



DALLAS-FORT WORTH
HOSPITAL COUNCIL

FALL 2024

INTERLOCUTOR

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NEWS FROM THE DFW HOSPITAL COUNCIL

76TH ANNUAL AWARDS LUNCHEON

CONGRESSMAN
MICHAEL BURGESS
CONGRESSWOMAN
KAY GRANGER
DISTINGUISHED
HEALTH SERVICE
AWARD

RYAN GEBHART
YOUNG HEALTHCARE
EXECUTIVE OF THE YEAR

RON CARTER
RANDALL CANEDY
KERNEY LADAY, SR.
TRUSTEES OF THE YEAR

MORE THAN 700 ATTENDEES TURN OUT
TO HONOR NORTH TEXAS HEALTHCARE

PAGE 6

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Why don't we give it a try?

THESE ARE TROUBLING NUMBERS. In July 2024, the Commonwealth Fund released a scorecard on women's healthcare based on 32 key measurements of access, quality and outcomes. The lowest state performers were Mississippi, Texas, Nevada and Oklahoma. Women of reproductive age in Texas, Georgia and Oklahoma had the highest rate of uninsured. Texas needs to expand Medicaid in the 89th regular session of the legislature starting January 14, 2025. The women of Texas deserve bipartisan support.

Sadly, think tanks are distributing hospital misinformation with incomplete data analyses and flawed conclusions. Two items being touted are same-site neutral payments and Medicare payment indexing for third-party payments to providers. These reports lead with remarks that they want to reduce costs and have better outcomes. Providers have always agreed with that mission, but most think tanks produce flawed white papers and lobby legislators with illogical conclusions.

Close your eyes and imagine a car accident occurring at 2 a.m. and your loved one is critically injured. Paramedics have a choice to take them to a physician's office, surgery center or trauma department at an acute care hospital. Which provider would you prefer? Acute care hospitals with emergency rooms are open 24 hours a day, have rigid accreditation requirements, with standby services and medical personnel onsite. Obviously, such infrastructure costs more to provide the necessary care.

Cherry-picking an outpatient procedure and then stating the same price should be paid regardless of location completely ignores the added costs acute care hospitals incur to be a full-service provider. The proposed same site-neutral policy by **Senators Bill Cassidy** and **Maggie Hassan** needs to be defeated because many non-hospital providers do not address the needs of the underserved or the complex emergencies hospitals face every day. It is not surprising that the ERISA Industry Committee and many insurance companies have endorsed the Cassidy-Hassan proposal.

The other flawed think tank belief is that Medicare payments are the gold standard for indexing all other payments to third-party groups. Most hospitals lose money on Medicare and are lucky to break even. I laughed out loud when a recent article implied breaking even was a sign of good hospital financial management. It should be noted many think tanks are founded by individuals who accumulated great personal wealth in business. I would assume they had to do better than break even.

Another reason Medicare is not the benchmark is because it does not cover all costs. It also responds slowly to inflation, supply chain issues and staffing. And finally, Medicare is subject to political pressures as evidenced when arbitrary sequestration was enacted federally in 2011.

Now is the time for common-sense collaboration with federal and state leaders. We do not need think tank declarations with flawed conclusions inspired by bad data. We need all stakeholders (with extensive provider input) to have candid discussions on how we can work together to address healthcare delivery. Why don't we give it a try? ■

FALL 2024 WWW.DFWHC.ORG



INTERLOCUTOR

EDITORIAL

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ADVERTISING

Interlocutor reaches more than 5,000 healthcare professionals in North Texas. It is published four times a year.

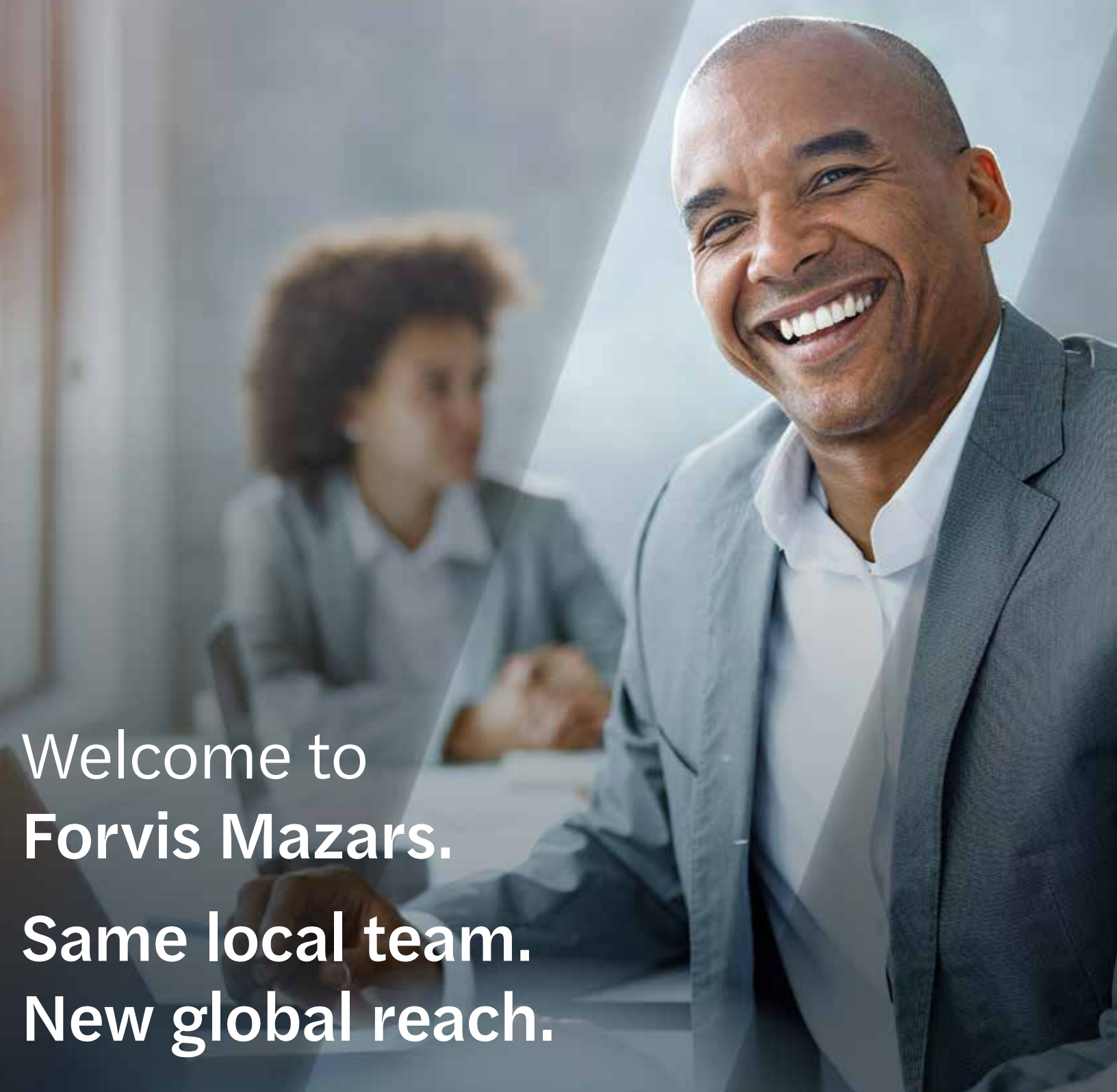
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INTERLOCUTOR

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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Gold Medal MINDSET



DALLAS-FORT WORTH
HOSPITAL COUNCIL

76th ANNUAL
AWARDS LUNCHEON

October 18, 2024
Loews Arlington
Convention Center

photos by Jerry McClure



MORE THAN 700 ATTENDEES turned out for the DFW Hospital Council's (DFWHC) **76th Annual Awards Luncheon** on October 18 at the Loews Arlington Convention Center and Hotel. The event served as an opportunity for North Texas hospitals of to honor residents and executives who have dedicated their lives to improving healthcare in the community.

Congressman Dr. Michael Burgess and **Congresswoman Kay Granger** were honored with the Distinguished Health Service Award, an honor dating back to 1948.

DFWHC also presented the 2024 Young Healthcare Executive of the Year award to **Ryan Gebhart**, senior vice president of Baylor Scott & White Health and president of Baylor Scott & White Medical Center – Centennial; and the Kerney Laday, Sr. Trustee of the Year Award to **Ron Carter** of Baylor Scott & White Health and **Randall Canedy** of Methodist Health System.

"We were thrilled by the turnout for this year's Annual Awards Luncheon," said **Stephen Love**, president/CEO of DFWHC. "This was our first time hosting the event at the Loews Arlington Hotel and we have received nothing but compliments about the location. Most importantly, it was our privilege to honor Congressman Michael Burgess, Congresswoman Kay Granger, Ron Carter, Randall Canedy and Ryan Gebhart for their great leadership. They were all fully deserving of the awards."

An additional highlight was the appearance of **Shannon Miller** as keynote speaker. The famous Olympic gymnast won seven medals during her career, and she discussed her athletic accomplishments in addition to her healthcare challenges. A cancer survivor, she detailed her personal "Gold Medal Mindset" when making healthcare a priority and the importance of fitness and wellbeing.

The luncheon opened with the introduction of 30-plus Chairs of the North Texas hospitals' boards of trustees. The National Anthem was performed by **AweDacity**, an Arlington-based barbershop quartet to include **Gil Carrick**, **David Weick**, **Scott Simmons** and **Richard Ebsen**.

Young Healthcare Executive of the Year nominees presented awards this year included **Sharita Butler** of Children's Health; **Kevin Greene** of Cook Children's; **Christina Mathis** of Medical City Healthcare; **Cody Hunter** of Methodist Health System; **Chad Collins** of Texas Health Resources; and **Martin Marshall** of UT Southwestern.

Jessica O'Neal, DFWHC Chair and CEO of Medical City Las Colinas, served as Master of Ceremonies. **Jon Roth**, president/CEO of the Dallas County Medical Society provided the Invocation while **Kathryn Keaton**, program director at Tarrant County Medical Society, provided the Benediction.

Platinum Sponsors included Hall Render and Forvis Mazars. GroupOne Background Screening, Konica Minolta and Oncor served as Gold Sponsors. Hospital Platinum Sponsors were Children's Health, Medical City Healthcare and Texas Health. Baylor Scott & White Health served as Gold Sponsor. ■



Young Healthcare Executive of the Year nominees.



AweDacity performing the National Anthem.



Wanda Carter (l to r), Ron Carter, Ryan Gebhart and Natalie Gebhart.



Stephen Love (left) and Keith Dugger of Hall Render.



76th
ANNUAL
AWARDS
LUNCHEON

October 18, 2024
Loews Arlington
Convention Center

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Young Healthcare Executive of the Year Finalist

Sharita Butler

Vice President, Clinical Programs
Children's HealthSM

Children's HealthSM congratulates all the Dallas-Fort Worth Hospital Council Young Healthcare Executive of the Year honorees, including our very own team member, **Sharita Butler**.

Thank you for accomplishing the incredible for kids across North Texas and beyond.





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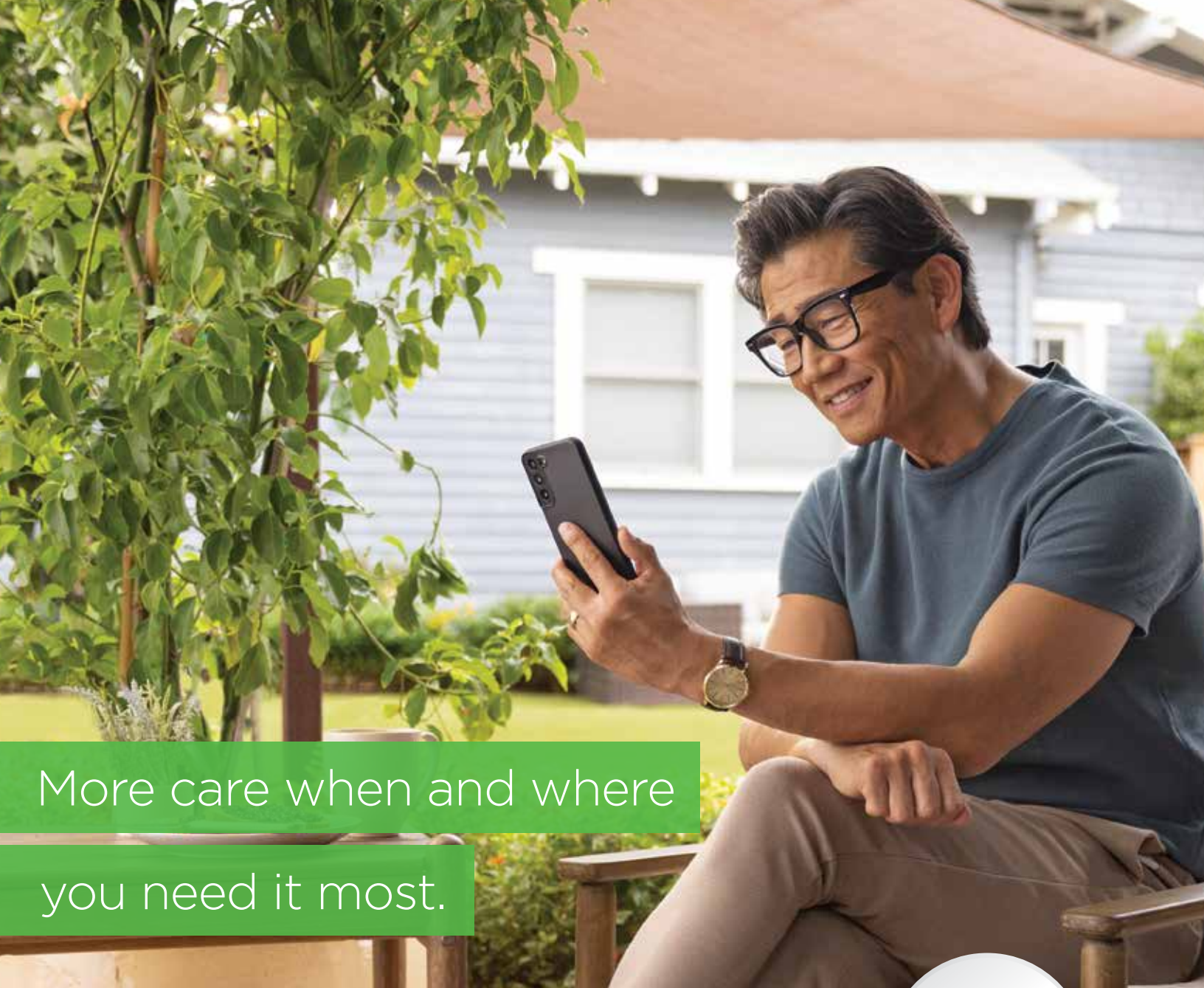
Healthcare excellence

Medical City Healthcare congratulates the recipients of the **2024 DFW Hospital Council Annual Awards**.

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Around DFWHC

DFWHC hosts Young Healthcare Executive Cohort meetings

THE DFW HOSPITAL COUNCIL (DFWHC) in coordination with **Amanda Thrash**, president of Texas Health Presbyterian Hospital Allen, hosted a pair of Young Healthcare Executive Cohort meetings for DFW administrative residents and fellows on September 26 at **Parkland Health** and November 7 at **Texas Health Presbyterian Allen**.

Thrash, the DFWHC 2023 Young Healthcare Executive of the Year, served as host and provided introductions. **Dr. Fred Cerise**, president/CEO of Parkland Health; **Matt Chance**, chief operating officer at Scottish Rite for Children; **Matt Moore**, chief of staff at Children's Health; and **David**



Attendees at Parkland Health on Sept. 26.

Tesmer, chief community and public policy officer at Texas Health were in attendance and provided presentations.

"The DFWHC Board of Trustees initiated this program in 2017 for young healthcare executives," said **Stephen Love**, president/CEO of DFWHC. "This program encourages collaboration for our up-and-coming healthcare executives in North Texas."

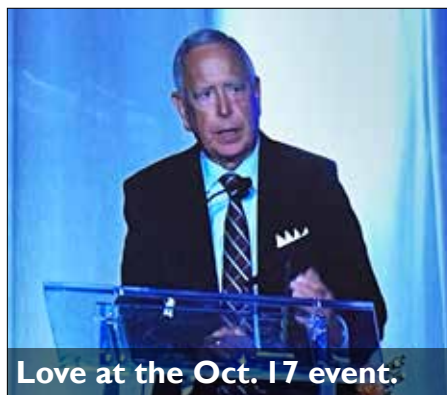
For info, contact **Stephanie Suarez** at ssuarez@dfwhc.org. ■

DFWHC's Love receives CCGD Health Equity Award

DFW HOSPITAL COUNCIL (DFWHC) President/CEO **Stephen Love** was chosen as the Health Equity Champion of the Year by **The Community Council of Greater Dallas (CCGD)** during an announcement on August 2. The honor is one of six Founders Awards presented annually by the CCGD.

For the past 60 years, the Founders Awards have recognized individuals and organizations demonstrating exceptional commitment to serving those in need within Dallas County.

"I am surprised and humbled to receive this great honor," Love said. "There are so many stakeholders in the region deserving of recognition in advancing health equity. I will proudly accept this award on behalf



Love at the Oct. 17 event.

of an army of others who work every day promoting health equity and removing disparities in healthcare in North Texas."

Additional recipients included:

- Lifetime Achievement, **Mike Rawlings**, former Dallas Mayor;
- Emerging Leader, **Bryan Tony**, Dallas Housing Coalition;
- Agency of the Year Aging

Services, **The Resource Center**;

- Agency of the Year, **Poverty Alleviation, Viola's House**;
- Corporate Social Benefit of the Year, **McKesson**.

"All finalists and winners exemplify our mission to move families from surviving to thriving," said **Sharla Myers**, CEO of CCGD. "This is achieved through poverty alleviation, fostering independence and wellness, and connecting people to essential resources."

The awards were presented during the CCGD's Founders Award Dinner on Thursday, October 17 at the Fairmont Dallas Hotel. Rawlings was the keynote speaker while NBC 5 News Anchor **Meredith Land** served as Emcee. ■



Fall Educational Webinars

AS AN EDUCATIONAL SERVICE to our hospital members, the DFW Hospital Council (DFWHC) hosts monthly webinars with Associate Members. These live virtual events are complimentary and can be found on DFWHC's website calendar at <https://dfwhc.org/events>. They are also posted online at www.youtube.com/@dallas-fortworthhospitalco8328.

August 8, 2024

"Health and Voting: How is Health Related to Voting?"

– DFWHC/Ambassadors for Aging Well

Speakers **Jeanne Ayers, RN, MPH** and **Gnora Mahs, DrPH, MPH** of Healthy Democracy Healthy People; and **Elva Roy, MBA** of Ambassadors for Aging Well.

<https://www.youtube.com/watch?v=o7djQdn2seA>

August 14, 2024

"Navigating 340B: Key Updates and Strategies"

– DFWHC/Forvis Mazars

Speakers **Travis E. Belson, Pharm. D.**, Manager and **Brian Bell**, Principal, Healthcare Performance Improvement at Forvis Mazars.

<https://www.youtube.com/watch?v=d-bE66SVqNM>

August 22, 2024

"Navigating the Minefields of Healthcare Immigration"

– DFWHC/Hall Render

Speaker **Michael L. Kim, Attorney** at Hall Render.

<https://www.youtube.com/watch?v=8e4Kp8NovaU>

September 5, 2024

"Denials Management: An Integrated People-First Approach"

– DFWHC/Moss Adams

Speakers **Richard Riter**, Director and **Erin Ressler**, Director at Moss Adams.

https://www.youtube.com/watch?v=CO-gopOF_ul

September 12, 2024

"Accelerating Clinical Research: Harnessing Multi-Modal Data, AI and Secure Collaboration"

– DFWHC/Snowflake

Speakers **Murali Gandhirajan**, Global Healthcare, Chief Technology Officer and **Joe Warbington**, Industry Principal Healthcare at Snowflake.

https://www.youtube.com/watch?v=Br9gpU_SjHE

October 23, 2024

"A Strategic Blueprint for Hospital Pricing Optimization"

– DFWHC/Hospital Pricing Specialists

Speaker **Randi Brantner**, Vice President and Chief Operating Officer at Hospital Pricing Specialists

<https://www.youtube.com/watch?v=6-ZmmOH9BMo>

October 30, 2024

"Building Tomorrow's Healthcare Workforce"

– DFWHC/Abilene Christian University

Speakers **Meghan Hope, JD, MHA** and **Susan Maupin, JD, RN** of Abilene Christian University.

<https://www.youtube.com/watch?v=bBSUslkgvf0>

November 6, 2024

"Strategic Agility: Planning and Execution"

– DFWHC/Forvis Mazars

Speaker **Chris Mazone**, Principal/Healthcare at Forvis Mazars.

https://www.youtube.com/watch?v=9uB_6NgVrVQ

November 7, 2024

"Transform Revenue Cycle Performance and Increase Cash: Leverage Analytics to Guide Compliance and AI Solutions"

– DFWHC/Voyage Technologies

Speakers **Ted Shaw**, Strategic Advisor and Principal; **Chris Gerhardt**, Co-Founder and CEO; and **Gene Lawson**, Executive Vice President Revenue Cycle at Voyage Technologies.

<https://www.youtube.com/watch?v=rwZkByQyS2I>

November 14, 2024

"AI Governance"

– DFWHC/Hall Render

Speaker **Michael T. Batt**, Attorney and Advisor at Hall Render.

<https://www.youtube.com/watch?v=zcdDCYP0zNg> ■

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

Around DFWHC

Deno named CEO of MC McKinney

MARK DENO HAS BEEN NAMED chief executive officer (CEO) of **Medical City McKinney**, starting Aug. 1. Deno replaces former CEO **Ernest Lynch**, who retired in July after more than 20 years of distinguished service.



Mark Deno

"Mark has a proven track record of strategic leadership and focus on delivering high-quality, compassionate healthcare," says **Allen Harrison**, president of Medical City Healthcare. "With Medical City McKinney's long history of outstanding care in the community, I am confident Mark and his leadership team will elevate the hospital to the next level of healthcare excellence."

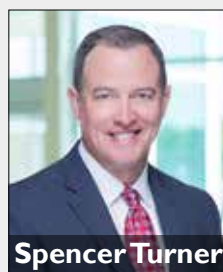
Deno served previously as CEO of Medical City North Hills since August 2019. During that time, Medical City North Hills received numerous five-star ratings for specialty care from Healthgrades.

Deno earned a Master of Business Administration from American Intercontinental University and a Bachelor of Science in Business Administration from Colorado Technical University. ■

Turner new CEO at MC North Hills

SPENCER TURNER, FACHE, has been named chief executive officer at **Medical City North Hills**, effective Sept. 2.

Turner brings more than 20 years of healthcare leadership to the role. Since May 2022, he has served as chief development officer of Medical City Dallas, where he was responsible for development and operational activities.



Spencer Turner

"Spencer has a depth of healthcare knowledge and strategic leadership with a focus on physician and staff relationship building to enhance compassionate, high-quality care," says **Allen Harrison**, president of Medical City Healthcare. "I am confident he will lead Medical City North Hills to the next level of healthcare excellence."

Turner earned a Master of Healthcare Administration from Trinity University and a Bachelor of Health Care Administration from the University of Texas Southwestern Medical School. ■

Shelton new President of Texas Health Harris Methodist FW

JARED SHELTON, FACHE, has been named president of **Texas Health Harris Methodist Hospital Fort Worth**. He assumes the role Sept. 22.



Jared Shelton

Shelton comes to Texas Health Fort Worth from Texas Health Harris Methodist Hospital Hurst-Euless-Bedford, where he spent two years as president. In his time there, he led efforts to improve the patient experience and strengthen employee engagement.

"Jared is a rising star within Texas Health Resources, and we're pleased to see him continue his career at one of our largest hospitals," said **Kirk King**, chief operating officer, Hospital Channel, at Texas Health. "Under his

leadership at Texas Health Fort Worth, we expect the hospital to continue to grow to meet the needs of the community we serve."

Prior to leading Texas Health HEB, Shelton spent six years as president of Texas Health Presbyterian Hospital Allen and another six years at Texas Health Presbyterian Hospital Dallas in progressive leadership roles.

He holds a bachelor's degree from Wake Forest University and earned a master's degree in healthcare administration from Trinity University in San Antonio. He currently serves as the ACHE Regent for the Texas-Northern region and is the Texas Hospital Association's Council on Policy Development. Shelton was recognized with the 2024 Momentum Award from Trinity University's Health Care Administration Alumni Association. ■

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Blue Cross Blue Shield settles for \$2.8 Billion to providers

By Michael Greer,
Nathan Chubb
and Liliann Stoll

hallrender.com

ON OCTOBER 14, 2024, Plaintiffs representing a class of health care providers for *In Re Blue Cross Blue Shield Antitrust Litigation* reached a settlement agreement against the Blue Cross Blue Shield Association and its member companies (BCBS) for allegations of suppressing competition and underpaying providers. BCBS will pay \$2.8 billion to a Settlement Fund and implement transparency and accountability measures within BCBS to ensure the alleged anticompetitive behavior does not continue. This settlement follows the \$2.67 billion settlement finalized earlier this year with subscribers. Health care providers must now decide to participate in the proposed settlement or opt out and assert their own claims.

BACKGROUND

Over a period of 12 years, health plan subscribers and health care providers sought legal action against BCBS, alleging BCBS violated the antitrust laws by allocating

markets through exclusive service areas and fixing prices paid to health care providers through the BlueCard program. These actions suppressed competition and allegedly caused BCBS to overcharge subscribers while providers were underpaid.

In order to “put years of litigation behind us,” BCBS agreed to settle the matter. The proposed settlement includes a \$2.8 billion fund to reimburse providers and a commitment to make operational changes within the BCBS organization to prevent future anticompetitive conduct. The proposed settlement is subject to approval by the Alabama federal court, and the fairness hearing is currently scheduled for November 14, 2024.

QUALIFYING PROVIDERS

To be eligible to participate in the settlement, practitioners, health systems and owners and operators of “Other Facilities” must have treated BCBS patients between July 2008 and October 2024. For settlement

allocations, health systems and other facilities constitute one reimbursement group, while providers constitute a second.

PLAN OF DISTRIBUTION

Provider payments under the settlement agreement are based on (1) whether the individual provider opting in is a hospital, other facility or practitioner, and (2) the Allowed Amounts under the BCBS reimbursement during the relevant time period. Prior to distribution, class attorneys requested a 25% distribution (\$700 million) as well as an additional approximately \$100 million for class marketing and similar expenses, leaving approximately \$2 billion in the settlement fund.

Plaintiffs' economists estimate that (a) the impact of the BCBS conduct was 3.5 times larger on "health care facilities," including general acute care hospitals and other facilities such as outpatient centers, ambulatory surgery centers, etc., than on individual practitioners and practitioner groups, and (b) 65% of individual practitioners and practitioner groups released their claims in a similar action finalized earlier this year. Therefore, the proposed settlement will distribute 92% of the settlement fund to health care facilities. Those providers that did not opt in to the prior settlement will share in the final 8% of the fund.

Providers and health systems have two potential methods to determine the Allowed Amounts BCBS paid the provider in the relevant period. For hospitals and other facilities, providers may choose between:

- **Default Method:** allows health care facilities to provide Plaintiffs' experts with their tax identification number ("TIN"). Plaintiffs' experts will then identify the total Allowed Amounts in their database associated with the TIN, extrapolate for missing data and then provide the Allowed Amount to the opt-in provider to allow for corrections.
- **Alternative Method:** allows providers to extract their own data for their billing and records system and present their data to the Plaintiffs' experts.

Non-facility providers can similarly choose between the Default Method where Plaintiffs' experts utilize their existing database or the Alternative Method of providing

their own data; however, non-facility providers will have their data analyzed in \$250,000 increments, rather than exact figures.

Once the Plaintiffs' experts and the opt-in provider agree to the Allowed Amount, the Plaintiffs' experts will adjust the Allowed Amounts by applying a regression model to estimate the impact of BCBS's conduct on that specific provider. This model determines a provider's total Adjusted Allowed Amounts by TIN. Providers are then entitled to their pro rata portion of the respective settlement fund based on the total Adjusted Allowed Amounts for all opt-in health care providers to each fund.

PRACTICAL TAKEAWAYS

Providers, including health systems, hospitals and other provider groups, should weigh the difference in the potential recovery from either participating in the settlement fund or opting out and submitting their own legal actions against BCBS in the near future to preserve their legal rights. Considerations should include the type of provider and available funds, the volume of services provided to and revenue associated with BCBS-treated patients, and potential litigation costs of opting out of the proposed settlement. A Hall Render attorney can assist in the evaluation of potential damages claims and help health care professionals determine whether opt-out litigation is appropriate.

If you have questions regarding this litigation, or whether you or your company should opt in or opt out of the settlement fund, please contact:

- **Michael Greer** at mgreer@hallrender.com;
- **Nathan Chubb** at nchubb@hallrender.com;
- **Liliann Stoll** at lstoll@hallrender.com; or
- Your primary Hall Render contact.

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Transforming Our Healthcare Marketing Approach

As CEO of a Dallas-based advertising agency specializing in healthcare marketing, I'm often asked about our journey with artificial intelligence. The integration of AI into our agency's toolkit has transformed not just how we work, but how we deliver value to our healthcare clients across North Texas.

Our agency now leverages AI across many aspects of our creative and strategic processes. What previously took our team weeks of data analysis happens in hours, allowing us to be more responsive to market changes. Our team can now focus on what they do best – developing innovative strategies and compelling creative – while AI handles the heavy lifting of data processing and pattern recognition.

The technology has revolutionized our creative process. Our writers collaborate with AI to develop messaging variations that resonate across different healthcare specialties while maintaining brand consistency and compliance. This partnership between human creativity and artificial intelligence has significantly shortened our production timelines while expanding our capacity to serve clients.

Media planning has reached new levels of precision through AI-driven predictive analytics. We can now forecast optimal timing and placement strategies across North Texas with unprecedented accuracy. This means more efficient budget allocation and better results for our clients.

What excites me most as an agency leader is watching our team embrace this technology. AI isn't replacing our creative and marketing team – it's empowering them. They spend less time on repetitive tasks and more time developing innovative strategies that drive real results.

Looking ahead, we're investing heavily in AI capabilities that will help us stay at the forefront of healthcare marketing. From predictive patient journey mapping to real-time campaign optimization, we're committed to leading the AI revolution in healthcare marketing right here in DFW.

For my fellow healthcare marketing professionals across North Texas, AI isn't just changing the game – it's creating an entirely new playbook. The future is filled with opportunities to break boundaries, redefine what's possible, and set new standards. And we're just getting started.



About the author

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Children at Risk	Mary Crowley Cancer Research	University of Texas at Arlington
CitiusTech Inc.	Maximus	University of Texas at Dallas
Clarity Diagnostics, LLC	MCAG	VNA of Texas
Collin College	McDermott + Bull	Voyage Technologies LLC
Consilium Staffing, LLC	McKesson	Warrior Centric Health, Inc.
Dallas College	Mediktor	Witt/Kieffer
DFW Business Group on Health	Metropolitan Anesthesia	YMCA of Metropolitan Dallas
Dallas Regional Chamber	Milburn Partners, Inc.	



Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Collaboration closes workforce gaps

AT THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION, one of our cornerstone capabilities is the ability to convene thought leaders from across the industry. Our workforce collaboratives have had a particularly busy and successful year.

At the beginning of November, we brought together the chief nursing executives and nursing school deans to discuss four key areas of priority for regional improvement: Clinical Placements, Transition to Practice, Preceptors and Curriculum/Skills development. Hosted by Texas Health Resources in Arlington, we had more than 49 attendees from 25 hospitals and schools and ended up with about six prioritized root causes to form the foundation of at least four action teams that will be meeting in 2025.

In early October, HR executives and chief nursing executives from our health systems met at Parkland Health to learn about their strategies to measure and decrease workplace violence. This group has been meeting jointly since 2023 and seeks to identify topics of interest to create regional synergies.

September 23 marked the final celebration of the five-year Dallas College Department of Labor Apprenticeships Grant. The grant wrapped up in July 2024 and met the goal to train 7,500 apprentices, 6,800 of which were in North Texas across our 11 participating employers. Close to 20 occupations were offered and our 6,800 apprentices received \$3.7 million in training funds. Our region was a consistent top performer versus fellow grantees. Also underway is our Economic Development Administration Biotech Grant, also with Dallas College, where our region has seven hospital partners receiving training for more than 800 participants. This grant targets three focus areas – Talent Pipeline, Career Awareness and Investor Development.

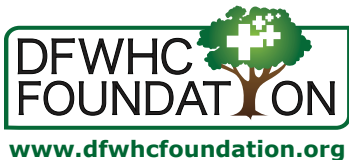
Finally, several of our key leaders were active participants in Governor Greg Abbott's Healthcare Workforce Task Force, including **Cheryl Petersen**, senior vice president and chief nursing officer at Cook Children's; and **Dr. Fred Cerise**, president/CEO at Parkland Health. This task force included more than 70 subject matter experts, 50 stakeholders and seven state agencies to evaluate the healthcare workforce shortages.

On August 22, the DFWHC Foundation's Workforce Center Director **Sally Williams** was invited to present to the workgroup about our North Texas Centralized Clinical Placement System. The final report can be found at <https://www.highered.texas.gov/governor-abbott-thecb-release-healthcare-workforce-task-force-recommendations/>. ■

How to contact us

972-717-4279

info@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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Around DFWHC Foundation



The DFWHC Foundation's Sally Williams (third from left) is recognized by Diana Flores (l to r), Anita Bedford, Patricia Corley and Dr. Catalina Garcia of Dallas College.

Wrap-up event hosted in honor of DOL Apprenticeship Grant

REPRESENTATIVES FROM THE DFW Hospital Council (DFWHC) Foundation and **Dallas College** gathered at the Lorenzo Hotel in Dallas on September 23 to recognize the successful conclusion of the 2019 U.S. Department of Labor (DOL) Apprenticeship Grant. The purpose of the grant was to promote work-based training while serving as a model to strengthen the local workforce with trained, credentialed healthcare workers.

Over the past five years, the DOL grant supported the training for 7,500 apprentices in 25 critical healthcare occupations for healthcare providers, locally and nationally.

The DFWHC Foundation and Dallas College partnered with grant participants Baylor Scott and White Health,

Children's Health, JPS Health Network, Medical City Healthcare, Methodist Health System, Parkland Health, Texas Health and UT Southwestern.

These hospital systems received \$4 million in grant funding for training in such occupations as nursing, patient care technicians, medical assistants, pharmacy technicians and sterile processing technicians.

"This was a great a wrap-up event for all of the participants and partners," said **Sally Williams**, workforce center director at the DFWHC Foundation. "We would like to thank Dallas College for including our local hospital systems in this great opportunity."

For information, you can contact Sally at swilliams@dfwhcfoundation.org. ■

Around DFWHC Foundation



Dr. Rosalyn Reades of Methodist Charlton.

Third Annual Sepsis Conference attracts 200-plus

MORE THAN 220 ATTENDEES registered for the DFW Hospital Council (DFWHC) Foundation's **"Third Annual Sepsis Conference"** on September 11 at the Tarrant County College Trinity River Campus in Fort Worth.

This year's event was themed **"Strike Out Sepsis,"** with 10 speakers and nine sessions. Sessions included:

- "Keynote: Emergency Department Perspective on Sepsis" with **Dr. Rosalyn Reades**, Emergency Department Medical Director, Methodist Charlton Medical Center;
- "Maternal Sepsis- Take a Swing and Hit a Home Run" with **Emily Phelps**, MSN Nursing at Medical City Healthcare;
- "AI in Sepsis Detection: Great Servant, Terrible Master" with **Dr. Sarma Velamuri** of Luminare;
- "Palliative Care and Sepsis Mortality" with **Kelle White**, Palliative Care LCSW at JPS Health Network;
- "Collaborating to Improve Sepsis Mortality" with **Dr. Les Cler**, Chief Medical Officer at Methodist Dallas Medical Center; and **Shannon Mentel**, MSN, RN,

CNOR and ERAS Sepsis Coordinator;

- "Mock Trial" with **Linda Stimmel**, JD, Defense Attorney at WilsonElser;
- "Mock Trial Lecture" with **Linda Stimmel**, JD, Defense Attorney at WilsonElser;
- "Life after Sepsis" with **Dr. Nikhil Bhayani**, Infectious Diseases at Texas Health.

The sessions were hosted by the **Sepsis Strike Force**. Coordinated by **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation, the group was formed in 2017 with the intention of providing evidence-based clinical guidelines, protocols and best practices regarding sepsis.

The group's membership includes representatives from Baylor Scott & White Health, Children's Health, JPS Health Network, Methodist Health System, Parkland Health, Texas Health Resources and UT Southwestern.

JPS Health Network provided the continuing education credits.

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

More than 800 attendees turn out for four-day Patient Safety Summit

MORE THAN 800 ATTENDEES participated in the DFW Hospital Council Foundation's **17th Annual Patient Safety Summit** on September 5, 12, 19 and 26.

Themed "Safety Champions Light the Way," the virtual event kicked off with Keynote Speaker **Will Bowen**, the bestselling author of "A Complaint Free World." During his session he invited attendees to break the negative habit of complaining by going 21 consecutive days without uttering a single criticism as a way to improve morale in the workplace.

"We were thrilled with this year's turnout," said **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation. "The Patient Safety Summit was designed to educate a large range of healthcare providers including bedside caregivers, quality directors, regulatory staff and risk management staff. We try to coordinate the event to detail current best practices in the industry."

Additional topics and speakers included:

- "Sentinel Event Definition of Suicide and How to Apply" with **Sally Dahab** of The Joint Commission;
- "Best Practices for Monitoring a Suicidal Patient" with **Dr. Andrew Diederich** of Children's Health;
- "Best Practices for Fall Prevention" with **Anne Hulzing** of The Joint Commission;
- "AI in Sepsis Detection: Great Servant, Terrible Master" with **Dr. Sarma Velamuri**, Founder of Luminare;
- "Workplace Violence Prevention in Texas" with **Jack Frazee** of the Texas Nurses Association.

This year's sponsors included **Methodist Health System**, **Texas Health** and **UT Southwestern**. There were 7.5 hours of continuing education credits provided.

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



Around DFWHC Foundation

Foundation hosts Performance Improvement webinar

MORE THAN 200 ATTENDEES participated in the DFW Hospital Council (DFWHC) Foundation's educational webinar "How to Influence Executive and Front-Line Teams to Support Improvement Efforts" on October 29.

The live panel discussion included **Dr. Bruce Spurlock**, president/CEO of Convergence Health; **Nam Le-Morawa**, chief operating officer of San Carlos Apache Healthcare Corporation; **Laura Weber**, vice president clinical effectiveness at Methodist Health System; and **Stephen Love**, president/CEO of DFWHC.

Objectives included the identification of key strategies that lead to successful quality improvement initiatives; the formulation of 2-3 actionable strategies for effectively engaging hospital executives in supporting quality



improvement initiatives; and the description of 2-3 techniques for involving front-line healthcare teams in quality improvement activities.

The webinar provided 1.0 CNE credit to attendees. ■

In-Person "Mental Health Recovery Workshop" on Dec. 8

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S

Community Health Collaborative (CHC) will host the fifth "**Recovery Workshop: ROCC Stars Unite**" of 2024 on Sunday, **December 8** from 1:00 to 3:30 p.m. at the Association of Persons Affected by Addiction (APAA) offices located in Dallas at 2800 Martin Luther King, Jr. Boulevard. This will be a complimentary event.

Working with UT Southwestern Medical Center, the APAA and the National Alliance on Mental Illness, the program creates awareness

about mental health and addiction recovery.

In the workshop, peer support specialists will teach you concepts through an engaging presentation and discussion. This workshop is intended for the entire community. Those with and without personal mental health experience, healthcare professionals, community leaders and more are welcome.

You can register at <https://www.eventbrite.com/e/recovery-workshop-rocc-stars-unite-in-person-event-at-apaa-dallas-tickets-1075673421159>. ■

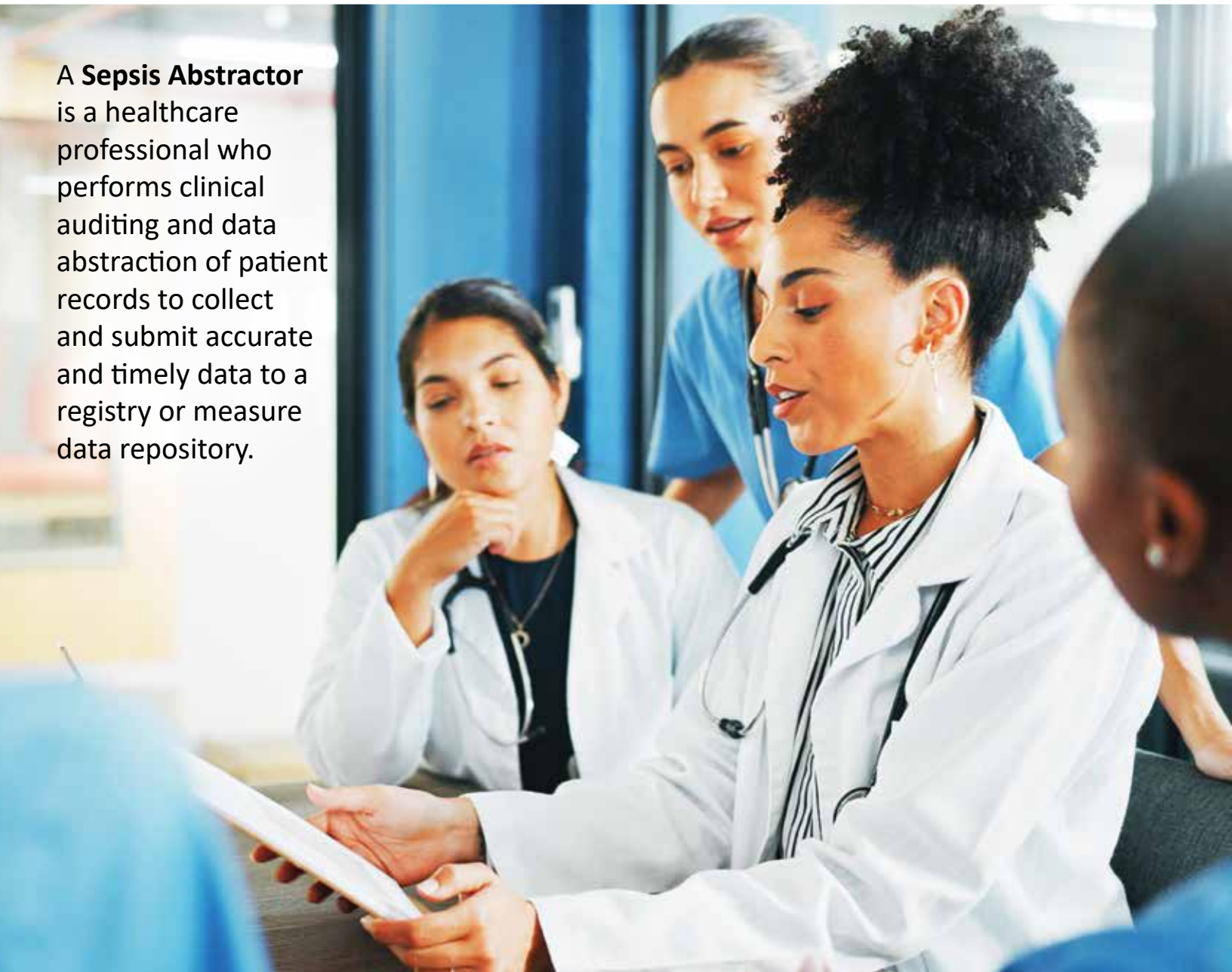


Sepsis Abstraction COMMITTEE

NEW COMMITTEE!

Quarterly meetings to discuss new guidelines and share best practices for Sepsis Abstraction of charts.

A **Sepsis Abtractor** is a healthcare professional who performs clinical auditing and data abstraction of patient records to collect and submit accurate and timely data to a registry or measure data repository.



TARGET AUDIENCE:

Those working in a hospital who abstract Sepsis charts for Sep 1 core measures.

CONTACT:

Patti Taylor, ptaylor@dfwhcfoundation.org

We are looking for members to participate in this new committee.
Let's make a difference!





Danny Davila

Director, FCRA Regulatory Risk &
Consumer Compliance Advisor
GroupOne Background Screening

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How do you use a background report?

THE TIME AND EFFORT that goes into the creation of a pre-employment background report produces an extensive document to be used for talent acquisition. Here are some components to ensure the candidate's information meets your company's hiring needs.

Three important items that are essential to review is SSN Address Trace, Sanction Review and County Criminal history. Each addresses a policy regulation that may be administered by your legal and compliance departments.

The SSN Address Trace will distinguish whether the social security number is used by another person or even issued to a person who is deceased.

The Sanction Review confirms a candidate is not issued a government sanction that would compromise federal or state funding. We have a wide range of sources to include the Office of Inspector General List of Excluded Individual Entities (OIG LEIE). We also use the System for Award Management (SAM) which reports individuals sanctioned from being employed by a healthcare provider that receives Medicaid and Medicare funding.

The County Criminal report details any convictions the individual may have had in the past. The employer should always evaluate the severity and recency of the offense.

Employment, education and credentialing verifications present critical information. Candidates will list their employers, job titles and dates of employment which need to be verified. There are situations where an employer provides a distinctly different job title and dates of employment. Such discrepancies may be used to determine the qualifications of the candidate for the position.

Education verifications that are reported differently from what is submitted can possibly result in a candidate not meeting the job requirements. There are cases where a candidate declares they have a degree when in fact a degree was not earned, with only a specific number of credit hours achieved.

Credential or licensure verification is conducted with the government or accreditation source, and the outcomes can prove whether the credential is active. It also details if the candidate has stipulations limiting their job capabilities. If this information was not disclosed in the interview, it could impact the hiring decision.

Rescinding a job offer should always be taken with careful consideration. The Fair Credit Reporting Act provides the candidate with the right to dispute a background report's findings. The employer, background reporting firm and candidate play significant roles in this process and should work together during a dispute. The goal for a background reporting agency such as GroupOne is to provide clear, accurate and timely information so the employer can confidently proceed when hiring talent. ■



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RECHECKS: Why they matter

WEBINAR
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BACKGROUND SCREENING

GroupOne's webinar **"Rechecks: Why They Matter"** has been posted online

WHAT'S THE SCOOP ON RECHECKS? Well, our GroupOne Background Screening experts provided a few answers during the webinar "Rechecks: Why They Matter," originally broadcast on August 21. The event has now been posted online.

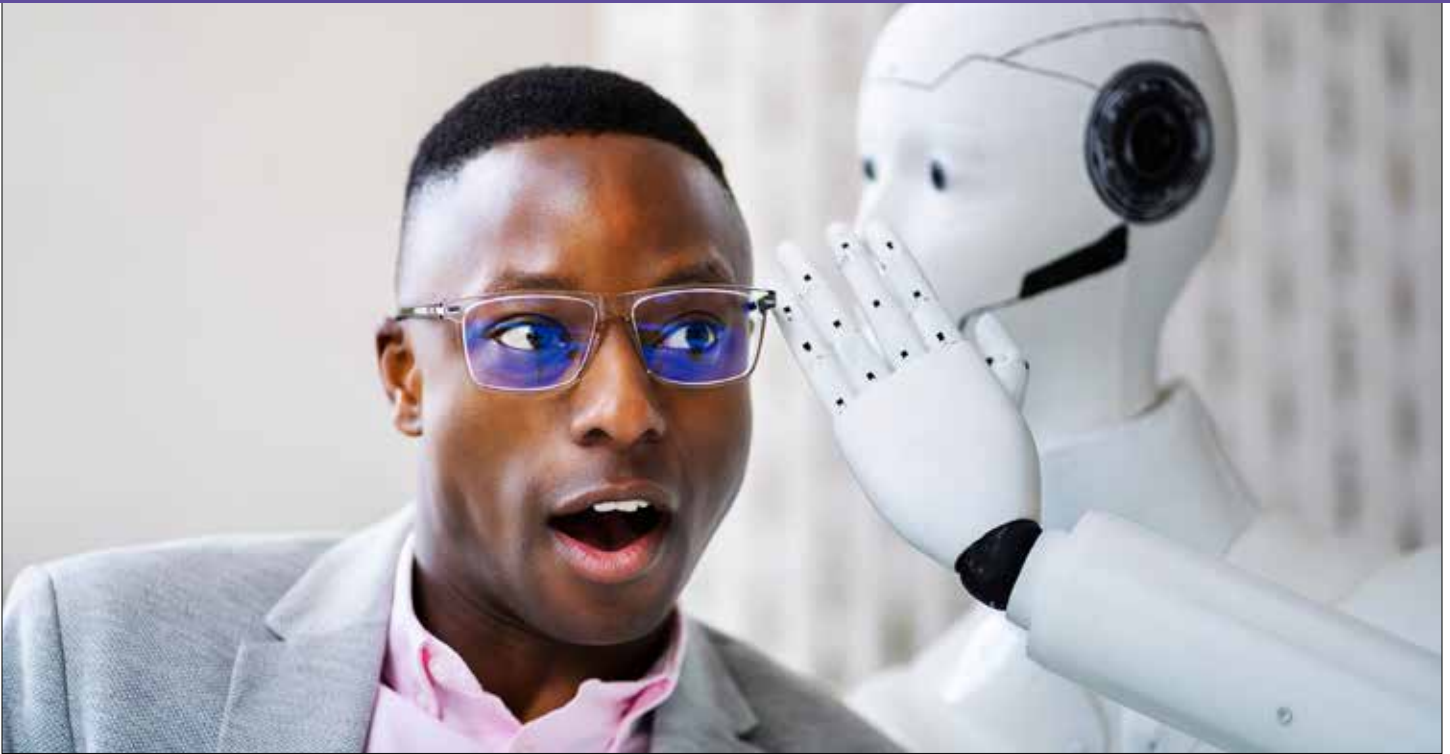
During the live discussion, GroupOne offered examples of different types of Rechecks to keep your company safe and secure. They also detailed real-life scenarios where Rechecks would have substantially

benefitted the company by avoiding litigation and saving time and costly fees.

The complimentary event included speakers **David Graves**, HR guru and sales rep at GroupOne; and **Chris Wilson**, communications director at GroupOne.

You can view the webinar at <https://www.youtube.com/watch?v=oqwCibG7tWk>.

For questions, please contact David Graves at dgraves@gp1.com. ■



CFPB issues warning on use of AI tools for hiring decisions

THE CONSUMER FINANCIAL PROTECTION BUREAU (CFPB) cautioned businesses in October that the use of “invasive” technology to evaluate or spy on workers could cause legal trouble. The increasing use of artificial intelligence (AI) tools or algorithmic scores provided by third parties prompted the agency’s warning.

According to the CFPB, businesses that use AI tools to compile data and to make decisions about employees must provide basic protections under the Fair Credit Reporting Act (FCRA). The FCRA rules state companies must obtain an employee’s consent before running a background check and must provide detailed information related to negative decisions about employment. Employees also have the right to dispute inaccurate information.

Today, there are various AI-powered tools that can monitor and report on worker behavior that could evade these protections. AI can quietly surveil workers based on customer complaints as well as monitor productivity. There are even tools that can search employees’ social media accounts.

Running a background check before hiring someone is common practice. However, AI can expand search capabilities beyond the traditional background check databases and obtain sensitive information that an employee may be unaware of. This information could lead to adverse decisions regarding someone’s employment involving job promotion and hiring.

As with any background check, the CFPB says negative information, regardless of how it’s obtained, must be disclosed to employees. The protections provided by the FCRA gives employees control over personal information and can prevent potential abuses.

A company cannot unfairly discipline an employee for mistakes in AI-generated reports. The CFPB’s guidance also requires businesses to correct or delete unverified information.

Earlier this year, Walgreens settled a class action lawsuit that accused the chain of failing to comply with the FCRA. The complainants alleged Walgreens decided not to hire them based on background checks and failed to properly notify them of the results. ■

Uber launches rider verification program as new safety measure



UBER ANNOUNCED IT WILL BE EXPANDING its rider verification program across the U.S. starting Sept. 18. The expansion has been inspired by several incidents over the last year where drivers have been assaulted and even kidnapped.

In response, the company began testing a more vigorous verification feature as part of a new campaign to protect both parties during a ride.

The feature will cross-check the information in a rider's account "against trusted third-party databases." A customer can upload an image of a government-issued ID, passport or other official documentation to the app. If everything goes well, users will receive a verified badge to include a positive blue checkmark on their account.

Uber stated it is taking this action to decrease "fraudulent behavior" and give everyone involved a peace of mind. The rider verification program is optional, though

unverified customers could experience "longer ETAs and pickup times," said Uber.

Uber also stated it plans to add several additional safety features to its app.

They plan to roll out "Record My Ride" nationwide. The feature allows drivers to use "the camera on their smartphone to record video and audio during trips." Every recording will be stored, and no one can look at the footage unless the driver sends it to Uber for review.

Drivers will also have the option to turn on a "PIN verification" so they can confirm the person they're picking up is correct. Customers may also receive warnings if a driver reports them for "rude or inappropriate behavior."

Uber's rival Lyft plans to roll out a similar rider verification program, though the feature is still in its early stages. ■

Workplace incivility has gone virtual!

IT WAS PROBABLY A MATTER OF TIME. During the post-COVID-19 era, employees working remote have become commonplace. Even for those dedicated souls working in the office, communications usually take place via email, Teams, Zoom, Slack, and similar virtual programs. With increased virtual use has come an increase in uncivil behavior. We've all heard of online trolls, but it seems those trolls are now permeating online workplace communications, leading to a toxic atmosphere.

This increase in virtual hostility evidently stems from online disinhibition, a growing phenomenon where people feel more comfortable being rude and harsh than they would during an in-person meeting. In addition, the inability to temper the effects of a rude comment with a facial expressions or body language is unavailable online, making the email seem worse than it is. Thus, the email's recipient is more likely to overreact to the sender.

There are different types of virtual incivility, including capitalization in an email to "yell," giving unreasonably harsh feedback via Teams, or repeatedly messaging someone. And don't get us started on certain politicians' messages in social media. These behaviors qualify as "active incivility." On the opposite end of the spectrum is "passive incivility," to include ignoring a coworker's Teams or email messages.

The negative impacts of virtual incivility are significant. Workers become distracted and unnecessarily contemplate the meaning behind rude messages. Such distractions lead to poor productivity and morale. Increased toxicity in the workplace creates dysfunction leading to counterproductive behavior.

Employers can take steps to reduce the virtual incivility cycle by promoting more civil forms of communication. HR directors should provide clear expectations about respectful and professional communications. Companies



could consider incivility training to establish expectations. There should also be a formal and confidential process for investigating reports of uncivil virtual communications.

In this brave virtual world we now live in, managers should carefully consider how to deliver emails that could be stressful to employees. Would it be more productive to deliver information through Zoom or Teams as opposed to email, allowing employees to better understand the information? Such formats would allow employees the opportunity to ask immediate questions for clarification.

Sending employees periodic and anonymous surveys is one way to determine how prominent this virtual behavior is. If multiple employees report virtual incivility, then employers should consider taking action.

In today's increasingly digital landscape, virtual incivility presents a significant challenge. While embracing the flexibility of remote work, organizations must also recognize and address the nuances of online communication. ■



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