



DALLAS-FORT WORTH
HOSPITAL COUNCIL

WINTER 2025

INTERLOCUTOR

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NEWS FROM THE DFW HOSPITAL COUNCIL

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27th Annual
**Employee of the Year
Luncheon**

April 24, 2025
Hurst Conference Center

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PLUS

DFWHC's new 2025
Board of Trustees

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Empathy is not enough

AFTER MY ANNUAL PHYSICAL EXAMINATION, as I was leaving the exam room my primary care physician asked me a question. He wanted to know if I knew the difference between empathy and compassion. I considered the question and said both were similar because one feels sympathetic to an issue, such as food insecurity. He said yes, they are similar but also very different because the example of being empathetic to food insecurity expresses sympathy, but compassion involves taking action, such as working at a food distribution center. He stated that compassion is empathy in action with goals and objectives.

Upon arriving home, I told my wife about this conversation and, without hesitation, she said he was describing compassion in healthcare and especially health equity. She told me about a book titled “Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference” written by Dr. Stephen Trzeciak and Dr. Anthony Mazzarelli. The book details scientific data that caring makes a difference in health outcomes. My wife teaches this philosophy in her college courses to students in nursing and informatics. She said it is a dynamic way to treat patients today.

I decided to research the book and found that our friend Dr. Don Berwick said “‘Compassionomics’ provides evidence that one simple tool, compassion, can affect not only the outcomes for our patients, but also the financial health of our organizations and the well-being of our providers.” The book was first published five years ago and today is a bestseller with more than 600 rave reviews on Amazon.

The Dallas-Fort Worth Hospital Council (DFWHC) acknowledges the caring, compassionate care of our hospitals as their teams strive on a daily basis to drive health equity in North Texas. Two years ago, my board of trustees modified our mission so DFWHC could be a leader in driving health equity in the region. But hospitals can’t do it alone, and we salute the community-based organizations that inspire health equity and positive outcomes for patients.

We want to join our community partners in delivering collaborative and compassionate initiatives not only for our patients, but also for all individuals in our community in need of compassion. We should all work together in coordinating action-oriented initiatives regarding the social drivers of health. Akin to the popular Disney film “Finding Nemo,” we should all be swimming in the same direction to move the needle with compassionate plans for better health in North Texas. As Dr. Martin Luther King, Jr. once said “What are you doing for others?”

As I have learned, empathy is not enough! We need to collaborate with our partners and be steadfast in delivering compassionate and caring initiatives. If we work together, we will improve the overall health and medical outcomes for our patients, workforce, family and friends.

Thank you for your support of DFWHC. ■

WINTER 2025 WWW.DFWHC.ORG

INTERLOCUTOR

EDITORIAL

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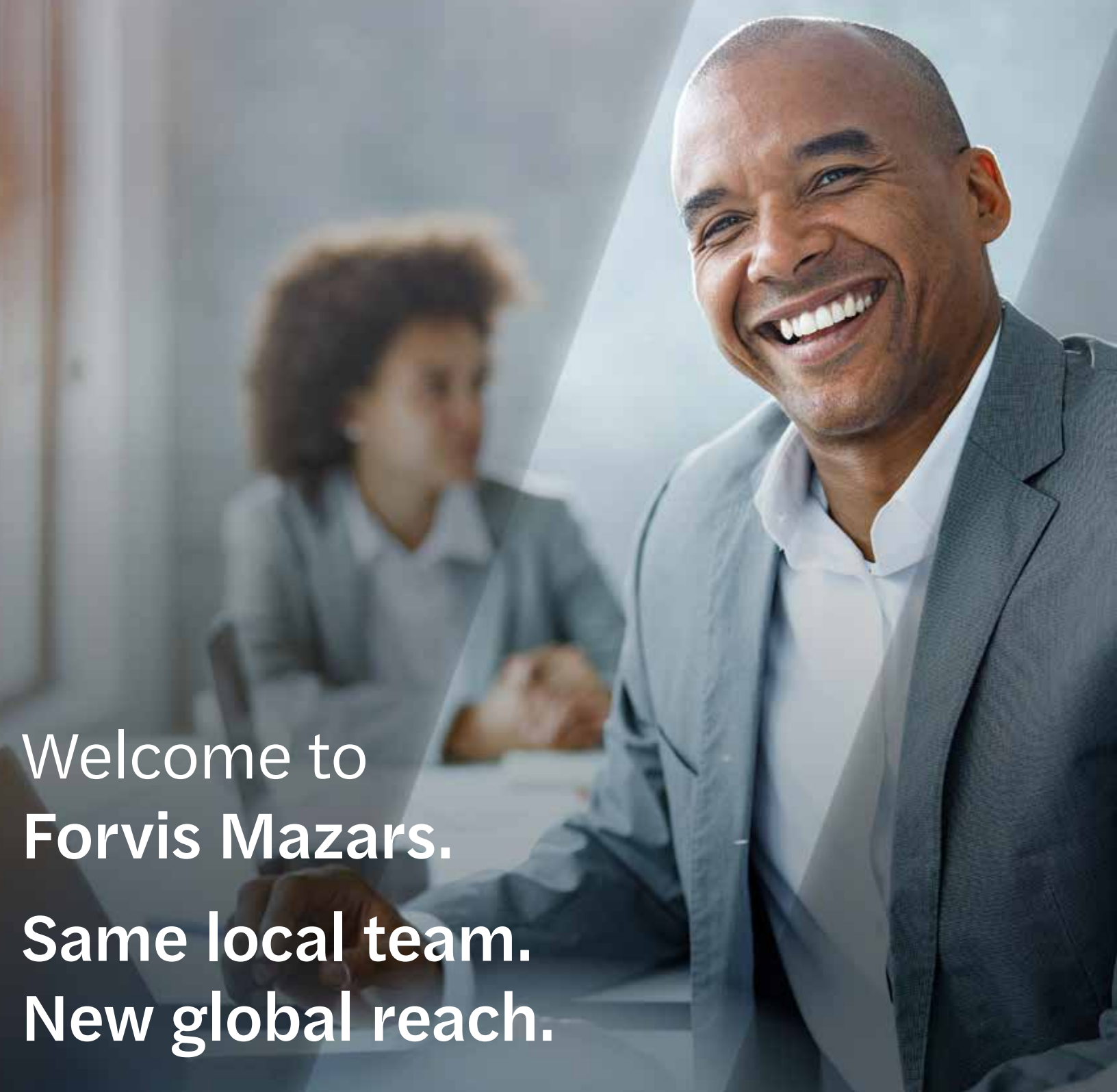
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INTERLOCUTOR

- 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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DFWHC announces 2025 Board of Trustees

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) has announced its Board of Trustees for 2025. The Board of Trustees consists of the following individuals:



Vanessa Walls



Juan Fresquez

- Chair, **Vanessa Walls**, Chief Market Executive, Northern Market, Children’s Health;
- Chair-Elect, **Juan Fresquez**, President, Methodist Mansfield Medical Center;
- Trustee, **Natalie Wilkins**, VP Operations, Cook Children’s Health Care System;
- Trustee, **Steve Edgar**, CEO, Medical City Denton;
- Trustee, **Kyle Armstrong**, President, Baylor University Medical Center, Central Region;
- Trustee, **Chris Richard**, COO, Kindred Hospital Arlington;
- Trustee, **Will Turner**, President, Baylor Scott & White Medical Center – Waxahachie;
- Trustee, **Shannon Fletcher**, Sr. VP, Chief of Staff, External Affairs, JPS Health Network;
- Trustee, **Christopher York**, President, Texas Health Presbyterian Hospital Dallas;
- Trustee, **Edmundo Castañeda**, Executive VP, COO, Parkland Health;
- Trustee, **Chris Rubio**, VP and COO, UT Southwestern Health System;
- Trustee, **Jared Shelton**, President, Texas Health Harris Methodist Fort Worth;
- Trustee, **Ken Stevens**, COO, Medical City Lewisville;
- Ex-Officio, **Matt Chance**, Senior VP, COO, Scottish Rite for Children;
- Ex-Officio, **Ryan Gebhart**, SVP, President, Baylor Scott & White – Frisco PGA Parkway;

Completing their terms are **Jessica O’Neal**, CEO, Medical City Las Colinas; **Becky Tucker**, Senior Vice President, Channel Integration, Texas Health Resources; and **Amanda Thrash**, President, Texas Health Presbyterian Hospital Allen.

“We’re looking forward to 2025 and working with Jared Shelton, Ken Stevens and Ryan Gebhart, new additions to our 15-member board representing an accomplished group of North Texas healthcare executives,” said **Stephen Love**, president/CEO of DFWHC. “They have a wide range of talent which will allow us to successfully continue our mission to improve quality healthcare and drive health equity in the region. We would also like to thank Jessica O’Neal, Becky Tucker and Amanda Thrash for their dedicated work over the past year.” ■



Hall Render and Forvis Mazars to serve as DFWHC Year-Round Sponsors in 2025

THE DFW HOSPITAL COUNCIL (DFWHC) is proud to announce **Hall Render** and **Forvis Mazars** will serve as Year-Round Sponsors for 2025. The designation allows the two companies to be the top sponsors at all major DFWHC events including the 27th Annual Employee of the Year Luncheon on April 24 and the 77th Annual Awards Luncheon on October 24. They will also host a series of complimentary webinars in 2025 for hospital members.

Hall, Render, Killian, Heath & Lyman, P.C. is a national health law firm with eight offices around the country. With more than 55 years of experience and over 160 attorneys, Hall Render provides full-service legal and advisory services to a broad spectrum of health care organizations. Our attorneys have represented more than 5,000 clients across the health care spectrum, including hospitals, health systems and other health care providers.

Hall Render's Texas office in Dallas serves the health care industry. Hall Render's team of health law attorneys is dedicated to serving its clients in the South and across the nation. Hall Render can be reached at **214-615-2000** and www.hallrender.com/office/dallas-office/.

Forvis Mazars is a leading global professional services network operating under a single brand with just two members: Forvis Mazars, LLP in the United States and Forvis Mazars Group SC, an internationally integrated partnership operating in more than 100 countries and territories.

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Contact the experts of Forvis Mazars at **972-702-8262** or www.forvismazars.us/about-us/locations/dallas-tx.

For information on Year-Round Sponsorships, please contact **Chris Wilson** at chrisw@dfwhc.org. ■

Around DFWHC

Forvis Mazars healthcare event attracts 130-plus

IT WAS A LOADED LINEUP of healthcare CEOs on January 22 as **Forvis Mazars** and **Healthcare Think Tank LLC** hosted the panel discussion “Celebrate 2025 and Discover the Future of North Texas Healthcare.” The event took place at the Forvis Mazars’ Dallas headquarters.

Speakers included **Barclay Berdan**, FACHE, CEO of Texas Health Resources; **Dr. Karen Duncan**, President/CEO of JPS Health Network; **Christopher Durovich**, President/CEO of Children’s Health; and **Stephen Love**, President/CEO of the DFW Hospital Council serving as moderator.



Danielle Zimmerman (l to r), Dr. Karen Duncan, Chris Durovich, Stephen Love, Barclay Berdan and Chris Clark.

More than 100 attendees and 30 virtual viewers turned out for an event that served as a great opportunity to learn from three Texas healthcare leaders about their predictions for 2025 and beyond.

For information, please contact **Danielle Zimmerman** at danielle.zimmerman@us.forvismazars.com. ■

Annual “Family Fit Fest” set for April 26 in Dallas

SAVE THE DATE! The annual “**Family Fit Fest**” is set for Saturday, **April 26** from 11:00 a.m. to 3:00 p.m. at Dallas Market Hall. Hosted by the **Community Council of Greater Dallas**, the Family Fit Fest is a free community expo where attendees can engage in educational and physical activities while learning about services from over 100 businesses and non-profit organizations aimed at improving everyone’s quality of life.

Every family member, from children to grandparents, is invited to discover how to get your mind and body right. You’ll learn how to be fit in all aspects of life: nutritionally, physically, mentally, financially, civically, spiritually and more.

And did we forget to mention, the event is free, parking is free, health screenings are free and immunizations are free. How could you go wrong?

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Sponsorships and booths are now available. You can find them at <https://www.familyfitfest.org/>.

For info, please contact tholt@ccadvance.org. ■

Dallas Heart Walk moves to Irving



THE AMERICAN HEART ASSOCIATION announced in February its annual Heart Walk would move from Dallas to Irving in 2025. The 1-mile or 5k walk is moving from its long-time location in Dallas to the **Levy Event Plaza** next to Lake Carolyn in Irving-Las Colinas.

The event is scheduled for **October 18**. The Tarrant County Heart Walk will be **September 20th** at the Shops at Clearfork in Fort Worth. Walkers can select either the non-competitive three-mile or one-mile route. Both options begin at the starting line at 9:00 a.m.

Stephen Love, president/CEO of DFW Hospital Council and board chair for the Irving-Las Colinas Chamber of Commerce said, "The relocation of the Heart Walk reflects Irving-Las Colinas' reputation as a premier destination focused on community opportunities."

To register, go to <https://www2.heart.org/site/TR?pg=entry&frid=11981>. ■



Winter Educational Webinars

AS AN EDUCATIONAL SERVICE to our members, the DFW Hospital Council hosts monthly webinars with Associate Members.

January 16, 2025

"Strengthening Endpoint Security Amid Rising Cyber Threats"

– DFWHC/Konica Minolta

Panel discussion with **Chris Bilello**, **Joe Cisna**, **Danielle Morrison**, BSN, RN, and **Olivia Rogers Gilmore** of Konica Minolta.

<https://www.youtube.com/watch?v=4RU8FSAjA2o>

January 30, 2025

"Pragmatic Approach to GenAI"

– DFWHC/CitiusTech

Speakers **John Squeo** and **Kaushik Raha**, PhD of CitiusTech.

<https://www.youtube.com/watch?v=vAetYlAg1Rw>

February 20, 2025

"Elephant in the Waiting Room: The BIG Quality and Safety Issue You're Overlooking"

– DFWHC/Warrior Centric Health
Discussion with **Evelyn Lewis**, MD, **Ron Steptoe** and **Clay Clayborn** of Warrior Centric Health.

https://www.youtube.com/watch?v=22_Qm4Uvw0

STRENGTHENING ENDPOINT SECURITY
Amid Rising Cyber Threats
SEMINAR
Thursday, January 16
2:00 p.m. - 3:00 p.m., CT
FREE WEBINAR

PRAGMATIC APPROACH to GenAI
Thursday, January 30
2:00 p.m. - 3:00 p.m., CT
FREE WEBINAR
CitiusTech

Elephant in the Waiting Room:
The BIG Quality & Safety Issue You're Overlooking
Thursday, February 20
2:00 p.m. - 3:00 p.m., CT
LIVE WEBINAR
WarriorCentric Health

IMPROVING YOUR PHARMACY'S PROFITS
with a Smarter Purchasing Framework
Thursday, March 5
2:00 p.m. - 3:00 p.m., CT
LIVE WEBINAR
SureCost

Upcoming

March 5, 2025 - 2:00-3:00 p.m., CT
"Improving Your Pharmacy's Profits with a Smarter Purchasing Framework"
– DFWHC/SureCost
Speakers **Calvin Hunsicker** and **Chad O'Connor** of SureCost. ■

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

Around DFWHC

DFWHC hosts full house for Executive Workshop

IT WAS A FULL HOUSE of 15-plus on February 21 for the DFW Hospital Council's (DFWHC) in-person executive workshop **"Building Strong External Relationships for Hospital Leaders"** at its Irving/Las Colinas headquarters. A registration/breakfast was held at 9:30 a.m., followed by the seminar from 10:00 a.m. to 1:00 p.m.

The workshop was hosted by **Stephen Love**, president/CEO of DFWHC, and **Rodney Schlosser**, who leads workshops on this topic for corporations, non profits, and professional service firms. Rodney has been a senior Biz Dev exec for 20-plus years as SVP/Business Development at Asurion (a successful vendor in the communications industry), and teaches this topic at UT Austin. He's also Vice Chair of DART.

Young healthcare executives in attendance were representing **Children's Health, Methodist Midlothian, Prism Health North Texas, Scottish Rite for Children, Texas Health Harris Methodist Hospital HEB, Texas Health Presbyterian Hospital Kaufman and Texas Health Presbyterian Hospital Dallas.**

Objectives included:

- Cultivating new relationships;
- Understanding stakeholders' goals, needs and concerns;
- Employing effective techniques for fostering communication and collaboration;
- Uncovering new opportunities that accelerate trust.

The workshop's structure also included group discussion, research findings and case studies.

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

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Jan Cavender (front row, middle) poses with staff members during her retirement party.

After 35 years, long-time DFWHC employee retires

AFTER 35 YEARS, DFW Hospital Council's (DFWHC) HR Director **Jan Cavender** has decided to call it a career. February 24 was officially her last day at the office. She announced her retirement two months ago, and has graciously worked with her replacement, **Leah Whitworth**, since then.

Jan started her career at DFWHC in 1990, working with a small staff at the Dallas offices on Inwood Road under former President/CEO **John Gavras**. She was here for the formation of GroupOne Background Screening in 1995 and the DFWHC Foundation's Data Initiative in 1999, serving as HR Director for those two entities since their inception. During her tenure, she has seen the staff grow to 35-plus and has endured corporate moves to two different locations, most recently to the present offices in Las Colinas/Irving. She has also worked with present DFWHC President/CEO **Stephen Love** during his entire tenure here.

Jan grew up in Oklahoma and has been a life-long

fan of the Oklahoma Sooners football team, actively participating in DFWHC's Annual Football Friday. During that event, employees would meet in the conference room at lunchtime for barbecue, dessert and iced tea, adorned in the jerseys of their favorite football team a day prior to the UT Longhorns/Sooners game at Dallas' Cotton Bowl. Jan also enjoyed playing the Boomer Sooner anthem over the company's PA system, much to the frustration of Longhorns fans.

Staff members held a retirement party for Jan on February 18 and presented her with a hand-made sculpture created by artist **Alicia Keleman** titled "Spring Waterfall." She was also provided with a leather journal booklet signed by every employee, thanking her for her decades of dependable service.

Jan was the longest tenured employee at DFWHC, the DFWHC Foundation and GroupOne. She and her husband are looking forward to spending time with their grandkids. Congratulations Jan and you will be missed! ■

Associate Members



By M. Brian Sabey,
David Honig,
Jonathan Bumgarner
and Charles Roozen

hallrender.com

Federal court issues nationwide injunction preventing President Trump's anti-DEI orders

ON FEBRUARY 21, 2025, the Federal District Court for the District of Maryland (“the Court”) issued a nationwide preliminary injunction pausing three provisions contained in two of President Trump’s Executive Orders (Executive Orders **14173** and **14151**). The plaintiffs challenged three specific provisions in the Executive Orders by arguing that each was likely to be found unconstitutional. The three provisions all relate to Diversity, Equity and Inclusion (“DEI”) programs:

- Requiring federal agencies to terminate equity-related grants or contracts (the “Termination Provision”);
- Requiring federal contractors and grant recipients to include in federal contracts or grant awards a certification enforceable through the False Claims Act (“FCA”) that the contractor or grantee does not operate illegal DEI programs (the “Certification Provision”); and
- Directing the attorney general to take appropriate measures to “deter DEI programs or principles” in the private sector (the “Enforcement Threat Provision”).

The Court held that the Termination Provision and Enforcement Threat Provision were likely

unconstitutionally vague with respect to core, undefined terms including “equity,” “equity-related,” “DEI” and “illegal DEI.” This holding means that, in the judge’s opinion, the Executive Order likely creates a threat of injury to constitutionally protected interests, including property, while failing to give the plaintiffs and similarly situated entities fair notice of what they may or may not do if they want to avoid such injury. In addition, the Court held that the Certification and Enforcement Threat Provisions are content and viewpoint-based restrictions that are likely to unconstitutionally chill freedom of expression as to viewpoints supportive of equity, diversity and inclusion. Under longstanding Supreme Court precedent, the First Amendment prohibits the exercise of governmental power to suppress the expression of viewpoints with which the government disagrees.

The Court considered, not only the Executive Orders themselves, but the acts of agencies in the enforcement of the Executive Orders. For example, while the Executive Orders carefully addressed only “illegal DEI,” the Centers for Disease Control and Prevention advised grant recipients that grantees “must immediately terminate, to the maximum extent, all programs, personnel, activities, or contracts promoting ‘diversity, equity, and inclusion’

(DEI) at every level and activity, regardless of [their] location or the citizenship of employees or contractors, that are supported with funds from this award.” The Attorney General sent a memorandum to all Department of Justice departments advising that each must submit a report “confirming the termination, to the maximum extent allowed by law, of ... all ‘equity-related’ grants or contracts”; “identifying federal contractors ... and grantees who have provided DEI training or DEI training materials to agency or department employees since January 20, 2021.” Other agencies, as well, issued directives that addressed equity and DEI without limiting them to “illegal DEI.”

The Department of Health and Human Services demanded that the city of Baltimore “immediately terminate” all activities “promoting ‘diversity, equity, and inclusion’” “that are supported with funds from [a CDC] award” in light of the Executive Orders. Baltimore also received notice that AmeriCorps programs were being reviewed, not because they were in violation of federal law, but because they contained words like “Diversity,” “Equity,” “Equity Action Plan,” and “DEI,” as well as “Environmental Justice” and “Climate Change.”

Because “equity” and “DEI” were not defined by the Executive Orders, and because they were not limited in practice to violations of existing federal law, the meaning of the terms was vague and opened up the opportunity for selective viewpoint-based enforcement, thus violating both the Fifth Amendment (for vagueness) and the First Amendment (for viewpoint discrimination).

In a prior post (<https://hallrender.com/2025/01/31/executive-order-creates-potential-false-claims-act-liability-for-employment-discrimination/>), Hall Render pointed out that Executive Order 14173 was of particular concern for health care providers because it would require entities that receive federal funding, including Medicare/Medicaid participants, to certify that they are fully compliant with anti-discrimination laws (targeting what the current administration views as “illegal DEI” programs), and that this certification was a “material” representation such that if it proved untrue, the provider could be liable under the FCA. The preliminary injunction specifically addressed this concern, particularly noting that the application of the Executive Order did not

appear to be limited to programs that violate existing anti-discrimination laws because even the government, when asked, could not distinguish between programs that were unlawful and those that might be unlawful, and because application and enforcement were not limited to programs that were unlawful.

The actual language of the preliminary injunction entered by the Court is as follows:

Defendants other than the President, and other persons who are in active concert or participation with defendants (“Enjoined Parties”), shall not:

- a. Pause, freeze, impede, block, or terminate any awards, contracts or obligations (“Current Obligations”), or change the terms of any Current Obligation, on basis of the Termination Provision;
- b. Require any grantee or contractor to make any “certification” or other representation pursuant to the Certification Provision; or
- c. Bring any FCA enforcement action pursuant to the Enforcement Threat Provision, including but not limited to FCA enforcement action premised on certification pursuant to the Certification Provision.

If you have any questions, please contact:

- **Brian Sabey** at (720) 282-2025 or bsabey@hallrender.com;
- **David Honig** at (317) 977-1447 or dhonig@hallrender.com;
- **Jonathan Bumgarner** at (317) 977-1474 or jbumgarner@hallrender.com;
- **Charles Roozen** at (414) 721-0919 or croozen@hallrender.com; or
- Your primary Hall Render contact.

Hall Render blog posts and articles are intended for informational purposes only. For ethical reasons, Hall Render attorneys cannot—outside of an attorney-client relationship—answer specific questions that would be legal advice. ■

Associate Members



The (Invisible) Elephant in the Waiting Room: Your most vulnerable population

warriorcentrichealth.com

AT THIS MOMENT, about one out of every five patients in your hospital is part of a vulnerable population you are probably unaware of. Though your system may not recognize them, these patients bear the invisible wounds resulting from physical and mental traumas and toxic exposures the rest of us can only imagine. They exhibit:

- **85% higher rate** of ambulatory disabilities than the general population;
- **38.6% more** cardiovascular disease;
- **15.3% higher** cancer rate;
- **57.3% higher** suicide rates than non-veterans.

These disparities are just the beginning. No wonder

this population's admission and readmission rates are significantly above the general population's. This is the Warrior Community.

THE WARRIOR COMMUNITY: A POPULATION YOUR FACILITY NEEDS TO RECOGNIZE

The Warrior Community consists of active-duty military members, Veterans, National Guard, Reserves, and their families. While most active-duty members receive their healthcare from military health facilities, and a small percentage of Veterans use the VA, the rest of the Warrior Community get their care in hospitals like yours—not the VA. In fact, out of the 18 million Veterans in the U.S., only about six million get all or most of their care annually

from the VA— the majority of the 5 million current and former National Guard/Reserve members and virtually all of their collective 54 million family members receive care in commercial health systems.

In the Dallas-Fort Worth area alone, there are over one million Warrior Community members—almost 20% of the patient population. That means that one out of every five patients you see is likely to be a Warrior Community member with a higher-than-average likelihood of a host of chronic conditions, many of which may be flying under the radar.

To understand the potential results of this lack of awareness, watch a brief Emmy-winning video (<https://vimeo.com/795922063>) that tells the tragic story of one Army Reservist and his family.

CONSIDER THE FINANCIAL RAMIFICATIONS

One large Pennsylvania-based health system began tracking its Veterans and discovered that while they comprised 7% of the patient population, they accounted for 10% of the foot traffic and 13% of overall revenue. In other words, these were some of their highest-value patients. Conversely, while general population readmission rates ran at 25%, readmissions for Veterans clocked in at 36%, severely diminishing their financial value. These are well-insured patients who need to be recognized to experience good outcomes. Imagine the bottom-line gains to be earned by improving outcomes and reducing Warrior readmission rates.

A WARRIOR POPULATION HEALTH PRACTICE AREA: THE NEXT BIG THING IN BIG D?

In the early 2000s, healthcare facilities discovered the value of developing women's population health practice areas. Now they're everywhere, benefiting patients and healthcare facilities alike. Meanwhile, more pressure is being applied to deliver high-quality healthcare to the large, vulnerable patient populations that need it most. New accreditation requirements from CMS, The Joint Commission, and other accrediting bodies have outlined results-based methods to deliver higher levels of quality care to populations that may currently be overlooked.

Given the scope, urgency, and potential financial benefits of addressing a large, diverse population such

In the DFW area alone, there are over one million Warrior Community members—almost 20% of the patient population. That means that one out of every five patients you see is likely to be a Warrior Community member.

as the Warrior Community, widespread implementation of Warrior population health practice areas appears inevitable. The outstanding questions are, "How will these be implemented?" and "Who will seize the opportunity first?"


FIND OUT MORE IN DFWHC'S WEBINAR

On February 20, DFWHC and Warrior Centric Health hosted an hour-long webinar led by the two noted population and Veteran health experts who co-founded Warrior Centric Health™, the nation's foremost Warrior population health solutions company. They discussed how commercial healthcare systems can meet the consequential healthcare challenge of Warrior health by re-imagining it as an opportunity. The webinar detailed:

- The scope of the Warrior Community Healthcare Dilemma, including the members' gaping health disparities and consequences;
- How you can use results-based population health principles to build a successful Warrior Population Health Practice Area AND fulfill The Joint Commission's Quality & Safety accreditation requirements;
- The financial benefits, Community Benefits, and other opportunities for healthcare systems that address this issue comprehensively.

You can view the webinar at https://www.youtube.com/watch?v=_22_Qm4Uvw0. ■

Associate Members



HEALTH SYSTEM PHARMACIES ARE STRUGGLING

—Here's How to Take Back Control

[surecost.com](https://www.surecost.com)

HEALTH SYSTEM PHARMACIES are under immense pressure. Drug prices keep rising, procurement is increasingly complex, compliance demands more attention than ever and staff burnout is at an all-time high. On top of that, persistent drug and qualified staff shortages make it even harder to maintain efficient operations.

It's easy to feel like the deck is stacked against pharmacy leaders. But while these challenges aren't going away, they can be minimized with a more strategic approach to purchasing and operations.

THE HIGH COST OF RISING DRUG PRICES

Pharmacy budgets are being squeezed from all sides. The Inflation Reduction Act has set off a chain reaction—new drugs are launching at higher prices, health systems

are paying more for existing drugs and Medicare rebate policies are likely to impact commercial pricing. Adding layers of complexity, GPO contracts, WAC pricing and 340B programs create a landscape where pricing visibility is anything but clear.

For pharmacy leaders, the challenge isn't just about cost—it's about control. Without a centralized view of real-time pricing across all vendors, there's little ability to act when prices shift. Too often, opportunities for savings slip through the cracks due to inefficient workflows and a lack of automated insights.

A smarter approach means leveraging technology to create pricing transparency, track trends in real time and identify cost-saving opportunities before they disappear. Pharmacies that rely on data-driven insights can negotiate better pricing, optimize inventory and ensure they're



maximizing rebates and contract compliance—putting them in a stronger financial position.

PROCUREMENT SHOULDN'T BE THIS HARD

The way health systems purchase medications is unnecessarily complex. With multiple vendor catalogs, varying package sizes, contract terms and compliance requirements, pharmacy teams are forced to navigate a maze of criteria every time they place an order. Manual processes make things worse, leading to wasted time, errors and missed savings.

Streamlining procurement isn't just about making things easier—it's about making them more effective. When pharmacy teams have a single platform that consolidates vendor catalogs, automates purchasing workflows and integrates compliance checks, they gain efficiency and control. Instead of chasing down discrepancies or reconciling mismatched orders, they can focus on making strategic decisions that drive savings and improve operations.

COMPLIANCE IS A CONSTANT CHALLENGE

Keeping up with vendor contracts, GPO agreements and rebate opportunities requires meticulous tracking. If a health system falls out of compliance, the financial consequences can be significant—whether it's lost savings, unexpected penalties or missed rebate tiers. Preparing for audits only adds to the workload, pulling staff away from critical tasks.

Technology can play a major role in reducing compliance risks. By automating contract adherence, monitoring rebate opportunities and providing real-time compliance insights, pharmacies can ensure they're making the best purchasing decisions while staying audit-ready. The right tools help turn compliance from a burden into a strategic advantage.

STAFF BURNOUT IS REACHING CRISIS LEVELS

Pharmacy teams are stretched thin. Applications to pharmacy schools have dropped, workforce shortages are growing and burnout is driving experienced professionals to leave the field. Every manual task—every unnecessary step in the workflow—adds to the stress, making it harder to retain staff and keep operations running smoothly.

The key to reducing burnout isn't asking teams to work harder—it's giving them better tools. Automating repetitive tasks, simplifying workflows and integrating purchasing and inventory systems can free up staff to focus on what truly matters: patient care and strategic decision-making. When teams have technology that works for them, rather than against them, morale improves, mistakes decrease and operational efficiency increases.

DRUG SHORTAGES AREN'T GOING AWAY

Supply chain disruptions have become a fact of life. Some shortages stem from real issues, like raw material scarcities or manufacturing delays. Others are driven by artificial demand—companies stockpiling inventory or manufacturers shifting priorities. Regardless of the cause, the result is the same: critical drugs become harder to source, putting patient care and operations at risk.

Pharmacies can't afford to be reactive when shortages hit. Real-time monitoring, access to alternative vendors and proactive inventory management are essential. With the right technology in place, teams can receive alerts about stock issues, source alternatives faster and adjust orders before shortages cause major disruptions. The ability to pivot quickly can mean the difference between keeping critical medications in stock or scrambling to find solutions at the last minute.

THE PATH FORWARD: SMARTER PHARMACY PURCHASING

Pharmacy leaders don't need to accept these challenges as the cost of doing business. But with the right strategy, health systems can take control of their operations, drive financial performance and stay ahead of the curve.

SureCost provides a comprehensive solution that helps pharmacies centralize pricing insights, streamline procurement, ensure compliance and empower their teams. By leveraging technology to optimize purchasing strategies, health systems can reduce costs, improve efficiency and better support their staff—without sacrificing patient care.

To learn more about how SureCost can help your pharmacy tackle these challenges, request a demo today at <https://info.surecost.com/book-a-surecost-demo>. ■

**A DEEPER
APPROACH TO
HEALTHCARE
MARKETING.**



At Agency Creative, we see beyond the surface.

Where others see data, we see stories. Where others see complexity, we see clarity. We diagnose your marketing challenges with surgical precision, transforming insights into breakthrough strategies that heal performance gaps and accelerate growth. Let's uncover the hidden potential of your next marketing initiative.



S E S T I V E P E R S P E C T I V E P E R S P E C T I V E

Do you trust the effectiveness of your healthcare marketing campaign?

We want to know if your healthcare marketing efforts are really working? Let's break it down into something manageable and actionable!

First, let's look at what really matters - your key metrics. Think of these as your marketing vital signs: How many new patients are booking appointments? Where are they coming from? Are they finding you through your website, social media, or referrals? These numbers tell the story of your growth.

When it comes to digital engagement, you'll want to keep an eye on things like website visits, how many people are signing up for your patient portal, and how well your email campaigns are performing. Think of it as taking your digital pulse!

Of course, money matters too. Track things like service line revenue growth and how much you're spending to acquire each new patient. This helps prove your marketing's ROI and shows you're making smart investments.

Now, here's the tricky part - healthcare marketing has some unique challenges. Patient journeys can be complex (nobody decides on a healthcare provider as quickly as they choose a new restaurant!), and privacy is super important. The solution? Use tracking methods that protect patient information while still giving you the insights you need.

To keep everything organized, you'll want a good dashboard. If you're just starting out, a simple Excel spreadsheet works great! Include tabs for:

- Your big-picture numbers
- Patient acquisition trends
- Digital performance metrics
- Campaign results
- Financial impact

The key to success is finding the right balance. You don't need to track everything - just focus on the metrics that matter most to your organization. Start simple, learn what works, and adjust as you go.

Remember, the goal isn't just collecting numbers - it's about understanding what those numbers mean for your patients and your practice. When you get this right, you'll not only improve your marketing but also help more people find the care they need.



About the author

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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Exciting changes to IQSC capabilities

THE YEAR 2024 was truly an exciting one for our Information Quality and Services Center (IQSC) within the DFW Hospital Council Foundation. For those of you who do not know, the IQSC is the department where we provide data and analytics tools to each member hospital through our MyIQ Analytics Platform. I want to thank our customers for their support this past year – especially those who participated in user-group feedback sessions, discussions, or helped lead efforts through our North Texas Healthcare Information & Quality Collaborative (NTHIQC). Our newest capabilities will surely help each of you with market and reimbursement challenges as we head into 2025 and face the new administration’s revised priorities for HHS and CMS.

First, we finished upgrading our Regional Enterprise Master Patient Index (REMPI). This is the algorithm that allows us the unique regional capability to track readmissions and ED utilization, as well as to match to external data sets such as EHR/EMR, clinical registries, and other sources such as EMT or specific research cohorts. While our REMPI has served us well for almost 20 years, our latest revisions have allowed us an even higher accuracy on matches, eliminated an earlier “black box” algorithm, and reduced our cost for QA and oversight.

Next, we have added the North Central Texas Trauma Regional Advisory Council (NCTTRAC) to our IQSC family, which provides member hospitals and the RAC with an improved capability to track and report trauma registry data, to model discharge data with trauma registry data, and to streamline processes to reduce costs. Overall, this has been an incredibly successful addition to the MyIQ Analytics platform. We thank NCTTRAC for their partnership and look forward to further evolutions in 2025.

Finally, we are thrilled to announce two operational improvements that have enhanced our user experience and reduced costs. First, we have completed our move of the Data Warehouse to Snowflake, where we avoid 24-7 compute costs and better align to our hospitals’ usage profiles. Second, and more importantly for hospital users, we have a new and improved interface via QlikSense vs. QlikView. The latest and greatest from QlikSense, which powers MyIQ Analytics, allows for new visualizations, improves self-service access to sophisticated cuts and filters, and enables better use of geomapping. User feedback has been extremely positive.

Thank you all for being such champions of leveraging data to drive health care improvement across North Texas! ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



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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- 4 years
- 25 workshops
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UT Southwestern
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North Texas

APAA
Association of Persons
Affected by Addiction

DFWHC
FOUNDATION

“Mental Health Recovery Workshops” attract 25-plus

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION’S hosted a pair of “Recovery Workshop: ROCC Stars Unite” presentations on December 8 in Dallas and virtually on February 19. These complimentary events were attended by 25-plus.

Since a 2021 Texas Department of State Health Services (DSHS) grant, the DFWHC Foundation has hosted more than 20 mental health recovery workshops in North Texas, with more than 1,000 participants.

Working with **UT Southwestern Medical Center**, the **Association of Persons Affected by Addiction (APAA)** and the **National Alliance on Mental Illness (NAMI)**, the program creates awareness about mental health and addiction recovery in the community.

In the workshop, peer support specialists 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.

“We hope these ‘Recovery’ classes will assist in removing the stigma attached to mental and behavioral health,” said **Jen Miff**, president of the DFWHC Foundation. “As our team has personally learned from these classes, language, knowledge and empathy are so important to promote sustainable and lasting recovery. We hope you can join us for our next ‘Recovery’ presentation.”

The second workshop of 2025 is scheduled for Sunday, **March 23** from 1:00 – 3:30 p.m., at the PLAN (People Living Active Now) headquarters on 1121 Rockingham Drive in Richardson.

You can register at <https://www.eventbrite.com/e/recovery-workshop-rocc-stars-unite-in-person-event-plan-richardson-tx-tickets-1255896673759>.

For info, email mhfantx@dfwhcfoundation.org. ■

SHOW US YOUR BEST!

27th Annual Employee of the Year Luncheon

April 24, 2025
Hurst Conference Center

Reception 11:00 a.m.
Luncheon/Awards 12 noon - 1:30 p.m.

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

This Luncheon's recognition is critical to boost staff morale, retain a strong workforce and honor the roles of every employee contributing to the successful delivery of patient care.

**SAVE the
DATE**



27th Annual Employee of the Year Luncheon set for April 24

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION in January announced the date and location of its 27th Annual Employee of the Year Luncheon as Thursday, **April 24** at the **Hurst Conference Center**.

Themed “Show Us Your Best,” this year’s event will honor 16 recipients from hospitals across North Texas. For over two decades, the DFWHC Foundation’s Employee of the Year Luncheon has honored more than 1,410 exceptional hospital employees. The luncheon is designed to be a memorable afternoon for hospitals and their nominees.

In the fashion of an awards show, recipients are announced at the event and asked to come to the stage to receive their honor.

“We try to make this a memorable and inspiring day for the nominees,” said **Jen Miff**, president of the DFWHC Foundation. “The Foundation is a strong proponent for workforce programs that make a difference in the quality of care for all North Texans. This Luncheon’s recognition is critical to boost staff morale, retain a strong workforce and honor the roles of every employee contributing to the successful delivery of patient care, whether on the front lines or behind the scenes.”

Awards this year will include:

- Employee of the Year;
- Volunteer of the Year;
- System Employee of the Year;
- Physician of the Year;
- Preceptor of the Year;
- and the Rex McRae Scholarship.

Young Healthcare Executive nominees of North Texas and members of the ACHE of North Texas Board will judge the nominations. Individual and hospital names are removed and selections are based on the facts presented. Nominees are separated into four categories of hospitals between 1-99 beds, 100-250 beds, 251-499 beds and over 500 beds. Two recipients are selected from each category



and receive cash awards.

Deadline to submit nominees is **March 3, 2025**. One nominee is allowed in each category per hospital. Nominee forms can be found at <https://dfwhcfoundation.org/about/events/2025-employee-of-the-year/>.

Sponsorships and tickets went on sale in February and can be found at <https://dfwhcfoundation.org/2024-employee-of-the-year/>.

For information, contact EOY@dfwhcfoundation.org or 972-719-4900. ■

Employee of the Year History

The DFWHC Foundation's Employee of the Year Luncheon has honored more than 1,410 exceptional hospital employees.



2013



2012



2010



2001



2018



2012



2000



2009



2009



2019



2011



2017



2014



Danny Davila

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

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Background screening universe in 2025

THE AGENCY GOVERNING and administering policy for pre-employment background checks resides with the Consumer Federal Protection Bureau (CFPB). This organization is charged with the management of the Fair Credit Reporting Act (FCRA). With changes implemented across multiple federal agencies over the past two months, we want to examine the impact as we enter uncharted territories.

The enforcement and rulings regarding consumer disputes rely upon CFPB guidance. There is no evidence of the possible impact of the current structure of the CFPB on consumer reporting agencies (CRA) such as GroupOne Background Screening. Industry experts say plaintiff attorneys will use this administrative freeze as an opportunity to increase litigation against CRAs in response to consumer disputes.

As a result of new policies on immigration, there are enhanced efforts by Immigration Customs Enforcement (ICE) that could impact onboarding processes. Specifically, there will be new scrutiny of social security number fabrications. Employers will be required to confirm their new employee’s eligibility, which is identified as the I9 Employment Eligibility Document. The document requests two forms of federal, state or county documentation to show they can work in the U.S.

One of the requested documents will be the Social Security Number (SSN), issued and validated by the Social Security Administration (SSA). SSA and ICE have coordinated investigations of employers who have hired individuals with SSN’s assigned to deceased or different individuals. Industry experts believe ICE will increase their on-site investigations into a company’s SSN document management.

State legislation across the country will also impact background reporting. The implementation of new clean slate laws, in addition to increases in expungement actions will impact efforts to obtain critical records. New York and Minnesota have already activated their clean slate laws. These laws also adjust individual records involving misdemeanors in order to improve hiring prospects.

Missouri, Alabama and Nevada have clean slate laws pending in 2025. California, Colorado, Nebraska, New Jersey, New Mexico, New York, Texas and Virginia are addressing legal cases related to Artificial Intelligence and its impact on discrimination when screening candidates. Currently, Kentucky, Mississippi, New York, South Carolina and Texas have “Ban the Box” legislation on the books.

These many legislative changes require consumer reporting agencies to be up to date on their practices. In conclusion, our industry will continue to adjust to the changing expectations, and we will continue to monitor the many developments. ■



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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
GroupOne
BACKGROUND SCREENING

Common Mistakes in **Background Screening,** and *How* to Avoid Them

GroupOne's webinar "**Common Mistakes in Background Screening**" has been posted online

WOULD YOU LIKE TO AVOID LEGAL DISASTERS, bad hiring decisions and squandered resources? If so, check out GroupOne Background Screening's webinar "**Common Mistakes in Background Screening, And How to Avoid Them**" originally broadcast on January 23. The webinar has now been posted online.

In today's fast-evolving employment landscape, background screening practices are rapidly adapting to new technology, regulatory changes and shifting workplace priorities. Background screening is a critical

part of the hiring process, but it's easy to make mistakes. This complimentary webinar highlighted the most common pitfalls in background screening and provided practical advice on how to avoid them.

Speakers included **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=x9vfqqNhrjU>.

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

Is it legal to search an employee's **SOCIAL MEDIA?**



SOCIAL MEDIA SEARCHES ARE LEGAL, but they can also be treacherous. A recent Professional Background Screening Association (PBSA) survey found that 90% of employers conduct background checks on full-time employees, a number that is increasing annually.

The same survey revealed a shocking 45% of the résumés received from potential job applicants had discrepancies involving work history or education. In our brave new digital world, employers are now having to walk a fine line between being thorough while not being too intrusive. Understanding privacy laws has never been more important.

It's essential to make sure background checks are job-related and respect human rights considerations. While certain checks are permissible, there are clear boundaries that employers must not cross. Which brings us to the wonderful world of social media!

This is a question we are asked quite often at GroupOne Background Screening. While it is NOT illegal for employers to review public social media profiles, such information should be carefully considered with respect to hiring a candidate. If an employer discovers information about a candidate's religious affiliations or disability via social media, that information cannot be used when deciding not to hire. Such a decision could lead to serious claims of discrimination.

It's important for employers to create a background screening policy in accordance with state and federal laws. Such a policy can guide HR professionals on how to access background information but at the same time, reduce the

potential for legal liability. There should be a structured and documented process to ensure any irrelevant or sensitive information discovered is not used in decision-making.

When it comes to withdrawing a job offer based on a background check, employers should tread carefully. The reasons for rescinding an offer must be defensible under human rights and privacy laws. If a background check reveals information which might lead to rescinding an offer, there must be a rationale as to why the job offer was retracted. It's important to remember, employers have to make sure they're not basing decisions on information they are not entitled to consider. This would especially apply to social media searches.

Employers should limit their inquiries to what is reasonably necessary for the job. Collecting irrelevant or excessive information, to include the dreaded social media exploration, could lead to a violation of privacy laws. Some best practices to consider for background checks include obtaining explicit candidate consent while ensuring the checks are tailored to the role's requirements.

As for the realm of social media searches, it can be a legal minefield. This is one of several reasons GroupOne does not conduct these searches for our clients. While social media searches can provide insights into a candidate's personality and behavior, we generally do not recommend due to privacy concerns, discrimination risks and the possibility of misinterpreting the information. Social media searches can be tempting, but sometimes it's best to stay in your lane. ■

Drug Screening 101 – Know the basics!



DID YOU KNOW GroupOne Background Screening offers drug screenings? Well, now you do! Here's our annual look at our drug screening services. A drug screen is the collection and analysis of urine, blood, hair or saliva to evaluate for the presence of chemicals and contaminants left behind in the body after drug use. Many different types of drug screens exist.

URINE DRUG SCREEN

The Urine Drug Screen is the most popular test performed today, in part due to their low cost and easy collection process, with around 90% of employers preferring them. For employee drug screening – whether pre-employment, random or cases of reasonable suspicion – the 5-panel drug test is most often used. The 5-panel urine drug test screens for amphetamines, THC (cannabis, cannabinoids), cocaine, opioids and phencyclidine (PCP).

SALIVA DRUG SCREEN

The Saliva Drug Screen uses a less invasive process involving a mouth swab. The detection period for saliva is shorter than those associated with other specimen types, and for THC as short as 48 hours.

BLOOD DRUG SCREEN

A Blood Drug Screen is the least popular method due to

its invasive nature, shorter detection window, and higher price tag. Similar to Saliva Drug Screens, blood tests can be useful for detecting impairment and substance use on the job, as toxins can show up in the blood within minutes after use.

HAIR DRUG TESTING

A strand of hair acts as a timeline of a person's substance history. Someone could have used marijuana months ago, yet through hair testing, the substance would still be detectable for about 90 days. This is not a popular form of drug screening due to the high price tag, but it can act as a backup to urine testing.

WHY SCREEN FOR DRUGS?

In a recent study, the National Council on Alcoholism and Drug Dependence (NCADD) found that 70% of an estimated 14.8 million illicit drug users nationwide are employed, and the National Safety Council (NSC) reports that about 9% of all employees suffer from a substance abuse disorder. With the high costs associated with employee drug use – up to \$81 billion lost annually on treatment and absenteeism – it pays to detect and deter drug use through employee testing. As an employer, you play a major role in keeping your workplace safe for your employees. ■

FRAUD AWARENESS and background checks

WHETHER WE LIKE TO ADMIT IT OR NOT, fraud is everywhere. Bad résumés, incorrect statistics, online scams — so how do we avoid so much incorrect information? Well, here at GroupOne Background Screening, it's our job to expose fraud.

With advances in technology, including artificial intelligence (AI), many companies have implemented sophisticated fraud prevention and detection strategies. But it's not rocket science! One crucial step in safeguarding against fraud is conducting thorough background checks on your employees.

WHERE DOES FRAUD TAKE PLACE?

The Association of Certified Fraud Examiners (ACFE) reported that those who commit fraud share these traits:

- They hold positions of trust, providing them access to an organization's assets;
- Two-thirds of frauds are perpetrated by veteran executives who know how to cover their tracks;
- 74% of cases are committed by men — sorry guys!

FRAUDULENT APPLICATIONS

Here's a recent example of how a thorough background check could have prevented fraud. A man was appointed as Chief Information Officer, securing a high-paying role. But his position was obtained through deception. He fabricated his résumé with false educational and employment history, and provided fraudulent references.

During his first month on the job, he arranged for his brother to be awarded a contract, despite zero qualifications. Thankfully these actions, along with his fabricated résumé, were soon uncovered leading to his arrest. Because a proper background check was not conducted prior to the man's hiring, the company lost an estimated \$55,000.

WATCH FOR RED FLAGS!

The 2024 ACFE's Report noted 84% of fraudsters did not have an appropriate criminal or employment history check. This should highlight the importance of not only conducting a criminal history check, but verifying



qualifications, work history and references. The ACFE also found that 20% of job applications contain false information.

Here's a scary number — the ACFE noted that in 16% of the cases where a background check had been conducted on an eventual fraudster, the résumé revealed a red flag. But the company hired them anyway. Employment gaps, lack of references, frequent job changes and incorrect résumé information are serious red flags to consider.

TAILOR YOUR BACKGROUND SCREENING

GroupOne recommends reviewing your company's approach to conducting background checks. You should tailor the investigation for each applicant based on the potential risks associated with their position, thus ensuring senior executives and those in high-risk roles such as finance are subject to the most vigorous background checks.

Here at GroupOne, when conducting background checks for clients on high-risk hires, we independently verify qualifications, conduct criminal history checks, review public record sources such as bankruptcy, litigation, and in some cases, identify and speak to individuals who have previously worked with the candidate.

Organizations should commit to not just performing background checks but acting on the results — especially when red flags emerge. By doing so, you can significantly reduce exposure to fraud and safeguard your organization's assets and reputation. ■



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SAVINGS**

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WHAT

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