



INTERLOCUTOR

FALL 2019

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NEWS FROM THE DFW HOSPITAL COUNCIL

*Spirit
of the
Radio!*



ON AIR

DFWHC and KRLD to host weekly radio
program "The Human Side of Health Care."

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The attorneys of **Hall Render** congratulate today's honorees.

Andy Stern | Distinguished Health Service Award

Kyle Armstrong | Young Healthcare Executive of the Year

Bob Ferguson | Kerney Laday, Sr. Trustee of the Year



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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Let's work together to solve this issue

JOHN F. KENNEDY ONCE SAID, "Children are the world's most valuable resource and its best hope for the future."

You might be surprised to learn that one in nine children in the U.S. live in Texas, a statistic that is most certainly a blessing. The **Georgetown University Health Policy Institute's Center for Children and Families** released a report in October regarding our U.S. children. A key finding was the number of uninsured children has increased by more than 400,000 since 2016, bringing the overall total to more than four million. Sharp increases were noted in six states including Texas.

I was shocked to see 50 percent of the nation's uninsured children reside in Texas, Florida, California, Georgia, Arizona and Ohio, with Texas leading this pack with a tally of 21.5 percent. There are no signs this negative trend will improve.

Texas leads the nation in uninsured residents with 17.7 percent, or five million people. The **Texas Health and Human Services Commission** reported that in 2016, Texas hospitals delivered a staggering \$6.8 billion in uncompensated care. Studies show most uninsured Texas adults are low-income workers, with 40 percent living below the poverty line. According to the **Kaiser Family Foundation**, over half of our residents reported being uninsured for five years or longer. These are not statistics to be proud of. Some industry experts estimate Medicaid expansion in Texas would bring \$100 billion of federal funding to our state over the next decade.

We need immediate strategies for our Medicaid 1115 Waiver. Recent proposals are diligent efforts, but they really only impact current Medicaid recipients, while leaving out many DSRIP beneficiaries who did not qualify for traditional Medicaid. We need to seriously consider Medicaid expansion in Texas for the well-being of the most vulnerable in our society.

We have good, thoughtful people in our state. It's time we have stakeholders, especially our dedicated legislative leaders, sit down and solve this growing uninsured dilemma. Preconceived notions are not necessary. Just a guiding principle of how we must work collaboratively to solve this chronic Texas problem affecting many of our state's children, our most valuable resource and best hope for the future.

I will be glad to convene a meeting here in our conference room to begin this process. Let's work together to solve this problem! ■

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INTERLOCUTOR

EDITORIAL

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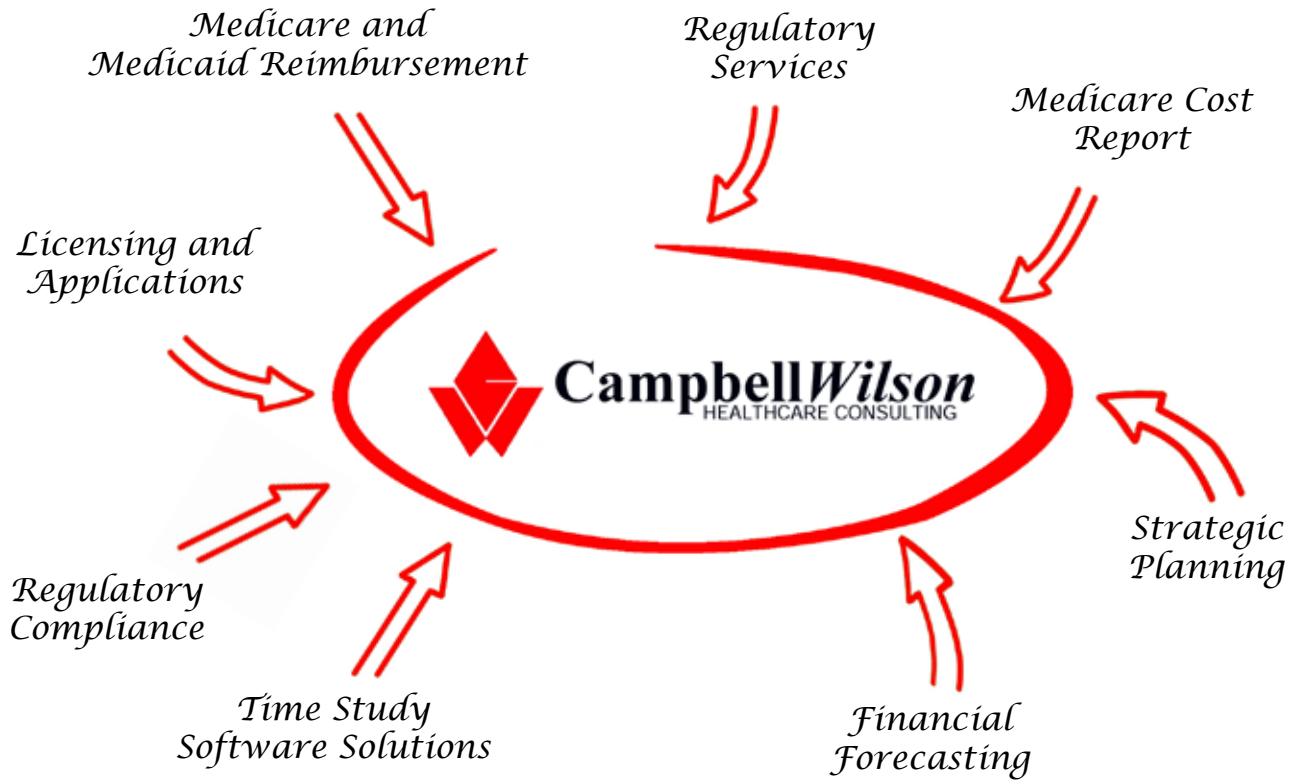
INTERLOCUTOR

1: one who takes part in dialogue

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

Congratulations to Andy Stern, Bob Ferguson and Kyle Armstrong.

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KRLD 1080 AM



***Spirit
of the
Radio!***

DFWHC to host weekly radio program “The Human Side of Health Care”

The DFW Hospital Council (DFWHC) has decided to go “Radio Ga Ga” in 2020 when it will begin hosting the weekly radio program “The Human Side of Healthcare” this January on **KRLD 1080 AM**.



*We want to showcase the work being
done in our hospitals and communities.*



The DFWHC Board of Trustees approved the radio broadcast during its meeting in October. The program, airing Sunday afternoons from 1:00-2:00 p.m. CDT, is expected to showcase the activities of North Texas hospitals. The weekly broadcasts will run for 52 weeks throughout the year.

The idea was inspired by DFWHC's participation in the national broadcast of **"I'm Listening"** on September 8. Sponsored locally by DFWHC, the program was an attempt to inspire community awareness on depression while highlighting National Suicide Prevention Week. Local speakers and national celebrities participated in the live broadcast which aired commercial-free on local Entercom radio stations 100.3 Jack FM, 105.3 The Fan FM, 98.7 K-LUV FM, Alt 103.7 FM, 1080 KRLD AM and 107.5 La Grande FM.

"Our experience with 'I'm Listening' was so positive, we thought it would be a great idea to spread the word on the many projects our North Texas hospitals are working on," said **W. Stephen Love**, president/CEO of DFWHC. "This radio program can certainly touch on such topics as chronic illness, social drivers of health and children's healthcare. The sky's the limit."

KRLD 1080 AM serves the DFW Metroplex and North Texas with a news/talk radio format. It is a Class A station broadcasting at 50,000 watts, the maximum power allowed for American AM stations. It has a listening range covering a 30-county area of North Texas, Central Texas and Oklahoma. It is also broadcast on **Radio.com**, which is heard nationwide.

Love is working with **Thomas Miller**, a broadcast journalist at KRLD, to develop the year's programming. Each one-hour broadcast will include three separate topics.

"We want to showcase the excellent work being done in our hospitals and communities," Love said. "We are working with North Texas hospital executives to determine guests and topics for each program. We are always open to new projects taking place at our hospitals."

Each broadcast will be posted online, with a link distributed to DFWHC's hospital and associate members.

Special guests are expected include hospital executives, mayors, community leaders and representatives of the **American Hospital Association** and the **Texas Hospital Association**.

Your feedback is welcome. For information, please do not hesitate to contact DFWHC at **972-719-4900** or **chrisw@dfwhc.org**. ■

KRLD 1080 AM has a listening range covering a 30-county area of North Texas, Central Texas and Oklahoma.

Dallas-Fort Worth Hospital Council's 71st ANNUAL AWARDS LUNCHEON

REMEMBERING THE PAST **TO SHAPE THE FUTURE**

photos by Jerry McClure



Carl Bernstein (left) and Bob Woodward



Bianca Castro



Kyle Armstrong



Andy Stern



Bob Ferguson



Carrie Barton



W. Stephen Love (l to r), Martin Marshall, II, Michelle Pecenka, Ben Harris, Jason Linscott, Carlie Cohen, Dustin Anthamatten and John Phillips.

BEFORE A NEAR SOLD-OUT AUDIENCE on October 8 at the Irving Convention Center, the DFW Hospital Council (DFWHC) hosted its 71st Annual Awards Luncheon for 700-plus attendees.

Recipients included **Andy Stern** of Medical City Healthcare with the Distinguished Health Service Award; **Kyle Armstrong** of Baylor Scott & White Medical Center – McKinney as the Young Healthcare Executive of the Year; and **Bob Ferguson** of Texas Health Resources as the Kerney Laday, Sr. Trustee of the Year.

John Phillips, chair of DFWHC and president at Methodist Dallas Medical Center, served as Master of Ceremonies. **Michael Darrouzet**, the former 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 **Dustin Anthamatten** of Methodist Charlton Medical Center; **Carlie Cohen** of Children’s Health; **Ben Harris** of Medical City Las Colinas; **Jason Linscott** of Texas Health Presbyterian Hospital Rockwall; **Martin Marshall, II** of UT Southwestern Medical Center; **Michelle Pecenka** of Texas Health Presbyterian Hospital Allen; and **Christopher Rodriguez** of Baylor Scott & White The Heart Hospital – Plano.

The event kicked off with the introduction of the chairs of the boards of trustees of all DFWHC-member hospitals, followed by local singer **Carrie Barton** performing the National Anthem.

Keynote Speakers **Bob Woodward** and **Carl Bernstein**, the former Pulitzer Prize-winning reporters of *The Washington Post* whose work uncovered the Watergate scandal, discussed the 45th anniversary of their book “All the President’s Men” and how the stormy political climate of their era pertains to modern times. Their discussion was moderated by **Bianca Castro**, the NBC DFW Channel 5 reporter and anchor. The trio had a timely discussion on the tenure of **President Donald Trump**, “fake news” and the looming possibility of impeachment proceedings.

DFWHC would like to thank this year’s top Platinum Sponsors **Hall Render** and **CampbellWilson**.

DFWHC would also like to thank all sponsors, attendees and trustees for participating in this tradition to honor quality healthcare in North Texas. ■

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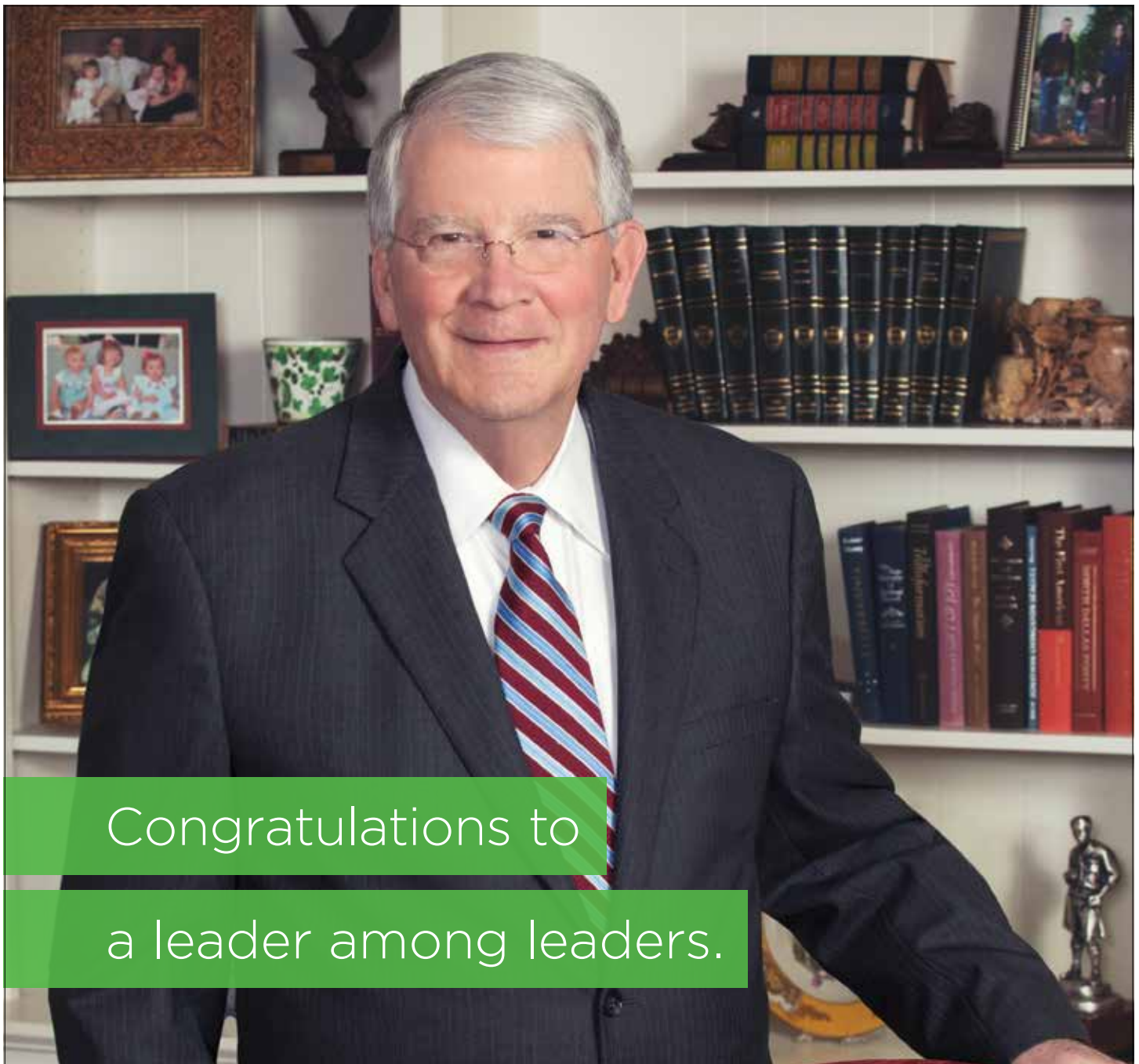
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Texas Health congratulates **John R. “Bob” Ferguson III** for being named 2019 Kerney Laday, Sr. Trustee of the Year by the Dallas-Fort Worth Hospital Council. It’s our honor to see his exceptional leadership in health care recognized, including 20 years as a board member with Texas Health. Thank you, Bob, for your passion and dedication to the communities we serve.

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Andy Stern

Chair, Medical City Healthcare Board of Directors

Recipient of the Dallas-Fort Worth Hospital Council's

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In Memoriam



T. Boone Pickens at DFWHC's 2012 Annual Awards Luncheon.

T. Boone Pickens: 1928-2019

Energy executive and healthcare contributor

T. BOONE PICKENS, energy executive, philanthropist, Oklahoma State University (OSU) supporter and one of the country's most famous entrepreneurs, died peacefully September 11 of natural causes in Dallas. He was 91.

Pickens had an energy career that went from laborer to tycoon, building one of the largest independent oil companies in the U.S. Among his accolades, *Oil and Gas Investor* listed him as one of the "100 Most Influential People of the Century."

The breadth of his philanthropy — \$1 billion — included medical research and academic projects. In 2006, his charitable activities established the T. Boone Pickens Foundation, focused on improving lives through grants supporting education, health and medical research, corporate wellness and at-risk youth. Because of his charitable work, he was awarded the DFW Hospital Council's Distinguished Health Service Award in 2012.

Born in Holdenville in eastern Oklahoma, Pickens spent his adult years as a resident of Dallas and his Mesa Vista Ranch in the Panhandle.

Pickens wasn't a billionaire when he died, with his last reported net worth standing at a \$500 million. That's because he'd given away more than \$1 billion to philanthropic and educational causes.

Over the years, the largest chunk of Pickens' philanthropy — \$652 million — was bestowed to OSU, evenly divided between academics and athletics at Stillwater. He earned a degree in geology at OSU (then Oklahoma A&M) in 1951.

Today, Pickens' name is on more than a dozen buildings and facilities in North Texas, including the biomedical building at UT Southwestern Medical Center, Texas Woman's University's Institute of Health Sciences-Dallas Center and Baylor Scott & White Health's cancer center.

Pickens was married five times, with five children: Deborah Pickens Stovall, Pam Pickens, Michael Pickens, Tom Pickens and Liz Pickens Cordia; 11 grandchildren; and three great-grandchildren. Pickens was buried at Karsten Creek Golf Club, home to the OSU golf team. ■

Around DFWHC

DFWHC sponsors “I’m Listening” broadcast

FOR THE SECOND STRAIGHT YEAR, the Dallas-Fort Worth Hospital Council (DFWHC) sponsored the two-hour radio broadcast “**I’m Listening**,” a program that inspires community awareness on depression while highlighting the start of **National Suicide Prevention Week**. The event aired September 8 and was a continuation of DFWHC’s mental health efforts in the community.

The live broadcast aired commercial-free from 7:00 a.m. – 9:00 a.m. on local Entercom radio stations 100.3 Jack FM, 105.3 The Fan FM, 98.7 K-LUV FM, Alt 103.7 FM, 1080 KRLD AM and 107.5 La Grande FM.

“DFWHC wants to remove the stigma of seeking help for behavioral health and substance use disorders,” said **W. Stephen Love**, president/CEO of DFWHC. “The program included local medical professionals who shared their personal stories and resources. Our goal is to create awareness and ultimately save lives.”

Local hospital employees were recruited to tape personal messages for the radio broadcast including:

- **Sue Schell**, vice president and clinical director of behavioral health at Children’s Health;
- **Candace Thompson**, community outreach manager at Baylor Scott & White Health;



Julie Wright (left) and Jenny Esparza

- **Sherry Cusumano**, executive director of community education at Medical City Green Oaks Hospital;
- **Jenny Esparza**, lead social worker in the Psychiatric Emergency Department at Parkland Health & Hospital System;
- **Julie Wright**, community impact program manager at Texas Health Resources.

For information about the campaign, please visit ImListening.org. ■

Local **State of Reform** conference attracts 300-plus



Senator Nathan Johnson (l to r), Charles Smith, Christian Puff and W. Stephen Love.

STATE OF REFORM MADE IT’S first-ever appearance in North Texas on September 12 at the Irving Convention Center attracting more than 300 attendees to its Health Policy Conference.

The day-long event convened leaders from across 12

different silos including health plans, hospitals, provider groups, state agency leaders, elected officials, mental health, pharma, health IT, professional services, HR/employee benefits, public health, and local government.

The conference opened with conversations with **Dr. Fred Cerise**, CEO of Parkland Health & Hospital System; **Fred Schuster**, regional director of the U.S. Department of Health and Human Services; and Dallas County **Judge Clay Jenkins**.

An afternoon panel detailing “The Future of Texas Health Care” included **Senator Nathan Johnson**; **Charles Smith**, former commissioner of Texas Health and Human Services; and **Christian Puff**, an attorney at Hall Render. DFW Hospital Council (DFWHC) President/CEO **W. Stephen Love** served as moderator.

DJ Wilson, president/CEO of State of Reform, served as host throughout the day. ■



JON R. ROTH

Roth named CEO of Dallas County Medical Society

THE DALLAS COUNTY MEDICAL SOCIETY (DCMS) announced on October 24 that **Jon R. Roth, MS, CAE**, was selected as its new executive vice president and chief executive officer. Roth will become just the fourth executive vice president in the 143-year history of DCMS.

Roth replaces former DCMS CEO **Michael Darrouzet**, who stepped down after 21 years to serve as the new CEO of the Texas Medical Association in Austin.

A native of Colorado, Roth earned his bachelor's degree from the University of Northern Colorado, in Greeley, CO and his master's degree at the University of San Francisco. He also achieved the Certified Association

Executive credential from the American Society of Association Executives. Roth has served as president in the National Alliance of State Pharmacy Associations and California Society of Association Executives.

Roth has an extensive background in healthcare association management, having served most recently as CEO for the **California Pharmacists Association (CPhA)**. His advocacy work was recognized nationally, and his communications skills allowed for the successful transition of the CPhA's quarterly magazine publication to a nationally distributed, scientific peer-reviewed journal.

Roth will start his new role early in 2020. ■

AMG and Mercer educational webinars posted online

THE DFW HOSPITAL COUNCIL (DFWHC) educational webinars hosted with **AMG Equipment** and **Mercer** are now available online.

DFWHC and AMG presented "**Surgical Spotlight: Illuminating the Business of Surgery**" on August 22 with **Blake Stock**, director of product management at **ORHub, Inc.**, serving as speaker. Blake discussed how cloud-based data analytics can help Perioperative leadership. The webinar can be found at <https://www.youtube.com/watch?v=jpMjLHZri3A&feature=youtu.be>.

DFWHC and Mercer hosted "**Enterprise Risk Modeling for Health Care Systems**" on August 28 with **Chris Grimm**, principal and senior investment consultant at Mercer, serving as speaker. Chris discussed a powerful new tool that could assist health care systems in the allocation of capital resources. The webinar can be found at <https://www.youtube.com/watch?v=g27ErdcX8ks&feature=youtu.be>.

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



Around DFWHC

DFWHC and Hall Render educational series concludes



Brian Neale (l to r), Senator Nathan Johnson, W. Stephen Love and Tim Kennedy.

THE DFW HOSPITAL COUNCIL (DFWHC) and **Hall Render** complimentary educational event **“Coverage Expansion and Medicaid Waivers”** attracted more than 50 attendees on November 5 at Texas Scottish Rite Hospital for Children in Dallas.

The event was notable as DFWHC flew in a pair of prominent national speakers from Indiana to discuss Medicaid 1115 waivers.

The breakfast seminar was highlighted by **Brian Neale**, an independent consultant who has worked with **Vice President Mike Pence** as a legislative director and advisor on Medicaid expansion in Indiana. Neale is also the former deputy administrator and director of Medicaid and CHIP at the Centers for Medicare and Medicaid Services (CMS).

He was joined by **Tim Kennedy**, a shareholder at Hall Render with extensive experience in healthcare law who assisted the state of Indiana in developing its Section 1115 coverage expansion.

“We were so pleased with the turnout and it was a great conversation on Medicaid 1115 waivers,” said **W. Stephen Love**, president/CEO of DFWHC. “It’s important for healthcare and community leaders of Texas to hear a national perspective and current trends on this issue.”

Attendees included state senators, state

representatives and a regional director for the U.S. Department of Health and Human Services.

Topics included coverage gaps, former Indiana Governor’s Spence’s work on expansion and political discussions during the process. An overall look at U.S. Medicaid expansion was also provided.

The DFWHC and Hall Render educational webinar **“Surprise Billing and Transparency Mandates: What They Might Mean for Providers”** originally hosted on Thursday, October 17 has also been posted online. This “hot topic by demand” event was requested by area providers.

With at least 25 states implementing measures and Congress now pursuing a legislative fix to address surprise billing, new measures are on the horizon that could significantly impact providers. During the webinar, speakers detailed the status of federal and state law and what it means for healthcare providers.

The Hall Render panel included **Amy Mackin**, **Lisa Lucido**, **Abby Kaericher** and **Mike Greer**.

The webinar can be found at <https://www.youtube.com/watch?v=Bd5JY5n0UbY>.

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

CONGRATULATIONS

Andy Stern

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Associate Members



Modernizing the Stark Law Framework

**CMS makes
“value” the
centerpiece**

ON OCTOBER 9, 2019, the Centers for Medicare & Medicaid Services (CMS) released an anticipated proposed rule (Proposed Rule) aimed at modernizing Federal Stark Regulations.

The Proposed Rule is one component of the Department of Health and Human Services (HHS) recently launched “Regulatory Sprint to Coordinated Care” and is intended to provide flexibility to providers as they face the transition from volume to value.

CMS previously published a Request for Information (RFI) that sought input on how to address regulatory barriers posed by the Stark Law. Many stakeholders inquired about the need for new Stark regulatory exceptions to protect value-based arrangements. Others sought clarifications to Stark Law

compliance, notably the standards of fair market value, commercial reasonableness and the Stark Law’s prohibition on “taking into account” the volume/value of referrals.

New Value-Based Exceptions

CMS proposed three exceptions intended to encourage physicians and providers to enter into arrangements that facilitate a “value-based purpose” for delivery and payment. The Proposed Rule states that “value-based purpose” means:

- Coordinating and managing the care of a target patient population;
- Improving quality of care;
- Reducing costs to, or growth in expenditures of, payors without reducing quality;
- Transitioning from delivery and payment mechanisms based on

volume to mechanisms based on quality and control of costs.

Proposed exceptions would protect arrangements that satisfy requirements based on characteristics and the level of financial risk undertaken, including:

- A value-based enterprise has assumed financial risk from a payor for patient care;
- A physician has meaningful financial risk.

“Value-based enterprise” is defined by two or more entities collaborating to achieve a value-based purpose with documentation prescribing the enterprise. “Target patient population” means an identified population selected by a value-based enterprise based on advance criteria.

The proposed value-based exceptions would not have a fair market value requirement or a prohibition on “taking into account” the volume/value of a physician’s referrals. According to CMS, value-based arrangements already have safeguards against harms such as overutilization. Instead of including traditional requirements, CMS is proposing a “carefully woven fabric of safeguards, including requirements incorporated through the value-based definitions.”

Other Proposals

The Proposed Rule included other additions:

- Exceptions for arrangements where an entity pays a physician less than \$3,500 a year in exchange for services. This exception would not have a signature or set-in-advance requirement but would require compensation is consistent with fair market value with terms commercially reasonable. CMS said it developed this exception in response to numerous nonabusive self-disclosures involving nominal amounts of remuneration.
- CMS proposes to broaden the definition of “electronic health record” for current donation exception as well as add a new exception to protect arrangements with physicians for donations of cybersecurity technology.
- CMS proposes to expand the 90-day grace period for signatures on written arrangements to also include a 90-day grace period for the document. Parties would still be required to comply with all other elements.

New Guidance and Clarifications

The Proposed Rule provides guidance on three Stark Law requirements, fair market value, commercial reasonableness and the prohibition on “taking into account” the volume/value of a physician’s referrals:

- **Fair Market Value** – CMS revisited the fair market value standard and confirmed it is separate from the volume/value. CMS proposed revising the definition to eliminate cross-references to the volume/value standard. CMS also proposed reorganizing the definition into three components (i.e., general application, equipment rentals) to achieve clarity.
- **Commercial Reasonableness** – CMS addressed a

misconception about its position on the nexus between commercial reasonableness and profitability. CMS proposed the following definition to clarify commercial reasonableness:

Commercially reasonable means that the arrangement furthers a legitimate business purpose of the parties and is on similar terms and conditions as like arrangements. An arrangement may be commercially reasonable even if it does not result in profit.

This proposed change corresponds to the view under Anti-Kickback analysis that the concept of commercially reasonable should be analogous to a purpose-driven arrangement serving a legitimate need.

- **The Volume or Value Standard** – In the Proposed Rule, CMS proposes a standard regarding two circumstances where compensation is considered to “take into account” the volume/value of referrals. First, the standard is violated if the formula to calculate compensation includes physician referrals to an entity as a variable, resulting in an increase or decrease of compensation that positively correlates with the value of the physician’s referrals to the entity. Second, the standard would be violated if there is a predetermined, direct correlation between a physician’s referrals to an entity and the prospective rate of compensation to be paid over the duration of the arrangement for which compensation is determined.

Practical Takeaways

The Proposed Rule outlines CMS’s intention to modernize the Stark Law framework. Please note, the Proposed Rule is not final. Comments must be received by CMS by **December 31, 2019**.

If you would like more information, please contact:

- **Gregg Wallander**, 317-977-1431, gwall@hallrender.com;
- **Joseph Wolfe**, 414-721-0482, jwolfe@hallrender.com;
- **Keith Dugger**, 214-615-2051, kdugger@hallrender.com;
- **Alyssa James**, 317-429-3640, ajames@hallrender.com;
- Your regular Hall Render attorney. ■



Associate Members

TAPPING SDOH DATA

to gain a picture of one's needs

By Andy Aroditis,
CEO, NextGate

ACCESS TO A COMPLETE PICTURE of one's health is key to enhanced clinical decision-making, coordination of care, patient safety, administrative efficiencies and patient-provider satisfaction. This requires tapping into data outside the four walls of traditional healthcare settings. Because the health of individuals is heavily influenced by socioeconomic and behavioral forces, collating a comprehensive view of one's needs is critical to achieving value-driven, community-based outcomes.



Referred to as **Social Determinates of Health (SDOH)**, providers can harness meaningful insights into the well-being of their patient populations to deliver high-quality care, while minimizing risk. Social factors are considered to be so impactful because only about 20% of health outcomes are determined by clinical care. The remaining 80% is determined by non-clinical factors, most of which are influenced by geography and socioeconomic conditions. This explains why communities with poor overall health status can actually overshadow a thriving health care system that surrounds it.

As such, healthcare executives are increasingly looking for tools that extend out into non-clinical or traditional settings to assemble a longitudinal view of the patient. Progressive healthcare executives—tired of EHR systems that only provide a limited assessment of one’s needs—are leveraging patient matching technology as a strategic advantage to integrate SDOH data more quickly and efficiency.

Complementing extensive clinical data with SDOH will allow care managers to make more informed decisions and apply data-rich insights into a patient’s treatment plan.

INTEROPERABILITY AND PATIENT MATCHING

Deploying analytics tools to social needs data is showing signs of promise, particularly as organizations seek to reduce the likelihood of readmissions. When screening for social needs is combined with one’s medical record, this critical data can be more readily collected, stored, accessed, and put to use across many settings and locations.

Tools that offer reliable patient ID matching and medical record management, facilitate the ability to track individuals uniquely across a diverse set of systems and facilities to enable a clear and holistic view of a given patient and promote a more consistent patient experience. This important step in meeting social needs gives providers the opportunity to find potential gaps in care by seeing the entirety of a patient’s medical history.

Incorporating SDOH data into electronic medical records with use of patient matching technology can help organizations identify at-risk individuals and reduce readmissions among its vulnerable populations.

In fact, a study last year conducted by Connance



found social determinants of health contributed to more than 50% of hospital readmissions. By tracking individuals across disparate clinics and public health agencies, health IT leaders can leverage such data as reading level and water purity into their care services.

PUTTING SDOH DATA INTO ACTION

Screening and intervention are logical steps in assessing social determinants but knowing how to put this data to use remains a challenge. So far, solutions have been mainly focused on intervention and engagement with limited to moderate success and no guarantee of a return on investment. Until more innovative solutions or partnership opportunities emerge, reliable patient matching and interoperability tools will be an imperative foundation to painting a more complete picture of an individual and offering insight into their ability to benefit from specific care plans.

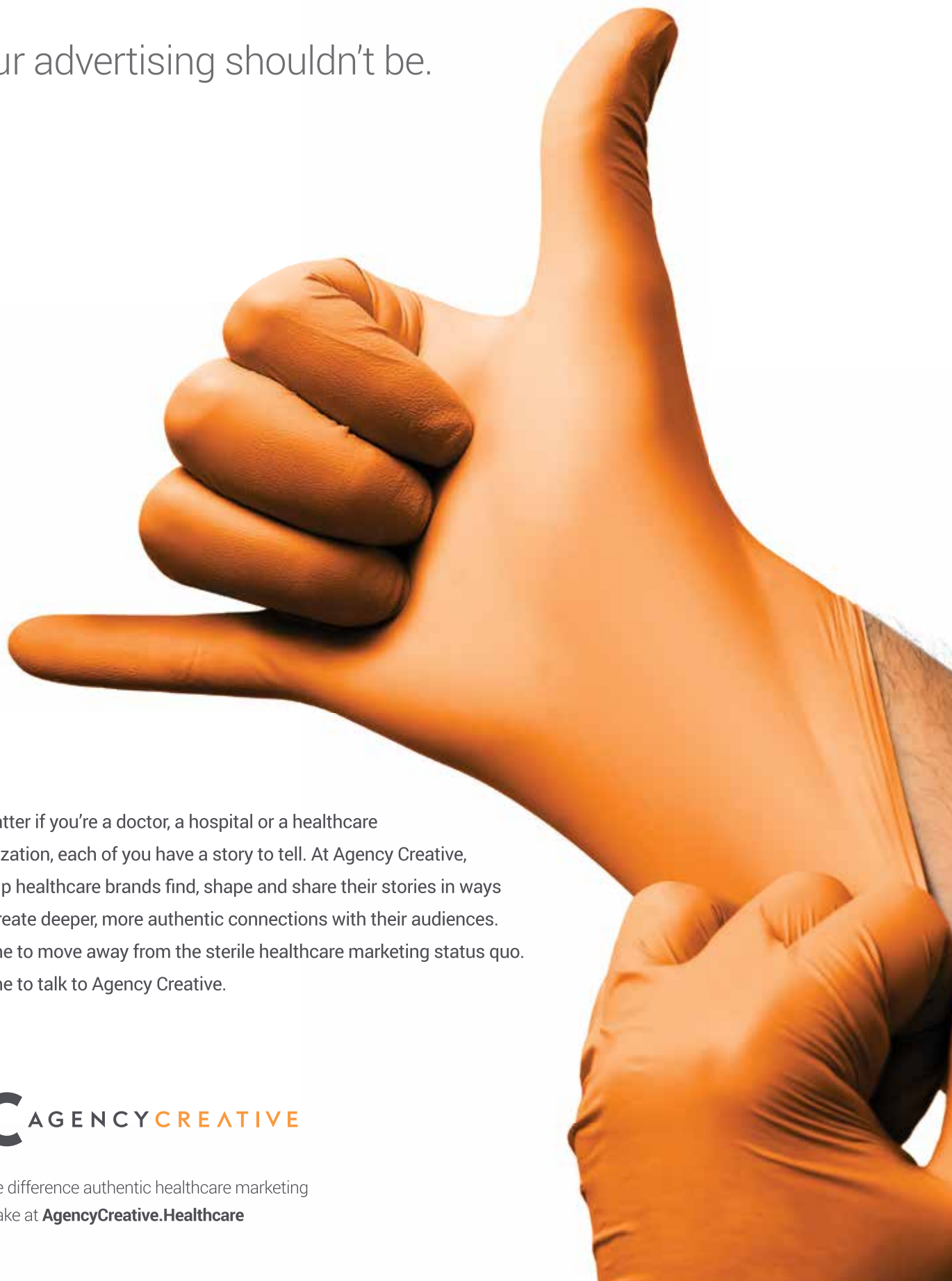
Gaining access to complete and accurate patient data that flows freely across boundaries will be catalyst for improving community health and well-being, as well as a key factor in helping individuals overcome the socioeconomic barriers that place their health at risk.

With a greater understanding of the significant impact of social determinants, providers can begin to implement tools and strategies that incorporate these factors for better patient engagement and outcomes, reduced cost and duplication of services, and enhanced clinical decision-making and coordination of care. ■

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Well good news, you can. In today’s world of digital technologies, there are innovative ways to track most, if not all, of your marketing programs and tactics. This includes both traditional and digital advertising. Everything from outdoor, direct mail, trade shows, print, and radio to all digital advertising in addition to email, SEO, PPC, content and social.

In the last ten years, a few good SaaS-based technology companies have developed analytic platforms that allow marketers to have a single dashboard for all their marketing programs. You can see the true effect of your marketing efforts and the impact each tactic is having – good or bad. Empowering you with full transparency.

Plus, having a single dashboard eliminates the need to view individual dashboards for all programs you use. Fortunately, all platforms and data used today will directly feed into a single dashboard: Google

Analytics, Google Ads, Google docs, Bing Ads and social platforms consisting of Facebook, Instagram, LinkedIn, Twitter. Your email campaigns and call tracking can also feed into the dashboard.

Uncover new insights about your brand, products and customers, measure performance and optimize accordingly.

Your team, or your marketing partner, will need to create a custom dashboard based on your metrics, KPI’s and goals. You will have the ability to white label the dashboard in addition to building specific modules for required data - providing quick-glance results. These can include the cost of your advertising, cost per lead and cost per patient or customer. You can also track year-to-date and year-over-year cost, month-to-date, month-over-month and ROI. Allowing you to identify unique seasonalities and the effective progression of your marketing dollars.

Additionally, you are able to see granular data for each marketing component. Everything from attribution, effective keywords, customer journey trends to

impression share, user type, gender and age. Video content is also easily tracked within the dashboard. It provides the ability to uncover new insights about your brand, products and customers, measure performance and optimize accordingly.

The big benefit is having the data to determine the best method in optimizing the messaging, the most effective tactics and programs, and the appropriate budget. All this helps identify opportunities using real-time data, allowing you to easily find opportunities and turn them into actions.

And finally, the beautiful thing about having an effective tracking method is you have real-time accurate numbers that give you the ability to communicate success to others in seconds rather than days. Saving you time and stress.



About the author

Mark Wyatt Founder & CEO, Agency Creative
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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Our greatest asset is your trust

AS THE NEWEST PRESIDENT of the DFW Hospital Council (DFWHC) Foundation, I have big shoes to fill and even bigger opportunities to leverage. My immense thanks to **Kristin Tesmer** for her leadership of the DFWHC Foundation over the past 10 years and the incredible value she and the team brought to our members through efforts in data, workforce, quality and patient safety, and community health.

Thanks also to **Steve Love, Pam Stoyanoff, John Phillips** and the Foundation and DFWHC board members, who have put their faith in me to lead this great organization forward. I have been so impressed with the engagement from our board members and trustees, plus hospital and associate members and partners. Of course, I must also thank the more than 400 committee and community volunteers from North Texas and national partners such as the American Hospital Association. I look forward to taking the DFWHC Foundation to even higher levels of performance across the community.

As an organization, our greatest asset is your trust. I will continue to earn it every day, while also extending it as we delve deeper into our data and areas of critical importance to you and our community. Areas of focus include the Opioid epidemic, how to leverage Social Determinants of Health to remove non-clinical barriers to care, and how to solve workforce challenges, including skills development via apprenticeship and training programs, clinician resilience and workplace violence.

With over 20 years of experience in data and analytics in both consumer electronics and health IT, I also hope to bring my knowledge of consumer research and consumer choice to our members, especially how to understand motivators to prioritize interventions and plans of care. With a solid understanding of barriers, motivators, and a clear path to action, we can make an impact on the health of North Texans.

Finally, I want to thank our key staff at DFWHC and the Foundation. Our entire team works tirelessly to ensure we help our members and community succeed through strong data management, evidence-based analysis, collaboration and partnership across the region.

I look forward to working with each of you to bring analytics-driven insights to North Texas that improve the health of our community. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

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

Foundation Vision

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

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Jennifer Miff
DFWHC Foundation



Less than two weeks on the job, Jennifer Miff at her desk at the DFWHC Foundation headquarters.

Jennifer Miff *named new President of the DFWHC Foundation*

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION announced in September that **Jennifer Miff** was named the new President of the DFWHC Foundation. Miff will replace **Kristin Tesmer**, the long-time former president of the DFWHC Foundation who stepped down in September to join Dallas Medical Resources.

Miff has extensive experience leading data analytics to drive growth and organizational improvement. She has led research projects in healthcare, electronics and government sectors.

Earlier in her career, Miff guided the launch of the Baldrige Performance Excellence Program's first Healthcare Criteria and managed the program's outreach, events and relationships.

Most recently, she served as a vice president at **Medecision, Inc.**, an integrated health solutions and analytics company for provider and payer markets.

W. Stephen Love, president/CEO of DFWHC, stated "We are fortunate to have Jennifer join our team and we

are looking forward to her leadership in our Foundation. She has an impressive array of knowledge in workforce strategy and healthcare markets. Her notable background also includes studies involving the social drivers of healthcare and opportunities for differentiation."

Pam Stoyanoff, president and chief operating officer of Methodist Health System and chair of the DFWHC Foundation, has great expectations for Miff.

"I am excited to work with Jennifer and look forward to this next chapter for the Foundation," she said. "The work of the Foundation serves all of our healthcare systems well and there is much more to come!"

Miff was enthusiastic about her new challenge.

"I am thrilled to be leading the DFWHC Foundation," she said. "We have a tremendous opportunity to deliver insights that improve patient engagement, clinician experience and community collaboration to drive improved outcomes and a lower cost of care."

Miff assumed her new role on October 28. ■

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New Texas study detailing violence against nurses released to public



THE TEXAS CENTER FOR NURSING WORKFORCE STUDIES (TCNWS) released survey results detailing violence against nurses in the workplace in August. Titled **“2018 Workplace Violence Against Nurses – Facility Survey,”** the report included information from state hospitals, long-term care facilities, home health agencies and freestanding emergency medical centers.

“The purpose of the survey was to assess practices and strategies used by employers to prevent workplace violence against nurses,” said **Sally Williams**, the workforce center director at the DFW Hospital Council Foundation and member of the advisory committee at TCNWS. “We hope the information will serve as a guide for policy recommendations that shape legislation geared toward preventing workplace violence in Texas.”

In addition to the survey, the TCNWS is working on the Workplace Violence Grant Program. A new round of funding is expected to be launched with proposals due in September.

Under the governance of the Statewide Health Coordinating Council, the TCNWS serves as a resource for data and research on the state’s nursing workforce. This includes collecting and analyzing data on Texas nurses detailing trends in education, employment, supply and demand. Nursing workforce demographics are also studied.

You can download the report at <https://www.dshs.texas.gov/chs/cnws/Nursing-Workforce-Reports/>.

For information, please contact Sally at workforce@dfwhcfoundation.org or call 972-719-4900. ■

Around DFWHC Foundation

HIGH-LEVEL DISINFECTION

Event attracts 80-plus attendees

MORE THAN 80 ATTENDEES were present for the DFW Hospital Council (DFWHC) Foundation and the **Centers for Medicare and Medicaid Services (CMS)** event “High-Level Disinfection: What Surveyors are Looking for” on August 9 at Texas Scottish Rite Hospital for Children.

Dodjie Guioa, a CMS program lead, and **Lane Vause**, CLIA surveyor, served as keynote speakers.

High-level disinfection is defined as the elimination of all microorganisms on an instrument. Details of what surveyors look for in hospitals were discussed. A list of items to be examined were also provided.

“We appreciate CMS for offering such meaningful information,” said **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation. “In order to work towards improved patient safety, these events are crucial for our North Texas hospital members.”

For information, please contact Patti at ptaylor@dfwhcfoundation.org. ■



Foundation hosts **GREEN BELT** classes in Frisco



GREEN IS GOOD! The DFW Hospital Council (DFWHC) Foundation hosted a three-day Lean Six Sigma Green Belt class August 21-23 at the Frisco campus of Texas Scottish Rite Hospital for Children.

In all, eight teams and 33 students from different hospitals in North Texas participated. Let the projects begin!

The classes provided introductions to process management and teamwork while enabling individuals to achieve objectives. Participants gather data and work together in problem solving exercises.

Co-hosted by **6SigmaTek**, the event, will conclude in 90 days with project presentations and a graduation ceremony.

For information, please contact **Patti Taylor** at ptaylor@dfwhcfoundation.org. ■

North Texas Nurse Institute

was a sellout with 100-plus attendees



Heather Scroggins (left) and Mary Ann Contreras of JPS Health Network.

THE DFW HOSPITAL COUNCIL (DFWHC)

FOUNDATION'S "North Texas Institute for Nurse Educators" was a sellout, with more than 100 attendees on October 16 at Texas Scottish Rite Hospital in Frisco.

In all, five presentations including two panel discussions were provided detailing "Trauma Informed Care," "Palliative Care," "Patients who are Victims of Intimate Partner Violence and Human Trafficking," "Clinician Resilience" and "Workplace Violence."

Speakers included:

- **Jorie Klein** of Parkland Health & Hospital System;
- **Mary Ann Contreras** of JPS Health Network;
- **Heather Scoggins** of JPS Health Network;
- **Stacy Smith** of Children's Health;
- **Lara Burnside** of JPS Health Network;

- **Vishal Bhalla** of Parkland Health & Hospital System;
- **Penny Huddleston** of Baylor Scott & White Health;
- **Winnie Neal** of Methodist Health System;
- and **Jill Benns** of Parkland Health & Hospital System.

Kristin Tesmer of Dallas Medical Resource and **Linda Plank** of Baylor University served as panel moderators.

"Great presentations with lively discussions afterwards," said **Sally Williams**, event coordinator and Workforce Center director at the DFWHC Foundation. "We were thrilled with the turnout this year and are planning for a repeat event in 2020. We would like to thank the event planning committee for their assistance this year."

For information, please contact Sally at workforce@dfwhcfoundation.org. ■

Around DFWHC Foundation



Sepsis 5K in Fort Worth raises over \$17,000

THE SECOND ANNUAL DALLAS FORT WORTH SEPSIS CHALLENGE, a community 5K run and walk held September 14 at Trinity Park in Fort Worth, raised over \$17,000 with more than 70 people participating. The DFW Hospital Council (DFWHC) Foundation served as an event sponsor.

Hosted by the **Sepsis Alliance** and **Medical City North Hills**, the event officially kicked off Sepsis Awareness Month. The purpose of the challenge was to not only increase Sepsis awareness, but raise funds for future education programs.

"We were thrilled by the participation this year," said **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation. "We more than doubled the number of attendees from 2018 but more importantly, we were able to raise crucial funds to assist programs to promote Sepsis awareness. We would like to thank everyone for supporting the event. We could not have achieved these goals without their help."

In 2018, Sepsis Alliance was able to provide sepsis



Team from Medical City North Hills.



Team from Stella Saves Lives.

information to over 2.5 million **sepsis.org** visitors, launch the Sepsis Coordinator Network, create a national education module for first-responders, and drive sepsis awareness up to a new high of 65 percent.

Additional sponsors included **Cook Children's**, **Primrose School of Wellington**, **Stella Saves Lives**, **Northeast Tarrant Gastroenterology Associates**, **Medical City North Hills** and **Jennica Properties, LLC**.

For additional information, please contact Patti at ptaylor@dfwhcfoundation.org. ■

Did you know October was **Health Literacy MONTH?**



Did you know October was “Health Literacy Month?” Texas Governor **Greg Abbott** made it official on October 1, joining **Fort Worth Mayor Betsy Price** and **Irving Mayor Rick Stopfer** when they signed proclamations from their offices.



In honor of Health Literacy Month, the DFW Hospital Council (DFWHC) Foundation’s Health Literacy Collaborative produced the local video **“WebLitLegit”** where multiple teenagers were asked about their online health literacy. A study found 70% of youths use the Internet as their source of health information. This is problematic because many teens have limited e-health literacy, lacking the knowledge to distinguish reliable health information online. You can view the video at <https://www.youtube.com/watch?v=eMz-s6Xhzag&feature=youtu.be>.



The DFWHC Foundation’s Health Literacy Collaborative completed a **“Words-to-Lose”** study in October. The test provides healthcare employees an opportunity to provide words that should be eliminated when communicating with patients. The use of plain language is a health literacy strategy for making written and oral information easier to understand for patients and doctors. A “Words-to-Lose” document can be found at <https://dfwhcfoundation.org/wp-content/uploads/2019/10/Words-To-Lose-Sign.pdf>.



Jessica Rangel (l to r), Teresa Wagner and Mayor Betsy Price proclaim Health Literacy Month.



Foundation’s Health Literacy Collaborative

Health Literacy empowers patients to improve their health through education on how to talk to their doctor and follow medical advice. The **U.S. Department of Health and Human Services** estimates only 12 percent of adults have proficient health literacy. In other words, nearly nine out of 10 adults may lack the skills needed to manage their health and prevent disease. For information on how to join the Health Literacy Collaborative, please contact **Patti Taylor** at ptaylor@dfwhcfoundation.org. ■



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The value of background screening

IN MOST ORGANIZATIONS, it is understood that Human Resources is not considered a revenue driver. Some experts consider it expendable, recommending the outsourcing of talent acquisition to add to the “bottom line.” Background screening agencies such as GroupOne are routinely asked to reexamine costs to ensure a budget. There are no short cuts when it comes to the value of solid background reporting.

Talent management must always consider the risks of poor employees. If an employee discourages customers due to poor service, the result is a negative reputation and decreased revenue. The consequences of a hospital employee with a flawed background report also has a severe impact on patients and the community.

An incorrect criminal report that fails to reveal past issues because the court system was unable to provide certain records, can increase the chances an HR department hires the wrong person. The absence of valid employment verification can produce a new hire without the experience to perform the tasks.

A growing concern today is the legitimacy of education credentials. Oftentimes, they are presented as authentic when in fact the accreditation is fraudulent. In today’s marketplace, it is not unusual for employers to casually accept a candidate’s “diploma” as proof of education, only to learn – sometimes painfully – the document has no merit.

A licensed background reporting firm such as GroupOne, with solely licensed private investigators examining the information, is the best defense against hiring unqualified employees. An effective background screening company also takes the appropriate due diligence to ensure the data is defensible for accreditation and governmental audits. In addition, an organization that understands your business such as health care, and GroupOne has worked in this market for over three decades, adds value to the overall success of your talent management program.

In summary, the impact of an employer’s revenue and reputation can be significantly tested without the support of a qualified background screening company. It is important the right sources are used to ensure not only a safe community, but a stable and qualified workforce. ■



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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Why employers can't let their guards down when hiring **HOLIDAY** workers



AS WE DASH TOWARDS THE HOLIDAY SHOPPING SEASON, employers are scrambling to hire temporary workers. By all accounts, the season is expected to be a busy one.

As headcounts grow, hiring managers should heed this warning: Beware the seasonal employees who wreak holiday havoc with bad service while hacking customers' financial accounts.

Employers can easily prevent headaches by conducting comprehensive pre-employment screenings to check candidates' employment history, education, criminal records and possible drug use. Here's what employers need to keep in mind.

GET CONSENT, PROVIDE CERTIFICATION

When using third-party credit reporting agencies to conduct background checks, employers can't simply start screening a potential employee without meeting certain criteria. The **Fair Credit Reporting Act (FCRA)**, which dictates how employers can use consumer reports, requires that companies get a job candidate's consent to a pre-employment screening before they begin.

BE MINDFUL OF NEW LAWS

Across the country, legislators are passing new rules that are forcing changes to long-standing hiring practices. In

some states and communities, officials have approved a growing number of **"ban the box"** measures.

AVOID NEGLIGENT HIRING CLAIMS

Employers who fail to screen temporary workers just as they would a permanent employee could trigger legal claims of negligent hiring. If standard industry practice is to conduct a criminal record check of all employees and an organization falls below that standard and doesn't verify the backgrounds of temporary workers, then the company could be considered negligent.

PRE-ADVERSE AND ADVERSE ACTION PROCESSES

If a background check returns any history of a potential holiday worker that may sway an organization from hiring, the employer must follow the pre-adverse and adverse actions processes as spelled out in the FCRA, and any additional measures as required by ban the box jurisdictions.

Considering the time crunch to bring in holiday hires, it might be tempting to bypass standard background checks. But to avoid legal ramifications, organizations must be mindful of their safety and compliance. If temporary employees aren't properly screened, companies could face costly holiday season consequences. ■



SURVEY SAYS!

85% of recruiters say candidates exaggerate skills

RECRUITERS ARE GENERALLY CONFIDENT about finding qualified candidates, according to a new survey by **Monster.com**. In fact, 95% of respondents to the 2019 survey said they feel good about their ability to find qualified candidates, while 85% said candidates exaggerate skills and proficiencies on their resumes.

While only one-third of recruiters believe candidates are “very honest,” millennial recruiters have more trust in candidates, with 41% believing candidates are very honest. The global online survey polled 1,700 recruiters.

The survey also found millennial recruiters were more likely to believe social media is an effective advertising tool (79%) than Generation X recruiters (66%), and they were more likely to use social media in advertising.

Monster’s 2019 survey showed that video as a recruiting and job hunting tool ranked high among Gen Z, as 94% of 18-24 year-olds said the technology would have a major role in their future job search, including

regular video calls during interviews with employers and recruiters.

The skills gap has created a major shift in the recruiting process. Today, rather than rule out the least qualified candidates, some recruiters are “screening in” candidates by eliminating credentials previously considered must-haves, like degrees. They also consider whether candidates’ current skills will enable them to do the job without being an exact match.

Among the job seekers who are “screened in,” reference checks could pare down the list, making it easier for recruiters and hiring managers to focus on remaining candidates. In fact, the survey found that reference checks screened out more than one-third of candidates. The senior managers polled in that survey said they wanted references to reveal candidates’ strengths and weaknesses, past duties, past titles, employment dates and insight into their preferred work culture. ■



Don't Regret It, Run Credit!

HERE AT GROUPONE, we often see the terms “**Credit Check**” and “**Employment Credit Report**” used simultaneously in the background screening industry. An Employment Credit Report includes a candidate's credit history, previous employment information, credit inquiries and legal activity. This may include bankruptcies and missed credit payments. The Fair Credit Reporting Act (FCRA) and state regulations dictate how far back the check will go and what specific information an employer will see. Employment Credit Reports do not reveal credit scores, current bank account balances, or loan amounts. The standard/personal credit report, also referred to as a Credit Check, provides details of credit activity and history, as well as the credit score. By request, GroupOne runs Employment Credit Reports on candidates to reduce risks at your company. The FCRA recognizes this type of check for the permissible purpose of employment or continued employment. Most employers limit credit checks to positions involving significant financial access. ■



Be Rational, Check International!

IT'S A SMALL WORLD! International job applicants are more common than ever before. It's important to know where your applicant has resided and what they may have in their background. Today, **international background checks** have become more thorough, with the number of companies, agencies, court researchers and data suppliers at an all-time high. This translates into comprehensive background check information allowing employers to make informed hiring decisions. For over 30 years, GroupOne Background Screening has vetted and built a network of trusted international partners. This allows us to provide international education and employment verifications as well as thorough criminal record searches across the globe. Though the laws vary by country, it is extremely important to look at the international screening options available to protect your organization. ■



GroupOneREPORT

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IS YOUR HOSPITAL COMPLIANT? With an expanding array of regulatory requirements, healthcare organizations must regularly screen physicians, nurses, non-medical employees, insurance program participants, pharmacists, contractors and volunteers against a variety of exclusion lists. Failure to comply can result in fines and exclusion.

GroupOne offers the complete package of **Exclusion and Sanction Screening** to keep you in compliance with the latest regulatory requirements. Some of the largest health systems in the U.S. rely on GroupOne's experts to help them stay up-to-date. We'll check:

- **OIG's List of Excluded Individuals and Entities (LEIE);**
- **State excluded Medicaid and Medicare provider lists;**
- **FDA, DEA, FBI, U.S. DOJ sanctions lists;**
- **SAM.gov lists.**

Ensuring your job candidates and employees are not listed on any government employment-ban lists is more than a good idea—it's the law.

So, it's not rocket science. Let GroupOne help with compliance!

Contact us at sales@gp1.com for more information. ■



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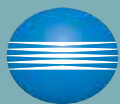


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