jenkins, president of the DFWHC Foundation. “As the assessment report revealed, the lack of behavioral healthcare in North Texas is troubling. The time to start recognizing and joining together to initiate change for our population is well overdue, and this is where Mental Health First Aid training will play a vital role.”

The Community Health Collaborative announced a commitment earlier this year to train 10,000 lay persons over the next three years in Mental Health First Aid across the 16 counties to also include Dallas, Tarrant, Collin and Denton counties.

“The Community Mental Health Grant will allow us to move forward towards achieving that goal,” said Dr. Sushma Sharma, the director of population health research at the DFWHC Foundation and coordinator of the Community Health Collaborative. “Our key strategy will be to work with trusted local partners such as mental health authorities, churches, law enforcement agencies, first responders, school teachers and community leaders.”

Mental Health First Aid is a public education program that introduces participants to warning signs of mental illnesses and an understanding of their impact. The 8-hour course uses role-playing and simulations to demonstrate how to offer initial help in a crisis and connect persons to the appropriate professional, peer, social, and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses including anxiety, depression, substance use, bipolar disorder, eating disorders and schizophrenia.

Through the program, the Community Health Collaborative will also connect county residents with the behavioral health-related resources. The proposed classes in the 12 rural counties are still being organized and are expected to begin over the next three months.

“Like CPR, Mental Health First Aid prepares participants to interact with a person in crisis and connect that person with help,” Sharma said. “These ‘First Aiders’ do not take on the role of professionals such as providing a diagnosis or counseling. Instead, the program offers them important tools to answer key questions, such as ‘what do I do?’ and ‘where can I find help?’”

The Community Mental Health Grant Program was established by House Bill 13, 85th Legislature, Regular Session, 2017, and authored by Representative Four Price. Fifteen states have made Mental Health First Aid a priority, appropriating state funds including the Texas Health and Human Services Commission awarding $15 million in grant funds to 31 governmental entities and nonprofit organizations across the state.

For information on Mental Health First Aid training in North Texas, please go to www.healthyntexas.org. For recruitment and training schedules, contact the team at MHFANTX@dfwhcfoundation.org. You can also contact Dr. Sharma at ssharma@dfwhcfoundation.org.
Foundations releases CHC Annual Review

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION released an annual review on September 10 detailing the activities of its North Texas Community Health Collaborative (CHC). The report provides information on activities, projects and volunteers over the past year.

The Foundation’s CHC began as a series of meetings between regional health organizations focused on discussing the most urgent needs of its patients. The purpose was to gain an understanding of hospitals’ approaches to community health. Today, the CHC is comprised of healthcare, public health, data analysis, health disparities and strategic planning professionals.


For information, contact Dr. Sushma Sharma at ssharma@dfwhcfoundation.org.

A VIDEO PROMOTING the “Better Skills Better Jobs” project, a grant-funded program to provide patient care technician mentoring and opportunities for advancement, was posted online in October. The video was produced by the United Way of Metropolitan Dallas, who visited the DFW Hospital Council (DFWHC) Foundation offices in August to film interviews with Sally Williams, the director of the DFWHC Foundation Workforce Center. Hospital positions to be promoted in the program include registered nurses, surgical technicians, respiratory therapists, pharmacy technicians and radiologic technologists. You can view the video at https://youtu.be/J4niMW7ThGI. For info, contact workforce@dfwhcfoundation.org.
THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION was present September 20 during the North Texas Trauma Regional Advisory Council’s annual membership meeting at Arlington Convention Center to provide one hour of CME credits to attendees for the presentation “EMS: Ending the Mortality of Sepsis.”

The DFWHC Foundation’s own Sepsis Strike Force Committee enlisted the help of the Coppell Fire Department to develop the new educational class.

“We’ve been working on this project for several months,” said Patti Taylor, director of quality and patient safety at the DFWHC Foundation. “It’s crucial for first responders to begin treatment of sepsis before patients arrive at the hospital. It’s about saving lives, and there is no better place to start than with first responders.”

Baylor Scott & White Health provided the CNEs and the Coppell Fire Department provided the speakers including Kelly Vestal, Brandon Greenberg and Captain Ryan Spencer.

For info, contact ptaylor@dfwhcfoundation.org.

THE DFW HOSPITAL COUNCIL FOUNDATION and the Centers for Medicare and Medicaid Services (CMS) co-hosted the complimentary educational event “Ligature Risk Standards” on October 1 at Texas Scottish Rite Hospital for Children in Dallas.

More than 120 attendees were present for the class intended for healthcare employees unfamiliar with the best practices for spotting ligature risks in the workplace. Representatives from the CMS including Dodje Guioa, the hospital program lead from the Dallas office, served as speakers during the two-hour event.

For information, please contact Patti Taylor at ptaylor@dfwhcfoundation.org.
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Congratulations, Charlie Powell, for receiving DFWHC’s 2018 Distinguished Health Service Award. Your board leadership inspires 6,500 JPS Health Network team members to seek joy and make lives better every day.
Trust the source, but always validate

THE BACKGROUND SCREENING INDUSTRY has access to a vast amount of data. One of the first lessons learned in my human resources (HR) career was that a background report was not the source of a single database, but a collection of information from many agencies. The report consists of five components, including criminal, sanction, employment, education and licensure sources.

**Criminal information** is secured from multi-jurisdictional sources and run against courthouse records. This identifies if the candidate has a criminal record. It’s not unusual for names to be common. We then explore birth date, driver’s license and social security numbers to avoid misidentification. Lawsuits can arise when employers are too quick to report inaccurate criminal results.

**Sanction information** is obtained by using several databases to identify candidates listed by the government. Sources include Medicare, Medicaid, Office of Foreign Assets Control, Drug Enforcement Administration and Office of Inspector General. Matches are then reviewed against other databases for accuracy.

**Employment verification** has evolved, with many employers assigning verification to third-party firms. Otherwise, verification is conducted through HR offices. Verifying the accuracy of the candidate’s and employer’s information can cause delays.

**Education verification** is coordinated through the National Student Clearinghouse. Colleges rarely provide records directly, therefore, the clearinghouse conducts due diligence to ensure accuracy. Confirmation of high school education is more convoluted, with no standard system in place. The difficulty in verifying names used at graduation also extends the time frame.

**Licensure verification** is conducted directly from accreditation sources online, driven by the certification number and date of birth. Licensure verification could provide disbarment or other information that may delay turnaround time.

In summary, there is no one source for information. A common HR observation concerns the length of time to receive reports. In the age of data security and stolen IDs, GroupOne ensures the information is accurate, vetted and confirmed.
A JOB SEEKER CLAIMS fast food giant McDonald’s violates federal law when it conducts background checks on applicants. According to plaintiff Danny O’Neill, he and other job seekers were subject to a background check when they applied with McDonald’s. The McDonald’s background check class action lawsuit claims the fast food company failed to obtain proper authorization in violation of the federal Fair Credit Reporting Act (FCRA). Further, he and other job applicants were not properly notified of the consumer report that the company pulled as part of the application process. The McDonald’s employee class action lawsuit filed in September is seeking damages for alleged violations of the FCRA.

THE OHIO DEPARTMENT OF MEDICAID said in September that all Medicaid providers will be required to undergo a criminal background check to continue providing services. Before July 1, Medicaid providers would bill for their services. The new law dictates they acquire a Medicaid billing number and receive reimbursements. To qualify for this billing number, providers must pass the background check. If one has committed a certain crime, that person may be excluded from being a provider for a number of years, depending on the crime.

ACLU lobbyist Gary Daniels criticized the decision. “This is a big door shutting in those people’s faces,” Daniels said. He said this move is in stark contrast to the stance that the state legislature and Gov. John Kasich have taken on criminal justice reform.

Daniels said this background check is unnecessary and counter to what Kasich and the legislature have been working toward on criminal justice reform. Over the past decade, elected officials have been advocating for changes in the criminal justice system to offer second chances, and this move flies in the face of that progress.
“JUST THE FACTS MA’AM,” as they used to say on a popular TV show. Here at GroupOne Background Screening, that’s exactly what we provide – the facts in a timely manner to support your hiring process. With that in mind, here’s a few facts so you can create a system that works for you.

1. There isn’t one central database for criminal checks
A top misconception about background checks is that there is a single database that includes every record ever filed in the U.S. The truth is criminal records are scattered across thousands of databases.

2. Background checks include multiple checks
Because of the wide variety of criminal records, you will want to run county criminal history checks where your business is based because those checks will have the best odds of turning up red flags. State or multi-jurisdictional checks are also worthwhile.

3. Criminal history is just one part
There are also sex offender registry checks, credit history checks, driving record checks, civil history checks, employment history verification checks, educational verification checks, professional license checks, and more.

4. Reference checks are different
When you contact a reference, you’re asking to hear insights about an applicant from a previous colleague. These checks give you a window into a person’s strengths. Background checks are typically used to check verifiable pieces of information such as criminal history, driving records and employment dates.

5. Social media searches are not background checks
The idea of the “social media background check” has become popular. However, looking up applicants on Facebook does not qualify as a background check. While it is due diligence, it will not protect you from liability.

6. Inaccurate resumes can be identified
Surveys show 60% of employers have discovered inaccurate information on a resume. A good background check can verify this information. At GroupOne, we offer verification checks where we look into the education, employment and professional licenses of an applicant.

7. Background checks are more difficult than you think
Verifying work history is difficult as employers aren’t sure what they can legally say – especially if the comments are negative. Many past employers will not give you much information past the facts such as dates, job titles and salary. GroupOne can obtain more information because there is more anonymity involved in the process.

8. Laws can impact background checks
“Ban the box” laws have increased over the years. Such policies forbid employers from asking about criminal history. These laws can also bar employers from running background checks until they have made conditional offers. It’s always a good idea to research the laws and regulations in your area.

9. You need to get an applicant’s permission
Since background checks are so common, employers make the mistake of thinking they are an expected process. Keep in mind if you run a background check on an applicant, you must ALWAYS get written permission. This permission must be granted in a single, standalone form.

10. Good background checks go beyond hiring
The best background check policies include provisions for ongoing checks of existing and new employees. Running criminal background checks on each of your employees every few years is a smart way to ensure the safety and security of your business.
TREND? California employers to face flood of new #MeToo laws

WRAPPING UP A POSSIBLY TREND-SETTING weekend in September, California Governor Jerry Brown signed several pieces of legislation that will create new employer obligations in sexual harassment and gender discrimination. Specifically, businesses will no longer be able to enter into non-disclosure agreements involving claims of sexual assault, sexual harassment or sex discrimination; will be required to significantly increase sexual harassment prevention training; and will be restricted when attempting to enter into settlement agreements related to harassment claims.

Governor Brown signed legislation that will broadly prohibit non-disclosure clauses in settlement agreements involving sexual assault, sexual harassment or sex discrimination. Known as the STAND (Stand Together Against Non-Disclosure) Act, the new law will take effect on January 1, 2019.

One of the more high-profile targets of the #MeToo movement has been the use of non-disclosure agreements in cases involving sexual harassment. Activists have pointed to examples where so-called “secret settlements” were utilized. Critics argue these clauses serve to keep serious issues secret, allowing perpetrators to victimize other individuals.

For some time, California law has disfavored non-disclosure agreements. For example, California law has prohibited confidential settlement provisions in civil cases for acts that could be prosecuted as a felony sex offense since 2006. Confidentiality provisions are also disfavored under California law in elder abuse cases. With Governor Brown’s signature, the category of settlement agreements in which non-disclosure provisions are prohibited has now been significantly increased.

Sexual Harassment Statistics
EEOC sees numbers explode over past year

THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) released findings in October examining sexual harassment in the workplace over the past year and, in the wake of #MeToo, figures have dramatically increased. The EEOC data presents stark evidence that the movement is not just a passing fad. Among the statistics:

- Sexual harassment charges increased by more than 12 percent;
- Reasonable cause findings increased 23 percent;
- Successful mediation proceedings increased 43 percent;
- Settlements for victims increased to $70 million, a leap of 22 percent;
- EEOC website visits to its sexual harassment page have doubled over the past year.
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Your patients deserve ProPath…
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Established in 1996, M.E.N.D. is a Christian non-profit organization whose mission is to reach out to those who have lost a child to miscarriage, stillbirth or infant death. With chapters in 8 states and growing, M.E.N.D. offers a variety of support groups including a nationwide online group, remembrance ceremonies, complimentary bi-monthly newsletters, and private social media groups.

Events

In 1988, former President Ronald Reagan declared October as Pregnancy and Infant Loss Awareness month. Throughout the year, M.E.N.D. hosts a variety of remembrance ceremonies to commemorate the little lives that have been lost, giving families the opportunity to publicly acknowledge their child. Visit www.mend.org/events to find a remembrance event near you.

Resources

Healthcare providers play a critical role creating a safe and comforting environment when a loss occurs. M.E.N.D. offers various resources for healthcare providers such as complimentary brochures (What I Need to Know Before Leaving the Hospital and Chapter brochures) and staff trainings on how to care for families when a baby dies. Our current training presentations are available for:

- Labor and delivery nurses and doctors
- NICU teams
- Emergency Departments
- Mental Health Providers
- Chaplains
- School Counselors: When Teens Lose a Baby
- Family members caring for loved ones through pregnancy and infant loss

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