

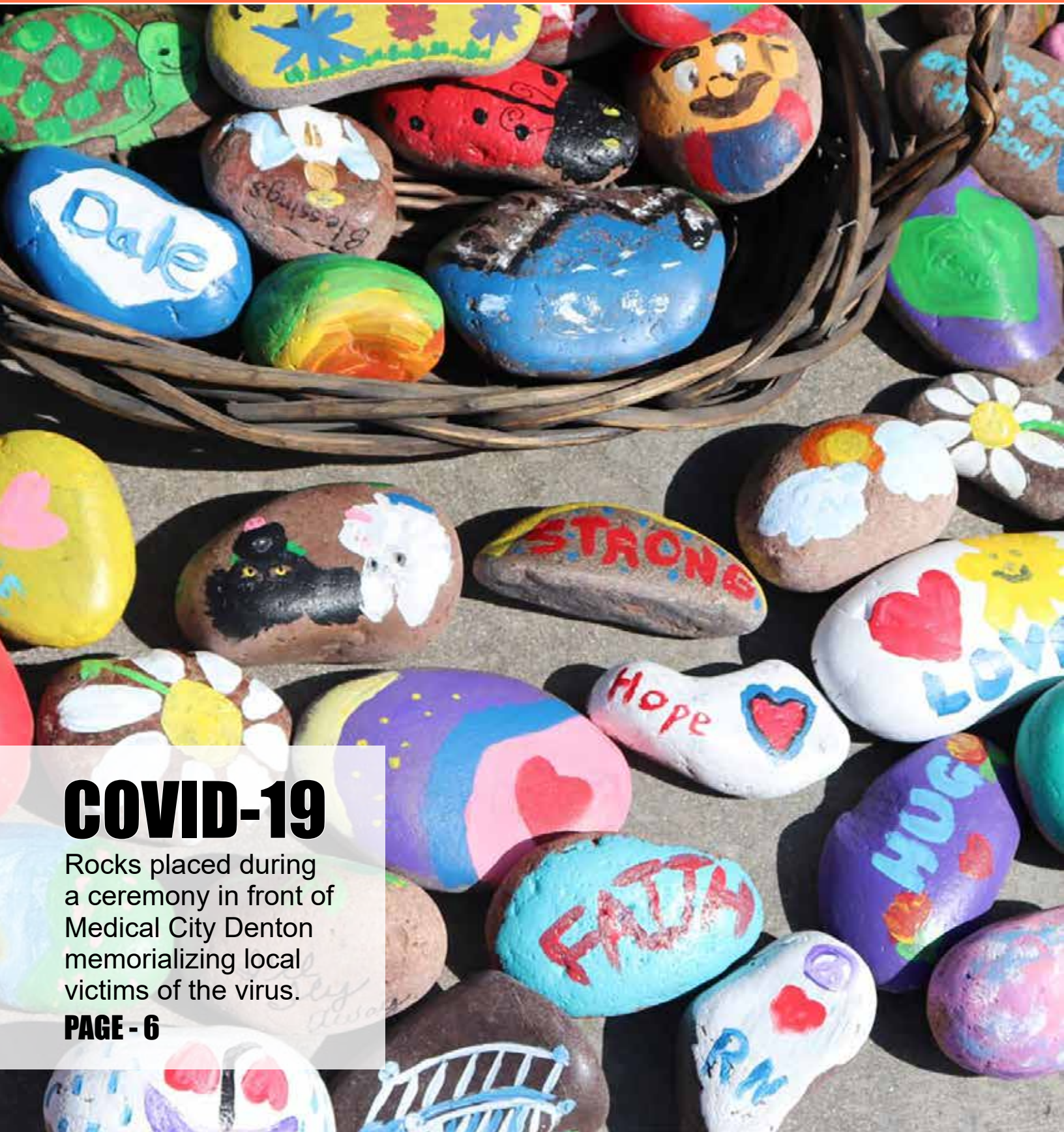


# INTERLOCUTOR

FALL 2020

[WWW.DFWHC.ORG](http://WWW.DFWHC.ORG)

NEWS FROM THE DFW HOSPITAL COUNCIL



## COVID-19

Rocks placed during a ceremony in front of Medical City Denton memorializing local victims of the virus.

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## Steve Love

President/CEO  
Dallas-Fort Worth  
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# The COVID-19 Pandemic of Misinformation

**DURING OUR ANNUAL AWARDS LUNCHEON** in 2011, **Ted Koppel** was our keynote speaker discussing his broadcast journalism career. I spoke to him regarding his opinions about social media. He immediately answered that he had concerns even calling it “media.” Mr. Koppel said when he was an active journalist, no news story could be broadcast without confirmations of the facts. He explained that broadcast media had a code of ethics to report accurately with factual confirmation from multiple sources. While he appreciated social media for its value of instant communication, he had serious reservations about it becoming a tool where information was spread as factual without proper vetting. As we all know, social media has grown extensively since my conversation with Mr. Koppel almost 10 years ago.

In 2020, Tasmin, Hussain and Mazumber published an article in the *Journal of Preventive Medicine and Public Health* regarding medical misinformation, stating “The coronavirus pandemic has not only caused significant challenges for health systems but also fueled the surge of numerous rumors and misinformation regarding the disease. Such spread of misinformation is masking healthy behaviors and promoting erroneous practices that increase the spread of the virus and ultimately result in poor outcomes.”

We salute our healthcare heroes who have put their lives on the line during this pandemic. I am not surprised. Almost every single healthcare employee I’ve known during my 45 years in the business share a common trait—compassion for the patients they treat. Their focus continues to be treating COVID-19 patients to restore them to good health and bring comfort to those suffering. So, I want to thank them for their service and defend them from the social media untruths being posted.

For the past few months, unproven falsehoods have gained traction regarding COVID-19 fatalities. I agree with **Rick Pollack** from the American Hospital Association—it’s time to set the record straight. The Coronavirus Aid, Relief and Economic Security Act (CARES) was passed by bipartisan legislation and President Trump signed it into law on March 27. All healthcare providers thank our government leaders for this legislation. While it did not cover all expenses, it went a long way in helping hospitals.

This legislation created a 20 percent add-on to hospitals treating COVID-19 patients for additional expenses such as personal protective equipment. This only applies to Medicare patients who receive reimbursement based on diagnosis (DRG), rather than a death certificate. Simply put, hospitals do not receive extra funds when patients die from COVID-19, do not over-report COVID-19 cases and are not making big profits from treating COVID-19.

Mr. Pollack said it best, “The professionals of America’s hospitals are focused on saving lives—period. They shouldn’t have to waste precious time debunking theories that are untrue.”

As **Ted Koppel** said almost 10 years ago, no story should be reported without a confirmation of the facts. ■

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## INTERLOCUTOR

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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**





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# COVID-19

## The Long Haul

After eight difficult months, the pandemic continues to disrupt American lives.

**Healthcare heroes placing rocks memorializing COVID-19 victims at Medical City Denton.**

*Photos courtesy of Dana Long, Medical City Healthcare*

**THE COVID-19 PANDEMIC CONTINUES.** Breaking news? Not exactly, but it has become abundantly clear after eight months of the crisis, this will be a marathon. The pandemic continues to disrupt American lives and press our hospital systems. The message remains the same.

“To beat this virus, we must continue to practice healthy habits,” said **Stephen Love**, president/CEO of the DFW Hospital Council. “North Texas can control the virus by embracing ‘the three W’s’ of wearing face masks, washing hands and watching distance. At this time, it is the only way to stop this virus and to preserve our healthcare heroes and our hospitals for the long haul.”

As of November, there have been more than 9.3 million COVID-19 cases and more than 231,000 deaths in the U.S.





To put those numbers into perspective, the pandemic has now claimed more than three times the American lives lost in the Vietnam War. Collin, Dallas, Denton and Tarrant counties have suffered more than 210,000 cases and 2,400 deaths combined.

The spread of the virus has exhibited clear trends, erupting in populated urban centers and then spreading to rural areas. While voluntary social lockdowns that took effect in March initially decreased infections, those actions inspired a severe economic downturn.

According to data from Johns Hopkins University, the U.S. has been hit worse than any other country in the world. In an interview with *NPR*, **Dr. Eric Topol**, a scientist who founded the Scripps Research Translational Institute, said this is because the U.S. has allowed the virus to go unchecked and oftentimes, the national response has not been guided by science.

In a tweet by **Dr. Stefan Baral**, associate professor in epidemiology and international health at the Johns Hopkins School of Public Health, he stated Americans are simply overcome by COVID-19 fatigue. "While there has been a huge push to ramp up testing strategies, testing is only an intervention if someone is empowered to react," he posted.

In recent interviews, **Dr. Scott Atlas**, a neuroradiologist who leads the White House coronavirus task force, suggested that to achieve "herd immunity," that "only 25 or 20 percent of people need the infection." Health experts have disputed this claim, stating the practice could result in the unnecessary deaths of thousands more Americans.

In an interview with *PBS*, **Dr. Uché Blackstock**, an emergency physician and former associate



**Dr. Uché Blackstock**

professor at the New York University School of Medicine, said even if the U.S. were to adopt natural herd immunity until a vaccine was available, marginalized communities would continue to suffer the impact of COVID-19.

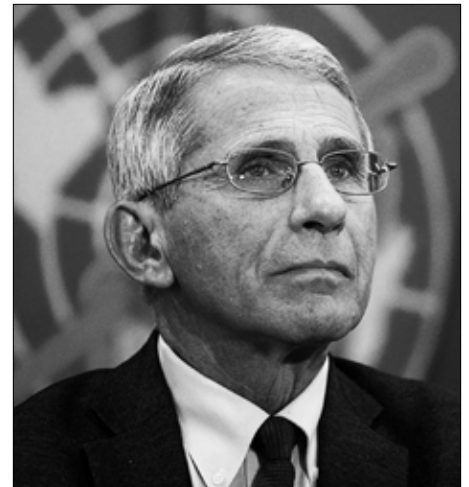
"There's no way to have younger people living life as normal without impacting vulnerable groups," she said.

Maneuvering without a unified plan, states have struggled with widely variant strategies including face mask mandates.

**Dr. Anthony Fauci**, director of the National Institute of Allergy and Infectious Diseases, had previously said a vaccine would not be ready until at least the end of this year or early 2021.

A unified plan on the rollout of the vaccine is elusive, as nine drug companies have issued a pledge not to distribute until it has been thoroughly vetted. In addition, the U.S. will not join a global effort to develop and distribute a vaccine, in part because the World Health Organization, which the U.S. pulled out of in July, is involved. How this will be influenced by the recent U.S. presidential election is still unknown.

Now for the positives, and yes there are some. Doctors are noticing changes in human behavior. The



**Dr. Anthony Fauci**

pandemic has inspired the public to be more willing to accept and act on public health messages.

Pediatric physicians say they see children and families taking advice on hand washing, personal hygiene and other prevention measures.

"I think this is going to be a good lesson," said **Dr. Alice Pong**, a pediatric disease physician at Rady Children's Hospital in San Diego, in an interview with *The Seattle Times*. "The public is seeing why public health officials have advised them to stay home when they feel sick and why they've emphasized hand washing and covering a cough. Kids now know how germs are spread."

According to research on *Science Direct*, skies are bluer, there are fewer car crashes, crime has decreased, and some infectious diseases are fading from hospital emergency departments. NASA satellites have documented significant reductions in air pollution—20-30% in many cases—in major cities due to decreased traffic.

"The crisis has caused people to question their priorities and how much they are willing to protect the lives of their loved ones," said Pong. "People are now more aware that nothing really matters when health is lacking, and this may be the driving force towards healthier habits." ■



## 72nd ANNUAL AWARDS LUNCHEON

We've gone  
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# Not All HEROES Wear Capes...

## Video honors this year's recipients!

**THE DFW HOSPITAL COUNCIL (DFWHC) ANNOUNCED** on October 5 the 2020 recipients of its annual awards with **Fort Worth Mayor Betsy Price** to receive the Distinguished Health Service Award; **Dustin Anthamatten**, vice president of operations at Methodist Charlton Medical Center, named the Young Healthcare Executive of the Year; and **John W. Creecy**, board member at Baylor Scott & White All Saints Medical Center – Fort Worth, selected as the Kerney Laday, Sr. Trustee of the Year.

The awards are traditionally presented each fall during DFWHC's Annual Awards Luncheon. Due to the ongoing COVID-19 pandemic, the event was cancelled for safety reasons. A tribute video honoring the recipients and event sponsors was posted online October 21.

Since 1948, DFWHC's Distinguished Health Service Award has been bestowed annually to North Texas residents who have dedicated

their lives to improving healthcare. Recipient **Betsy Price**, a Fort Worth native, has served as mayor of Fort Worth since 2011. Along with her focus on promoting jobs, strengthening education and fighting crime, Price has made significant strides in improving the health of her city's residents.

Price led the community effort FitWorth, a citywide initiative focused on promoting active lifestyles and healthy habits. The goal of FitWorth is to stem the rising tide of obesity, especially in children. Under her leadership, Fort Worth has also become a prominent cycling community, adding miles of new bike lanes to promote exercise and fitness.

During Mayor Price's tenure, Fort Worth became an official Blue Zone city – one of the few cities in the U.S. to achieve the designation. The Blue Zones Project takes an innovative approach to health by improving public policy and social involvement.



**Mayor Betsy Price**





**Dustin Anthamatten**

Her work caused double-digit drops in obesity and smoking in addition to millions of dollars of healthcare savings.

“Mayor Betsy Price has been a respected leader for many years,” said **Stephen Love**, president/CEO of DFWHC. “Her passion for people, fitness and health has been a trademark of her service. Her leadership in Fort Worth has set an example for all of us to follow.”

The Young Healthcare Executive of the Year Award honors youthful professionals who display the impressive abilities of future North Texas leaders. Created in 2005, nominees must be 40 years of age or younger and employed by a DFWHC-member hospital. This year’s recipient **Dustin Anthamatten** has served as vice president of operations at Methodist Charlton Medical Center since 2015. He oversees 15 areas including clinical service lines, ancillary departments and support services.

His departments became especially critical when COVID-19 arrived in North Texas in March. Working with community leaders, he quickly established drive-through testing within 10 days. In two months, the site grew from processing 25 tests a day to more than 150, delivering results within 24 hours. Anthamatten also secured a contract to centralize COVID-19 testing efforts for Methodist Health System.

The Trustee of the Year honor was named in memory of **Kerney Laday, Sr.**, who served on the Texas Health Resources Board for a decade. The award was created in 2013 to honor trustees who have displayed excellence throughout their careers.

This year’s recipient **John W. Creecy** has provided board service to All Saints Health Care since 1992. He has



**John W. Creecy**

served as a board member at Baylor Scott & White All Saints Medical Center – Fort Worth since 2012, including most recently as Chair.

He strategically prepared All Saints Hospital for the merger with Baylor Health Care in 2003 as he lobbied members of the board, including Boone Powell and Joel Allison. He also developed a financial plan that reduced hospital costs by \$25 million over three years to eliminate growing debt. Due to his leadership, All Saints became financially more attractive prior to the merger, paving the way for the hospital’s future.

“Every year this is a difficult decision as there are so many qualified candidates in North Texas deserving of recognition,” Love said. “With these awards, we are proud to acknowledge the uncommon community leadership of Dustin Anthamatten and John W. Creecy who have dedicated their careers to our community’s health and well-being. We are grateful to recognize their contributions.”

In addition to Anthamatten, Young Healthcare nominees included **Alan Kramer**, assistant vice president of health system emerging strategies, UT Southwestern Medical Center; **Francesco Mainetti**, vice president of transformational initiatives, Parkland Health and Hospital System; **Jared Shelton**, president, Texas Health Presbyterian Hospital Allen; and **Graham Torres**, senior operational planning director, Children’s Health.

The tribute video honoring the recipients was sponsored in part by **Hall Render** and **BKD/CampbellWilson, LLP**.

The video can be viewed at <https://www.youtube.com/watch?v=snthrUySvp0&feature=youtu.be>. ■



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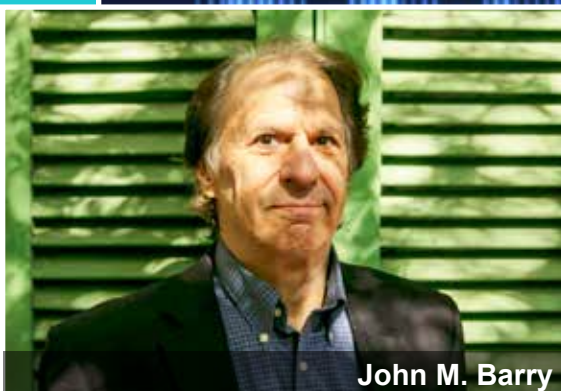
ON AIR

# The *Human* Side of Health Care



*Stephen Love (left)  
and Thomas Miller*





**John M. Barry**



**David Finfrock**



**Dr. Jasmin Tiro**



**Dr. Davinder Grover**

**THE DFW HOSPITAL COUNCIL (DFWHC) RADIO** program “The Human Side of Healthcare” has continued on a weekly basis during the COVID-19 pandemic on **KRLD 1080 AM**. The weekly radio show airs Sundays from 1-2 p.m. CDT, with a repeat broadcast at 7:00 p.m.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program has showcased the activities of North Texas hospitals while providing crucial COVID-19 updates.

Guests during the summer and fall have included:

- **Dr. Robert Haley** of UT Southwestern;
- **Jason Isham** of Children’s Health;
- **John M. Barry**, bestselling author of “The Great Influenza”;
- **Christopher Eades** of Hall Render;
- **Dr. Trish Perl** of UT Southwestern;
- **Marjorie Quint-Bouzid** of Parkland Health & Hospital System;
- **Dr. Anita Bhansali** of Texas Health Resources;
- **Dr. Mary Whitworth** of Cook Children’s;
- **Karen Yates** of Methodist Mansfield Medical Center;
- **Dr. Alan Taylor** of Methodist Mansfield Medical Center;
- **Kevin Cunningham** of the Midlothian Fire Department;
- **Jesus Alderete** of Children’s Health;
- **Dr. Marc Mazade** of Cook Children’s;
- **Dr. Andrew Masica** of Texas Health Resources;
- **Dr. Jasmin Tiro** of UT Southwestern;
- **Dr. Anthony Maioriello** of Texas Health Presbyterian Dallas;
- **Kurtis Young** of Parkland Health & Hospital System;
- **Ron Sylvan** of Mothers Against Drunk Driving;
- **Beth Warren** of Children’s Health;
- **Janet St. James** of Medical City Healthcare;
- **Dr. Ann Wilson** of Baylor University Medical Center;
- **Sherry Cusumano** of Medical City Green Oaks;
- **Sue Schell** of Children’s Health;
- **Kathy Watts** of JPS Health Network;
- **Jessica Aguilar** of JPS Health Network;
- **Joni Padden** of Texas Health Resources;
- **Dr. Alejandro Arroliga** of Baylor Scott & White Health;
- **Dr. Dion Graybeal** of Baylor Scott & White Health;
- **David Finfrock**, Chief Meteorologist at NBC-5;
- **Dr. Erik Ledig** of Texas Health Willow Park;
- **Kirsten Tulchin-Francis** of Scottish Rite for Children;
- **Whitney Herge** of Scottish Rite for Children;
- **Dr. John Burk** of Texas Health Harris Methodist Hospital Fort Worth;
- **Donna Stauber** of Baylor Scott & White Health;
- **Katie Dooley** of Children’s Health;
- **Dr. Robin Novakovic-White** of UT Southwestern;
- **Dr. John Christoforetti** of Texas Health Presbyterian Hospital Allen;
- and **Dr. Davinder Grover** of Glaucoma Associates of Texas. ■

**Your feedback is welcome. For information, please do not hesitate to contact [radio@dfwhc.org](mailto:radio@dfwhc.org).**

# Around DFWHC



## Jyric Sims discusses career and the challenges of Black executives in *D CEO* feature

**JYRIC SIMS, CEO AT MEDICAL CITY FORT WORTH**, was interviewed for a *D CEO* feature on August 31 detailing his career and the pressures facing Black executives today.

Sims, a former DFW Hospital Council Board Member and the 2018 recipient of its Young Healthcare Executive of the Year Award, discussed his life and career in the “In My Reality” feature penned by **Will Maddox**.

“I was born and raised in Baton Rouge, Louisiana, one of six kids, and I am biracial,” Sims said. “My mom is Caucasian, and my dad is African American. My parents always taught me a sense of pride and belonging, and my dad is very steeped in African American tradition. My grandparents owned an African American Baptist Church, so I not only grew up in the church, but I grew up with a rich set of history of African Americans.”

Sims noted he had not witnessed very many examples of systemic racism in his career.

“What I certainly have experienced is what I would call a lack of representation and a lack of inclusion,” said Sims. “Historically, in every role that I have been in, I had always been either one of, or one of a few (Black people) in the room. That has bred some unique things. I would say that mentorship is important. HCA has been really good regarding mentorship opportunities for me, along with providing a diversity-related network.”

Sims said African Americans are significantly underrepresented in leadership.

“The National Association of Health Executives, which is aimed at African Americans in hospital administration, is so important because it allows a family atmosphere of life experience like nationality, ethnicity, etc.,” he said. “They get together to discuss issues that are impactful to African Americans and how we can help each other and be a sounding board and ultimately be a professional network that can be vulnerable and be open.”

The *D CEO* “In My Reality” series allows executives to share their personal experiences of diversity and bias.

You can read the full story at <https://www.dmagazine.com/healthcare-business/2020/08/my-reality-jyric-sims-reaches-to-the-next-generation/>. ■



## dfwhc interlocutor 13



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# Associate Members



## Are religious healthcare organizations *protected by the* **Ministerial Exception?**

**THE U.S. SUPREME COURT RECENTLY EXPANDED** its unanimous 2012 ruling in *Hosanna-Tabor Evangelical Lutheran Church*, where it first applied to a parochial school teacher the “ministerial exception” to federal anti-discrimination employment laws.

The exception is an outgrowth of the First Amendment’s Free Exercise and Free Establishment clauses, which protect the right of religious institutions “to decide for themselves, free from state interference, matters of church government.”

The ministerial exception, traditionally applied to clergy members, excludes employment decisions from judicial interference

so long as the employee’s role is essential to the institution’s mission.

On its face, the Supreme Court’s recent decision in *Our Lady of Guadalupe School v. Morrissey-Berru* (“*OLG*”) merely applies its earlier *Hosanna-Tabor* holding to an expanded class of parochial school teachers. These teachers, unlike the plaintiff in *Hosanna-Tabor*, were not religiously trained or adherents to their employer’s faith, but had religious duties.

A deeper analysis of the Court’s broad holding, however, suggests that *OLG* may extend the ministerial exception to employees without any duties that one might consider “religious” in nature, so long as the employment decision involves a ‘key

employee’ whose role furthers the religious mission.

The questions left for another day are the threshold matter of the deference a court must give an institution’s assertion that its mission and the employee’s duties are in fact religious, and the extent of the religious nature of the institution’s mission and the employee’s role.

### **OLG Case Summary**

In the consolidated underlying cases, two California teachers employed by Roman Catholic schools brought suits alleging age and disability discrimination when the schools declined to renew their contracts. Both were employed under agreements that set out the schools’



missions “to promote a Catholic School Faith Community”; imposed standards pertaining to religious instruction and personal modeling of the faith; and set forth performance review criteria on these bases. Both teachers provided daily religious instruction and prayed with students.

Each school invoked the “ministerial exception” and successfully moved for summary judgment. The Ninth Circuit reversed, however, concluding in both instances that, contrary to *Hosanna-Tabor*, no formal “minister” titles or credentials had been accorded and that the teachers had limited religious training; therefore, the exception did not apply and the discrimination suits could proceed. The U.S. Supreme Court rejected the Ninth Circuit’s treatment of the *Hosanna-Tabor* factors as a checklist of items that must be met in all other cases, and held that the exception applied.

### Expanding Hosanna-Tabor

In *Hosanna-Tabor*, the Supreme Court suggested a variety of factors that may be important while explicitly declining to adopt any “rigid formula” for when employment decisions should be excepted from judicial review under anti-discrimination laws. There, the Court applied the ministerial exception where (1) a church had given a teacher a distinct title of minister, which separated the role from that of others; (2) the position was reflective of religious training and a process of commissioning; (3) the teacher held herself out as a minister by accepting the formal call to religious service and by claiming tax benefits; and (4) the job duties reflected a role in conveying the church’s message and its mission.

In *OLG*, the Court noted that the phrase “ministerial exception” did not indicate that one must be a minister for the exception to apply; rather, its description was based upon its earliest applications. The Court clarified that what matters most in determining whether an employment decision is excepted from review is how the employee serves the religious mission.

Accordingly, the *OLG* Court concluded that the two California teachers fell well within the ministerial exception, finding evidence they performed religious duties central to the schools’ missions, including educating students in the Catholic faith, and that the schools viewed the teachers as playing a vital part in carrying out that mission.

### Opening the Door

In a dissenting opinion, Justice Sotomayor suggested that the ministerial exception could now be interpreted to encompass “coaches, camp counselors, nurses, social-service workers, in-house lawyers, media-relations personnel, and others who work for religious institutions,” so long as the institution asserted that the employee’s role was central to its mission. If the dissenting opinion accurately captures the finding of the majority, the religious mission would be the key to the exception.

Indeed, the *OLG* majority granted substantial deference to the religious institution’s explanation of how the employee’s role relates to the religious mission. Under Supreme Court precedent predating *Hosanna-Tabor*, courts have concluded that analyzing the merits of the institution’s explanation “would necessarily lead to the kind of inquiry into religious matters that the First Amendment forbids.” Therefore, the institution may dictate the narrative for any future analysis under the ministerial exception.

### Practical Takeaways

The Court’s decision does not break new ground or endorse any checklist for application of the ministerial exception in discrimination cases. It does refine two considerations when applying the ministerial exception: 1.) Organization must define its religious mission; 2.) Organization must define the role of employees as vital in carrying out that mission through language in employee handbooks, agreements, job descriptions and evaluations.

The decision may leave the door open for religious organizations to assert ministerial exception in defense of hiring and firing decisions that involve employees whose duties are vital to furthering the religious mission.

For questions, please contact **Robin Sheridan** at (414) 721-0469 or [rsheridan@hallrender.com](mailto:rsheridan@hallrender.com); or your regular Hall Render attorney.

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# Associate Members

## ACCESS: The Motivating Force Behind **TELEHEALTH** THEN & NOW



**ACCESS. THIS WORD HAS BEEN BOTH THE DRIVING FORCE** and inherent challenge of telehealth since its origin. Telehealth allows clinicians to scale delivery of healthcare services while simultaneously empowering patients in certain populations to receive the care they need, when they need it, eliminating disparities.

Resource scalability, improved outcomes, and increased access for all patient populations are the key objectives driving telehealth advancement. While the use of technology in healthcare is not new, significant events such as CoVID 19, have propelled change and catalyzed hyper-innovation that otherwise would have likely taken years. Read on to explore the past, present, and future states of telehealth and healthcare in a post pandemic or CoVID-era world.

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### TELEHEALTH ORIGINS

According to the Telemedicine Journal and e-health (2014), Telehealth practice was developed and has been in use since the late 1950's to meet the needs of NASA and the Nebraska Psychiatric Institute. For the Nebraska Psychiatric Institute, a closed-circuit television link was established between the Nebraska Psychiatric Institute and the Norfolk State Hospital for psychiatric consultations. Hospital-based telemedicine such as ICU, cardiology and stroke care also continued to advance, as early adopters in the industry.

By 1980, digital communication had expanded, making specialty areas such as cardiology more accessible via technology. However, widespread barriers such as limited coverage, minimal reimbursement, and minimal broadband availability presented the challenge of global adoption. While both clinicians and certain patient



With the relaxation of regulation and licensure requirements amidst COVID-19, patients have received the critical care needed and report a high percentage of satisfaction.

population were receptive to telehealth utilization, other healthcare stakeholders, such as financial and legal entities, were not.

#### **TELEHEALTH IN THE EARLY 2000'S**

From 2010 to 2017, adoption and implementation of telehealth exploded. In 2010, only 35% of hospitals had implemented some aspect of a telehealth system. By 2017, 76% of hospitals had either fully or partially implemented computerized telehealth. To compound, the utilization of remote patient monitoring also grew from 43% of hospitals implementing in 2016 to over 61% of hospitals in 2017, according to the American Hospital Association, Fact Sheet: Telehealth (2019).

Although the majority of US hospitals were now connecting with patients and consulting practitioners at a distance through the use of video and other technology, the reimbursement and regulatory barriers to wide adoption remained and telehealth was vastly restricted to patients located in rural areas and in specific settings (such as a hospital or physician office). From the healthcare consumer standpoint, the market was ripe for innovation, as 66% of consumers indicated willingness to use telehealth in 2019, while only 8% of the US population had tried it. 64 million consumers also indicated that they would switch their Primary Care Providers to one who offered telehealth, according to the Telehealth Index: 2019 Consumer Survey.

#### **TELEHEALTH TODAY**

Telehealth connects patients to vital healthcare services via advanced audio-visual technology and includes remote

patient monitoring. By increasing access to physicians and specialists, telehealth helps ensure patients receive the right care, at the right place, at the right time, which proved to be instrumental in 2020. Telehealth use grew exponentially during the 2020 pandemic, primarily attributed to Congress, CMS, and other federal agencies waiving many restrictions previously applied to telehealth.

In particular, CMS waived geographical restrictions, making telehealth services much more accessible for patients with needs that weren't directly related to the urban/rural divide, in response to the CoVID 19 pandemic. Nearly half (43.5%) of Medicare primary care visits were provided via telehealth in April 2020, compared with less than one percent before the public health emergency in February 2020 (0.1%). (ASPE July 2020 Issue Brief)

In addition to changes in federal and state regulations, 18 states have made changes to their current telemedicine law or created new telemedicine legislation. With the relaxation of regulation and licensure requirements amidst CoVID 19, many patients have received the critical medical care needed and report a high percentage of satisfaction. Providers have also seen benefits to the increased utilization and accessibility of telehealth. In fact, over 70% of providers report satisfaction and perceive improved efficiencies with its uses.

#### **WHAT'S ON THE HORIZON?**

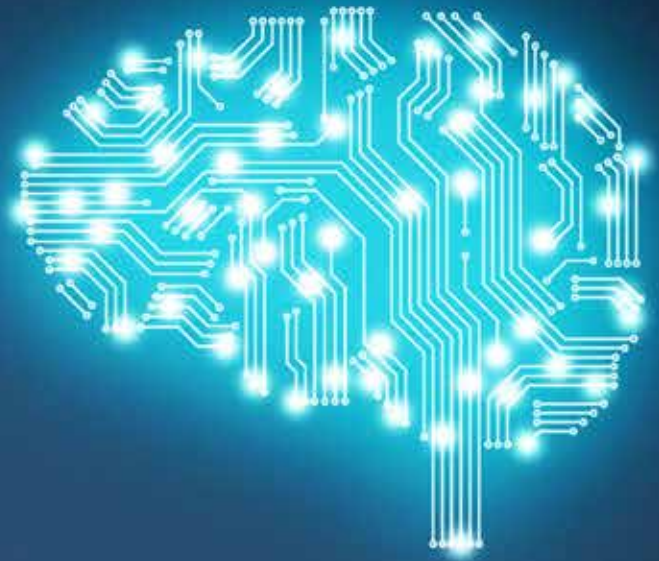
Clinicians, hospitals, healthcare systems, policy makers, and consumers of healthcare are recognizing advantages of digital tools and the positive impact these tools have on access to care and providers. Although there has been increased utilization throughout the pandemic, barriers and challenges remain for telehealth. As we look to the post-CoVID era in healthcare, it appears telehealth focal points will include modifying current state and federal statute and regulations to expanded access to care.

The market will likely level out to a "new normal," as a IQIVA survey of about 300 practitioners (primary care and specialists), indicated that telehealth interactions increased to 51% during the quarantine but is expected to be 21% after the pandemic.[ With healthcare access at the center of telehealth for consumers, the future is promising as it is shown to be a cost-effective care delivery model that increases access, improves outcomes, and eliminates disparities worldwide. ■

# Associate Members

Effecting Change  
through

**Automation,**  
**Analytics**  
& **Innovation**



**BY ANY STANDARD, WE ARE LIVING IN EXTRAORDINARY TIMES.** Our healthcare system has undergone extreme disruption and uncertainty seems the new norm. Government policies and applicable regulations continue to change. In times of stress, organizations can feel pressured to become narrow in their thinking at the very moment when they should be widening their view to include novel technological innovations. Agile healthcare organizations, which are able to quickly identify and implement effective solutions, may be able to establish a competitive advantage for years to come.

## **AUTOMATION**

One thing that is becoming increasingly apparent from this pandemic is the need for intelligent automation. Having digital workers — those that are not impacted by working from home, self-quarantine, or other business process disruptions — unceasingly performing processes and monitoring controls, can prove invaluable in the effort to optimize the efficiency of human workers. Simple automation can perform manual, repetitive tasks easily, but adding a layer of artificial intelligence (AI) can







take your automated functions to the next level, allowing digital workers to read documents, anticipate outcomes, perform identity matches, etc.

Intelligent automation will be a necessity in years to come; healthcare organizations should explore the possibility of beginning the transition now, by identifying use cases and deploying the technology to push these programs forward. Having a digital workforce that can withstand economic and pandemic-related pressures will pay dividends, allowing human resources to focus on more complex, value-added activities.

The COVID-19 pandemic will create inflection points for many aspects of the healthcare industry. One of which will be that automation becomes necessary to meet continuing pressures on revenues. The need to reduce overall costs will surely result in the launch of automation into almost every process in some form or fashion.

## **ANALYTICS**

With greater technological capabilities and reporting resources than ever before, the method by which organizations achieve analytic insight over the next twelve months is sure to evolve rapidly. Turning data into information that is used to improve outcomes and performance is a key to organizational success.

Business stakeholders must keep a real-time pulse on the health of the organization. One way to do this is by implementing continuous monitoring analytics that alert stakeholders to external conditions that are changing, be they regulations, payer behavior, payment models, customer population or others.

Internal opportunities ripe for continuous monitoring analytics include identifying denials, underpayments, and large deviations in month to month payment adjustments, excessive opioid prescribing patterns, irregular controlled substance dispensing (based on automated dispensing machine logs), duplicate/inaccurate payments in accounts payable and payroll, excessive overtime, and inappropriate user access changes.

By leveraging different enabling technologies such as analytics, automation and process mining and continuously monitoring different areas, stakeholders can assemble actionable insights around compliance, revenue cycle, finance, human resources and payroll, while using the data to dynamically assess the risk to the organization.

Good insight alone is not enough. Leaders must act on the insight that is provided and measure the success of actions taken, in a transparent way. Best practice organizations will leverage data visualization tools to develop high-impact reporting that will succinctly demonstrate what is working and what is not in a highly visual and intuitive fashion and alter course, as necessary.

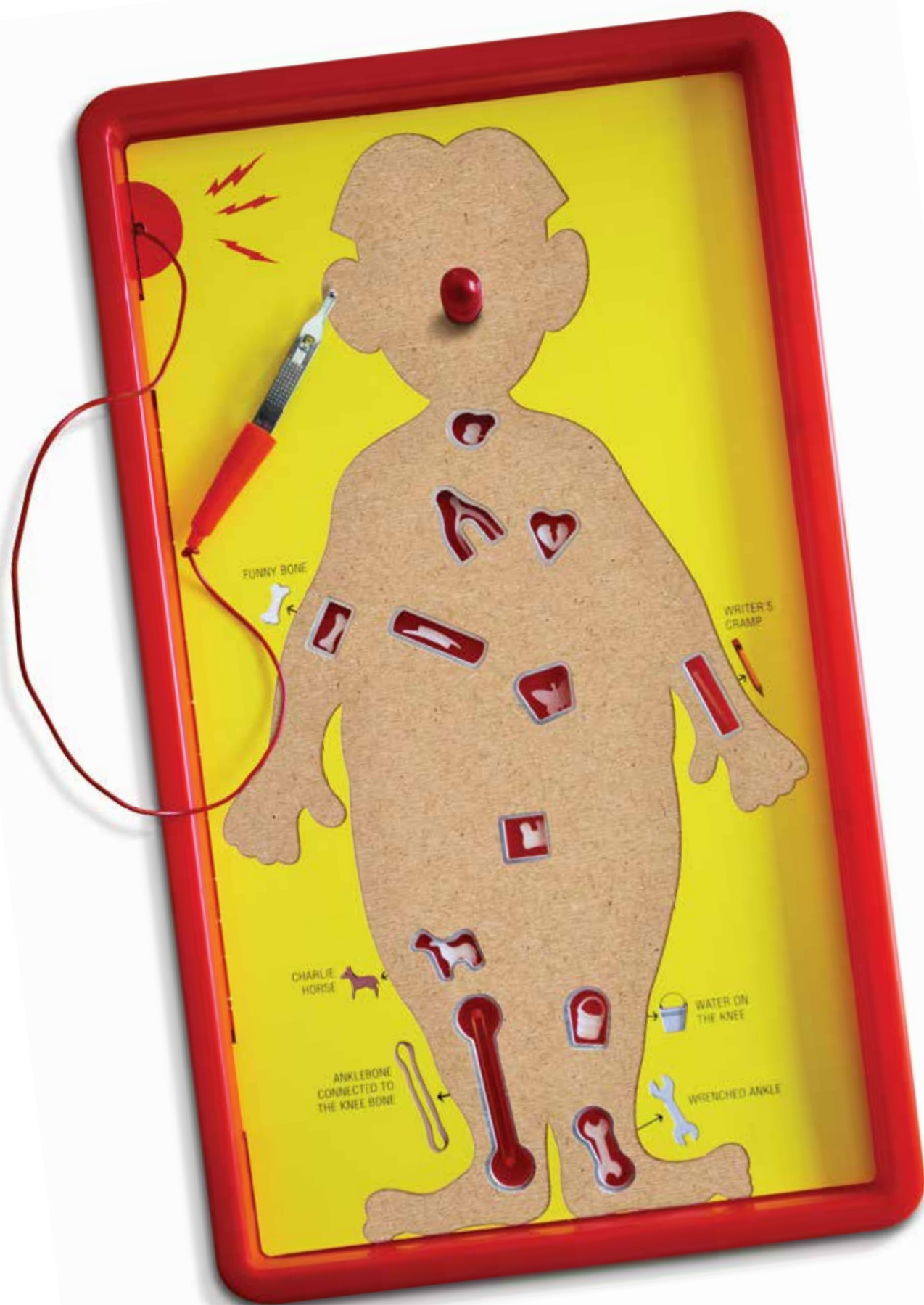
## **INNOVATION**

Innovation is translating ideas into solutions that address your challenges and produce value. The current healthcare delivery model needs bold ideas for creating innovative solutions. The best solutions are based upon a thorough understanding of the problem and designed from both the patient and the provider perspective. Innovative solutions can deliver care in ways previously not thought possible. However, driving innovation and change can be difficult.

Cultural challenges remain considerable roadblocks to creating the change needed to achieve operational excellence. Current care delivery practices are steeped in long held habits that are culturally ingrained. To overcome resistance to change, you need to align goals, engage the frontline, and establish a model for leading innovation. Healthcare organizations need to establish a clear vision of why change is necessary and understand the key components of making change happen. In today's healthcare industry competitive advantage comes from the ability to adapt, transform, and innovate.

While it seems counterintuitive to pursue innovation during times of crisis, now is the best time to transform organizations by reviewing, revising, and automating workflows to make them more efficient and effective in the delivery of healthcare. The convergence between automation, analytics, and innovative problem solving can generate breakthrough ideas that can position your organization as an industry leader.

*DFWHC and Protiviti will be hosting the complimentary webinar "Effecting Change through Automation, Analytics, and Innovation" on Nov. 11 from 1:00-2:00 p.m., CDT. You can register at <https://attendee.gotowebinar.com/register/756366553929394955>. ■*





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# PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

## We are all trying to get back to somewhat normal

Of course, we will never get back to complete normalcy. This pandemic will forever change the way healthcare is administered to patients, and more.

Consumers are trying to get back to their pre-COVID lives. Their consumption of advertising has increased. Companies also have slowly attempted to get back to marketing and branding their products and services. The longer healthcare facilities and providers continue to be “in the dark” with their advertising, the more their top-of-mind consumer awareness will erode. Then trying to rebuild that awareness will require a much larger effort and budget.

We are also seeing companies are more cautious with their marketing budgets. With smaller budgets, we are needing to be much smarter and more agile to identify solutions in generating patients for our clients. Your marketing partner will also need to do the same. Digital marketing is the fastest and most cost-effective way to get back out into the market. Here are a few ways to keep your brand top-of-mind.

### Email marketing

If you have an email database, use this to update patients of your COVID-19 safety measures in addition to your services. To track effectiveness, consider providing a CTA (call-to-action) directing them to a landing page.

### Social media advertising

Using Facebook and Instagram, perform targeted consumer advertising to maintain awareness of your hospital or practice. Design animated ads to draw their attention.

### Digital marketing

The two most important forms of digital marketing are geo-targeted display ads in addition to retargeting display ads. The retargeting ads are used to remind the user of your brand following their visit to your website.

Digital marketing  
is the fastest and  
most cost-effective  
way to get back out  
into the market

### Advanced TV

This is a very cost-effective form of advertising on streaming TV, subscription video on-demand and over-the-top devices. The ads are served via smart TV apps, gaming consoles such as Apple TV, Roku and Amazon Fire TV. Video on-demand programs include Hulu, Netflix, Amazon Prime Video, Sling TV, and YouTube Red in addition to many others. This form of advertising can be very targeted to your audience and location which results in a much lower cost per viewer than traditional TV advertising.

### Direct mail

Because of COVID-19, we are surprisingly seeing a good response with direct mail. This is due to more people working from home and having more time to read their mail. Similar to email marketing, consider

providing a CTA (call-to-action) directing them to a landing page to track effectiveness.

### New mover direct mail

Another effective segment of direct mail is targeting new residents within your marketing area. This gets your brand and services out front with these new consumers. Find a list provider for new movers in your area.

During these challenging times, your facility needs to maintain exposure with your patients and local community. Identify ways to cross paths with them using cost-effective marketing strategies. Listen to how they are consuming information. Their behavior is changing, and your approach needs to change with it. Use emotional-driven messaging to encourage them. They are responding better to positive and upbeat advertising messages that resonate with the new normal we're all living in.

Don't be afraid to adapt.



About the author

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# Associate Members



## Ways to shift from FIGHTING FIRES to successfully emerging from COVID-19

by Karl Rebay and  
Craig Vercruysse, MBA, Moss Adams

### THE COVID-19 PANDEMIC HAS CREATED

unprecedented hardships for organizations of all kinds, and the recent resurgence of positive tests has introduced additional uncertainty.

Health care leaders are still having to think quickly and act based on incomplete information. Every crisis, however, presents opportunities to learn and improve. While the full impact of federal and state decisions might not be realized for some time, organizations can use knowledge gained during the pandemic to improve their operations.

Below, we outline five steps health care leadership can apply to help kick-start business strategies, achieve goals, and successfully emerge from the pandemic.

### BACKGROUND

Quick operational changes responding to the COVID-19 pandemic, primarily to save medical supplies and increase capacity, resulted in temporary elimination of all elective services—the economic engine of most health care systems. This had a major impact on hospitals, providers, and patients, resulting in federal relief programs to help organizations bolster their cash position.



As circumstances develop, health care leaders can benefit from preparing for continued uncertainty—while creating strategies to do more than just survive. This requires an approach wherein leaders determine short-, mid-, and long-term targets and develop strategies to monitor and attain them. Developing a command center can help your organization achieve these goals, navigate the repercussions of COVID-19, and embrace evolving opportunities to create better health care systems.

## **KICK-START YOUR BUSINESS COMMAND CENTER**

### **1. Focus on Cash**

Health care has received unprecedented financial support from the U.S. Government. While these funds come with strings attached, they still provide much-needed relief. Operationally, it's important that your company has an effective revenue cycle to accelerate cash. Now isn't the time to take the proverbial foot off the gas.

### **2. Develop Efficiency Strategies**

By prioritizing efficiency, your organization could be in a stronger position after the pandemic. Some organizations are deploying staffing, supply chain and other strategies to reduce costs. Some of these strategies include:

- Eliminate contract, agency and traveler utilization;
- Manage overtime and premium-pay costs by implementing strict protocols and approvals;
- Implement a strategic hiring freeze;
- Develop flex staffing plans;
- Delay education, orientation, and training (EOT) time to the future to focus on critical needs;
- A reduction in force (RIF) as a last resort.

### **3. Identify What Is and Isn't Working**

With COVID-19 impacting every aspect of your business, there's significant opportunity to make widespread improvements by assessing the effectiveness of current operations. Areas for improvement might include:

- Crisis response enhancements;
- Delivery system enhancements, such as telemedicine;
- Business relationship management, including vendors and payer-provider collaboration.

### **4. Focus on Market Position**

Part of planning for the future includes analyzing current

market position and determining strategic changes.

Organizations that use this experience as a learning opportunity could enhance their market position. Ask the following questions to evaluate your organization's current—and ideal—position:

- Do we understand the new health care paradigm?
- How can we best operate in that paradigm?
- Will we emerge in a position of strength?
- What's our image? Do we want to make changes?
- How are we positioned relative to our competitors?

### **5. Create Dynamic Planning and Deployment Strategies**

With many regions seeing increases in COVID-19 cases, it's critical to perform a situational assessment and look for ways to evolve. This is the time to harness lessons learned and focus on long-term reinvention.

To succeed moving forward, annual planning can be replaced with a stronger strategy that focuses on strategic targets and priority projects. Consider these questions to evaluate your organization's deployment processes:

- What strategic targets are currently most important?
- What are our priority projects and initiatives?
- How are we operating more efficiently?
- Are we learning through the pandemic?
- Are we on track to invest in our business strategy?
- What have we learned about quality and crisis preparedness?

### **Next Steps**

Evolving during the COVID-19 pandemic could help your organization enhance resilience and sustainability and keep pace with the evolving health care environment—now and in the future. To learn more about how to get started, contact a consulting professional.

*Karl Rebay has over 25 years of experience in the health care industry and is a leader with our health care consulting team. He can be reached at (949) 623-4193 or [karl.rebay@mossadams.com](mailto:karl.rebay@mossadams.com).*

*Craig Vercruysse has more than 20 years of health care leadership experience. He also has broad experience across operations, IT, Electronic Health Record implementation and marketing. He can be reached at (206) 302-6992 or [craig.vercruysse@mossadams.com](mailto:craig.vercruysse@mossadams.com). ■*

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## Jennifer Miff

President, DFWHC Foundation  
Senior Vice President, DFWHC

# Success with Virtual Learning & Recognition

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION** is so blessed in these difficult times to be in a position where we can bring hospitals together across the community. When so little feels normal, we were thrilled to be able to offer three of our annual conferences virtually.

With 401 attendees, the theme of our **13th Annual Patient Safety Summit** was "Envision a Safer Future for Healthcare." The keynote presentation was "ZAP! The Generational Gap" with **Meagan Johnson**. Other topics focused on resiliency/shifting priorities, patient family experience, active trigger surveillance and health literacy. This was a series of four, two-hour sessions over weeks and provided up to 7.75 CNEs.

Our other training events included: 1) our **4th Annual IQSC Data & Analytics Conference**, which featured health data expert **Don Taylor** with his presentation: "What the HEALTH Just Happened?" A three-day series of two-hour sessions, this training offered 5.25 CNEs and highlighted critical topics such as innovation, COVID-19 data, decision support & influence strategies, and building an advanced analytics team and capability; and 2) our **Empowering Nurse Educators** three-part series, which provided 7.25 CNEs and focused on subjects from Virtual Learning Platforms, including how to convert nursing orientation, preceptor courses, or nursing capstones to online formats, to Identifying and Responding to Victims of Human Trafficking in a Clinical Setting, to Caregiver Resiliency from Hospital Employee and Student Perspectives.

We also had the joy of continuing our **Employee of the Year Event** that recognizes non-management contributions to the outstanding patient experience we collectively offer in North Texas. We continue to take great pride in being able to recognize these amazing individuals who were honored. To see the video honoring the nominees and recipients, please go to <https://www.youtube.com/watch?v=VqZxnZz9Tt4&t=7s>.

Finally, I am thrilled to report that our Community Health Collaborative, consisting of hospital, local mental health authority, community-based organizations and academic partners from across the region, not only met its three-year goal to train 10,000 North Texans in Mental Health First Aid, but we also received phase two funding from the Texas Health and Human Services Commission Community Mental Health Grant to continue our efforts in 12 rural North Texas counties. **Dr. Sushma Sharma**, who leads the collaborative for the DFWHC Foundation, was also recently recognized for her efforts as Mental Health Professional of the Year from NAMI TX. ■

## How to contact us

972-717-4279

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



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

## Foundation Mission

Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

## Foundation Vision

As the trusted "go to" resource, inspire collective improvement of health and healthcare outcomes.

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## Virtual Patient Safety Summit attracts 401 attendees

**THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S** 13th Annual Patient Safety Summit wrapped up on October 1, closing an event that attracted 401 attendees. The Summit was held virtually over four days including September 10, 17 and 24, with two-hour sessions hosted each day.

"We were thrilled with the participation this year," said **Patti Taylor**, director of quality and patient safety services at the DFWHC Foundation and coordinator of the event. "With the original cancellation of the in-person event in August due to COVID-19, there was some concern if we could pull this off. Thanks to the efforts of the team and the cooperation of the speakers, we were able to provide knowledge and information to the hospital employees of North Texas."

The Patient Safety Summit serves as an opportunity for hospital employees to discuss past errors and make strategic plans to keep them from happening again. Sessions with local expert speakers are provided to discuss the latest issues hospitals employees are encountering in the workplace. The event is attended by nurses, patient safety advocates, chief nursing officers and hospital executives.

This year's event offered 7.75 CNE's, CPHQ and ASHRM, as well as ACHE Qualified Self-Reported Credits provided. More than 12 speakers provided seven sessions. The four sessions have been posted online and can be viewed at:

- Session 1 - <https://www.youtube.com/watch?v=daSIJHa5i78>
- Session 2 - <https://www.youtube.com/watch?v=lcY-rfR6-ss&t=3s>
- Session 3 - <https://www.youtube.com/watch?v=Gba5TA8vncQ>
- Session 4 - <https://www.youtube.com/watch?v=OfEJmI9bDEc>

There were 17 poster abstracts submitted this year, with winning presentations provided by **Baylor Scott and White Medical Center – Waxahachie; Baylor Scott and White McLane Children's Medical Center; Children's Health; Medical City McKinney; Methodist Health System; Scottish Rite for Children; and UNT Health Science Center.**

You can view the posters at <https://dfwhcfoundation.org/patient-safety-summit-poster-submissions/>.

For questions, please contact Patti Taylor at [ptaylor@dfwhcfoundation.org](mailto:ptaylor@dfwhcfoundation.org). ■



# Employee of the Year Recipients



**Employee of the Year:**  
**Sara Landsee,**  
RN Trauma Coordinator  
Texas Health Frisco



**Employee of the Year:**  
**Jessica Lamarre**  
Registered Nurse  
Baylor Scott & White - Plano



**Employee of the Year:**  
**Christy Boucher**  
RN Emergency Services  
Medical City Arlington



**Employee of the Year:**  
**Kaelea Butterfield**  
Clinical Nurse Coordinator  
Medical City Dallas



**Special Recognition:**  
**Hector Murillo**  
Registered Nurse  
Children's Medical Center Plano



**Special Recognition:**  
**Loan VanAuker**  
Infection Prevention  
Baylor Scott & White - Waxahachie



**Special Recognition:**  
**Jamie Harrington**  
NICU Nurse  
Methodist Mansfield Medical Center



**Special Recognition:**  
**Janaki Subramanian**  
Sexual Assault Nurse Examiner  
Methodist Dallas Medical Center



**Physician Award:**  
**Dr. Jennifer Coffman**  
Methodist Mansfield  
Medical Center



**Volunteer Award:**  
**Clarence Griffith**  
Baylor University  
Medical Center Dallas



**Preceptor Award:**  
**Masoud Elmaawy**  
Methodist Dallas  
Medical Center



**System Award:**  
**Ryan Baker**  
Senior Project Manager  
Children's Health



**Community Service:**  
**Kiele Samuel, RN**  
Children's Health



**Rex McRae Scholarship:**  
**Michelle Fraile**  
Methodist Dallas Medical Center



**ACHE NTX Scholarship:**  
**Mackenzie Wood**  
Methodist Mansfield Medical Center

*It is more  
important than  
ever to honor  
our healthcare  
heroes.*

# Employee of the Year Luncheon 2020 recipients honored with virtual video

## A SALUTE TO THE NORTH TEXAS HOSPITAL

**WORKFORCE**, the Dallas-Fort Worth Hospital Council (DFWHC) Foundation's **24th Annual Employee of the Year Luncheon** virtual video was posted on September 22 announcing this year's recipients. More than 130 nominees were acknowledged, with recipients announced from a pool of 55 area hospitals.

The video can be viewed at <https://www.youtube.com/watch?v=VqZxnZz9Tt4&t=7s>.

Due to the COVID-19 pandemic, the in-person Luncheon was cancelled in June.

"We want this to be a memorable day for these outstanding North Texas hospital employees," said **Jen Miff**, President of the DFWHC Foundation. "The goal of these awards is to recognize hospital staff who contribute to exceptional patient and community experiences. Given the global pandemic, it is more important than ever to honor our healthcare heroes as they work tirelessly to support patients, the community, and each other. We would like to congratulate all nominees and recipients. It is our distinct honor to applaud each and every one of them."

This year's recipients included:

### Physician Award

- **Dr. Jennifer Coffman**,  
Methodist Mansfield Medical Center

### Volunteer Award

- **Clarence Griffith**,  
Baylor University Medical Center Dallas

### Preceptor Award

- **Masoud Elmaawy**,  
Methodist Dallas Medical Center

### System Award

- **Ryan Baker**, Senior Project Manager,  
Children's Health

### Community Service Award

- **Kiele Samuel**, Registered Nurse,  
Children's Health

### Special Recognition Awards

- **Hector Murillo**, Registered Nurse,  
Children's Medical Center Plano
- **Loan VanAuker**, Infection Prevention,  
Baylor Scott & White Medical Center – Waxahachie
- **Jamie Harrington**, NICU Nurse,  
Methodist Mansfield Medical Center
- **Janaki Subramanian**, Sexual Assault Nurse Examiner,  
Methodist Dallas Medical Center

### Employee of the Year Awards

- **Sara Landsee**, RN Trauma Coordinator,  
Texas Health Frisco
- **Jessica Lamarre**, Registered Nurse,  
Baylor Scott & White Medical Center – Plano
- **Christy Boucher**, RN Emergency Services,  
Medical City Arlington
- **Kaelea Butterfield**, Clinical Nurse Coordinator,  
Medical City Dallas

### Rex McRae Scholarship

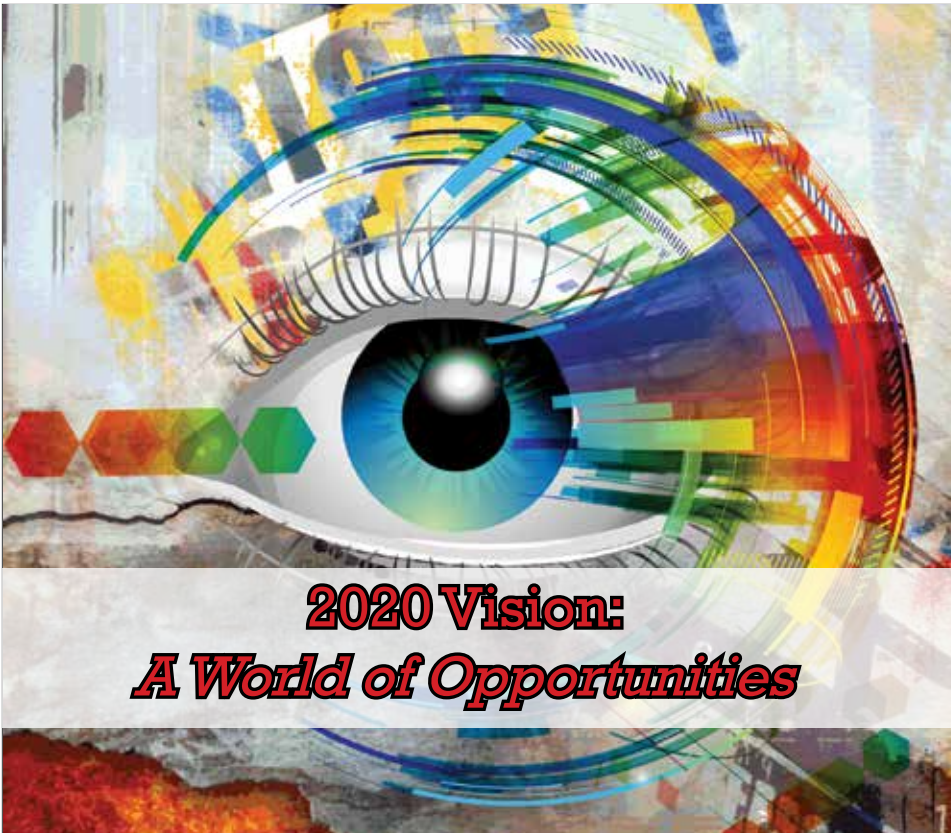
- **Michelle Fraile**,  
Methodist Dallas Medical Center

### ACHE North Texas Scholarship

- **Mackenzie Wood**,  
Methodist Mansfield Medical Center

Board members of the North Texas chapter of the **American College of Healthcare Executives (ACHE)** judged the nominations in August. Individual and hospital names were removed and selections were based entirely on the facts presented within the form letter. Nominees were separated into four categories of hospitals including 1-99 beds, 100-250 beds, 251-499 beds and 500-plus beds. ■





24th Annual  
**Employee of the  
Year Luncheon**

*Celebrating the Best Healthcare  
Employees in North Texas*

**Thank you  
to this  
year's sponsors!**





Theresa Mendoza (l to r), Patti Taylor and Greg Shelton open the first day of the virtual IQSC Data Summit.

## Fourth Annual IQSC Data Summit attracts 100-plus

### THE DFW HOSPITAL COUNCIL (DFWHC)

**FOUNDATION'S** Fourth Annual Information and Quality Services Center's (IQSC) Data Summit took place virtually over three days November 4-6 attracting more than 100 attendees.

**Don Taylor**, the popular executive coach, served as keynote speaker opening the event with his presentation "What the HEALTH Just Happened?" Taylor, a retired Colonel who served in the U.S. Air Force for over 25 years, provided insights based on 40 years of experience in the healthcare industry.

Additional sessions included:

- "Avoiding Visualization Misuse and Disillusion by Understanding Your Stakeholders"
- "Utilization of High Need High Cost Risk Stratification to Support Personalized Care Plans for Individual Member Needs"
- "COVID-19 Data Panel"
- "Developing an In-House Data Science Capability."

"We're thrilled by the turnout, all things considered," said **Theresa Mendoza**, the DFWHC Foundations' director of quality and data services. "The poster presentations and the educational sessions were fascinating. We are so appreciative of the data experts and the sponsors who worked with us on the event this year."

Sessions were recorded and have been posted online. They can be viewed at:

- Session 1 - <https://www.youtube.com/watch?v=mWg0TRkPYJM&t=27s>
- Session 2 - <https://www.youtube.com/watch?v=lex8vykR5o8&t=123s>
- Session 3 - <https://www.youtube.com/watch?v=HwGQR5FdGO4>.

Poster presentations were submitted by **Parkland, Texas Woman's University** and **UTSW**. They can be found at: <https://dfwhcfoundation.org/iqsc-poster-submissions/>.

Platinum Sponsors were **Intalere, Stratasan** and **Teknion Data Solutions**.

For information, please contact **Theresa Mendoza** at [tmendoza@dfwhcfoundation.org](mailto:tmendoza@dfwhcfoundation.org). ■



# Around DFWHC Foundation

## Nurse Educator Institute attracts 90-plus attendees

**THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S** virtual North Texas Institute for Nurse Educators, held over three sessions October 15, 22 and 29, attracted more than 90 attendees.

This year's theme was "Empowering Nurse Educators," with CNEs available for each session. The Institute included 14 sessions with more than 17 speakers.

"We were so happy with this year's participation," said **Sally Williams**, Workforce Center director at the DFWHC Foundation. "We appreciate the support of the expert speakers with so many timely topics relevant to this year's challenging healthcare issues."

Topics included:

- "Technology and Transforming Education for Nurses in Clinical and Academic Settings"
- "Identifying and Responding to Victims of Human Trafficking"



- "COVID-19 Units – Resiliency and Caregiver from Hospital Employee and Student Perspectives."

The sessions were recorded and have been posted online. They are listed at:

<https://dfwhcfoundation.org/about/events/educational-events/>.

For questions, please do not hesitate to contact [workforce@dfwhcfoundation.org](mailto:workforce@dfwhcfoundation.org). ■

## Foundation's Sushma Sharma receives NAMI Award

**DR. SUSHMA SHARMA**, the DFW Hospital Council (DFWHC) Foundation's director of population health research, was announced October 5 as a recipient of the **National Alliance on Mental Illness (NAMI) Texas** award as the **2020 Mental Health Professional of the Year**.

NAMI Texas is an alliance of more than 600 local affiliates who work within the state to raise awareness and provide education that was not previously available to those in need. They work to advocate and improve the lives of people with mental illness and their loved ones.

Dr. Sushma has been instrumental in coordinating the DFWHC Foundation's Mental Health First Aid program which provides eight-hour public education courses through role-playing and simulations to demonstrate how to offer help and connect persons to the appropriate professional care. The program set a goal of training 10,000 North Texans in the rural counties of Ellis, Erath,



**Dr. Sushma Sharma**

Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell and Wise. To date, more than 9,000 residents have participated in the program.

"It was a wonderful surprise to receive this award," said Dr. Sharma. "We are thrilled to be able to conduct this important work and inspire a broad range of people now able to identify the warning

signs of mental illness. So many have worked together as a team to deliver this valuable program to the community and I am thankful to have worked with them this year."

The 2020 NAMI Texas Awards were presented during its Annual Business Meeting and Policy Update held virtually on November 7. ■



# DFWHC Foundation awarded second phase of funding for community mental health program



**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION** announced October 1 it was awarded the second phase of funding for its **Community Mental Health Grant Program from the Texas Health and Human Services Commission (HHSC)**.

The grant allows the DFWHC Foundation to continue its efforts to provide **Mental Health First Aid training**, opioid and peer-to-peer support recovery education to 12 rural North Texas counties including **Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell and Wise**. The program utilizes the national standards from the National Council of Behavioral Health and the Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed through the DFWHC Foundation's cross-functional North Texas Community Health Collaborative.

"We are honored to be selected for the second phase of this grant from the Texas Health and Human Services Commission," said **Jen Miff**, president of the DFWHC Foundation. "This is a clear indication of the value Mental

Health First Aid training brings to our community and to the state."

The DFWHC Foundation's Mental Health First Aid program is focused on an eight-hour public education course that 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.

"This second phase of the Community Mental Health Grant Program will support our ongoing initiative to train 10,000 North Texans in Mental Health First Aid," said **Dr. Sushma Sharma**, the director of population health research at the DFWHC Foundation and coordinator of the Community Health Collaborative. "We are thrilled to be able to continue this important work."

Through the program, the Community Health Collaborative will also connect county residents with the behavioral health-related resources available in their area.

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



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# Saving the revenue generated

**THERE IS A CONSTANT DEBATE INSIDE ORGANIZATIONS** – especially hospitals – that sounds like this: “Why is it taking so long to start our new nurse?” The response from Human Resources (HR) is, “We’re waiting on the background check to be completed.” There is a perception that due to new technology, information should be available instantly and background reports should be completed within hours. Unfortunately, developments in our society brought on by COVID-19 have created delays.

Understand, healthcare systems are expected to ensure all employees have a background report verifying their employment, education and licensures. In addition, a background report also includes research of criminal history and sanctions. This responsibility is assigned to the HR department. Since HR is not viewed as a revenue generating center, their role is to ensure administrative obligations are met.

There is tried and true saying, “An ounce of prevention is worth a pound of cure.” When an employer fails to exercise due diligence and just one bad hire slips through, the result can be financially disastrous. HR departments may not generate money, but they can sure save the revenue generated.

A study issued by Automatic Data Processing, Inc. (ADP) revealed:

- 30% of business failures are due to employee dishonesty and theft;
- Cost of employee turnover is equal to 150% of the annual salary;
- Over 50% of all résumés provided by applicants contain inaccurate information.

Due to the pandemic challenges in 2020 resulting in closures, data collected from courts, employers and schools is delayed up to two additional days. The attainment of data internationally has also been impacted. Countries such as India and Pakistan are experiencing delays due to COVID-19 and climate emergencies such as typhoons.

Ultimately, the turnaround time for an accurate report has increased slightly in 2020. Just as we foresee the improvement of our country’s economic and physical health, we will also see improvement in the time to complete accurate reports. Whether it is risk mitigation or progressive hiring, the production of a quality background report contributes to a safe and compliant workforce. Plus, it saves money too. ■



## 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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## Webinar detailing GroupOne assets now posted online

**THE GROUPONE BACKGROUND SCREENING WEBINAR**  
“10 Unique Features in GroupOne’s Screening System” originally broadcast on September 3 has been posted online.

The webinar detailed the many timesavers when using GroupOne’s online system. Our keynote speaker was **Steve Fischer**, GroupOne’s business operations wizard with years of experience utilizing our screening systems.

Steve provided tips on:

- Emails
- Invites
- Portals
- Screening Lists
- Filters
- Batch Uploads
- Customizing
- Ordering
- Reports
- and ATS Integration.

You can view the webinar at <https://www.youtube.com/watch?v=cipaLsKMWnk&feature=youtu.be>.

For information, please contact **Kaitlyn Ellis** at 972-719-4208 or [kellis@gp1.com](mailto:kellis@gp1.com). ■



## Social justice movements and masks – no easy answer here!

AS COMPANIES ACROSS THE U.S. declare support for the **Black Lives Matter** movement, some are not allowing employees to wear masks or other attire that express solidarity with the cause. Near the GroupOne Background Screening offices in Fort Worth, an employee at a **Whataburger** restaurant was asked to remove her mask displaying the Black Lives Matter logo as it offended a customer, prompting several days of protests.

It's an exhausting, ongoing issue as protests have also taken place at **Whole Foods**, **Trader Joe's**, **Taco Bell** and **Starbucks**. In almost every case, employers have defended the restrictions as a matter of dress code though, we will be the first to admit, dress codes have never before involved masks.

Tensions could potentially increase as more workplaces reopen and the mask-wearing collides with a national movement decrying racial injustice. It is an extraordinarily complex challenge as employers, reluctant to alienate customers and employees alike, may attempt to ban personal statements across the board.

Private employers have the right to regulate what employees wear to work. But restricting some forms of expression could risk violating labor or employment law.

Employers should consider whether employees are wearing Black Lives Matter masks to protest racial discrimination at the office, which could be considered protected under the National Labor Relations Act.

Employers could also face allegations of discrimination if the dress code is not consistently enforced. For example, there could be issues if attire celebrating LGBTQ pride is permitted but Black Lives Matter is not. Employers should inform employees of the dress code policy in writing and



should assure the policy is consistently enforced.

Some companies have responded to public pressure and are letting employees display their solidarity. Starbucks reversed its stance by producing 250,000 t-shirts for employees to wear with a graphic supporting the movement.

Other retailers have stood by their policy. For Whole Foods, employees must comply with its dress code prohibiting clothing with slogans, logos or advertising that are not company-related. It also provides face masks to employees if theirs don't comply.

And we could go on for another 1,000 words detailing additional controversies.

Given the volatility of the issue, companies should attempt to communicate with their employees and decide what course of action will work best for them. Employers should review their current policies when it comes to workplace attire, to include masks. They should also consider consulting with legal counsel for assistance.

*The information and opinions expressed are for educational purposes only and are based on current practice, industry related knowledge and business expertise. The information provided shall not be construed as legal advice, express or implied. ■*

# SALARY History Bans

*All you ever wanted to know!*

**AMONG THE MANY CURRENT TRENDS** in human resources, salary history bans are growing in popularity across the U.S. There was a time when employers could ask applicants about their salaries at previous jobs. Today, with a national focus on gender inequality in pay, many governments are enacting laws that prohibit employers from requesting such information. It's a good idea to be continuously aware of equal pay laws when negotiating an applicant's salary.

## **What are Salary History Bans?**

Salary history bans are designed to address gender pay inequality. It has long been illegal for employers to pay different wages to men and women for the same work. Pay gaps still exist to this day. According to multiple reports including the Center for American Progress, women earn 81% of what men do for the same job.

## **How does a Salary History Ban work?**

Salary history bans prohibits employers from asking applicants about their past salaries. They also prohibit employers from obtaining this information through agents or former employers. A Salary History Ban prohibits communication of any salary question to an applicant and the search of records for the purpose of obtaining an applicant's current or former compensation. Please note, employers in states with salary history bans can still ask applicants about their salary requirements and expectations. If an applicant voluntarily provides salary information without being asked, the employer can consider that information in setting pay.

## **States with Salary History Bans**

As of September 2020, there are 19 statewide bans and 21 local bans on salary history. If you work in



any of these states or regions, there are salary bans you should be aware of. The states include Alabama, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, South Carolina, Utah, Vermont, Virginia and Washington.

## **What should employers do?**

If your company is subject to these laws, the first thing to do is remove questions on print and online applications that request salary history. The human resources team should also train managers about the new laws. They can no longer ask any questions about previous pay, including commissions and benefits. More generic questions about employees' earning expectations will need to be asked and your outside recruiters will need to do the same.

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## Will COVID-19 vaccinations be mandatory?

### A POPULAR QUESTION ABOUT THE POTENTIAL

**COVID-19 VACCINE** has been, “Can employers mandate that its employees be vaccinated?”

In most cases, yes, if the employer allows for religious and disability exemptions. But still, employers should proceed cautiously.

As the world continues to wait for a COVID-19 vaccine, many businesses are considering what a vaccine would mean for their workplace. While a vaccinated workforce could benefit businesses and employees, employers must be mindful of their obligations under the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964 (Title VII), and similar laws.

For covered employers, these statutes require the employer to grant an exemption from becoming vaccinated based on an employee’s disability or sincerely held religious belief, unless the exemption would cause the employer undue hardship. What constitutes an undue hardship depends on the facts.

The test for what constitutes an undue hardship based on religion is fairly low, namely, would the accommodation impose more than a minimal burden on your business? On the other hand, the test is higher in the case of disability and focuses on whether the requested accommodation involves significant difficulty or expense.

There may be other legal limitations as well. For example, a unionized employer might not be able to require vaccinations under the terms of the collective bargaining agreement. As a practical matter, mandating vaccines may provoke an employee backlash, including legitimate unease about the safety and effectiveness of certain vaccines if they are fast-tracked. Mandating vaccines almost always raises tricky questions about how the employer will deal with employees who refuse

vaccinations.

Employers should begin planning now for a vaccine and thinking about whether COVID-19 vaccination will be mandatory or encouraged. The EEOC recommends encouragement, advising that “ADA-covered employers should consider simply encouraging employees to get the vaccine rather than requiring them to take it.” The EEOC’s recommendation should be considered during an employer’s decision. Employers also should watch for future guidance from agencies, including the EEOC, the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), and the employer’s state department of health.

If an employer eventually decides to mandate a COVID-19 vaccine, it should have a process in place to respond to employee requests for exemptions. The process may include up-to-date forms for seeking exemption, and designating an HR professional to handle requests.

Even during the now-historic COVID-19 pandemic, an employer may not require its employees to become vaccinated without regard to their medical conditions or religious beliefs. Employers should consider carefully whether they will require or simply encourage employees to become vaccinated. If the employer requires vaccination, it should consult with legal counsel and prepare early for responding to employee questions and requests for exemptions.

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Healthcare  
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