

Washington Healthcare News

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Articles, Interviews and Statistics for the Healthcare Executive

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Legislators Rank *Cost* Greatest Concern of Washington's Health Care System

By David Peel

Publisher and Editor

Washington Healthcare News

Should the health care industry be concerned that both state legislative bodies and both major political parties identify cost as the greatest concern facing the Washington State health care system?

The proof is in the polling. When asked what they considered to be of greatest concern to the Washington State health care system, cost was top-ranked, then in order of importance, the number of uninsured, the ability to access providers, the quality of health care, and finally, the adequacy of regulation.

Although the 44 total responses were not significant to the 147 total number of Washington State Senators and Representatives, it is notable that those who *did* respond hold significant positions on the House Health Care and Wellness Committee, the Senate Health and Long-Term Care Committee and the Governor's Blue Ribbon Commission on Health Care Costs and Access.

For example, Eileen Cody (D), Representative of the 34th Legislative District, Chair of the House Health Care and Wellness Committee and a Member of the Blue Ribbon Commission responded as

did Cheryl Pflug (R), Senator of the 5th Legislative District, Ranking Minority Member of the Senate Health and Long-Term Care Committee and a Member of the Blue Ribbon Commission. Karen Keiser (D), Senator of the 33rd Legislative District and Chair of the Senate Health and Long-Term Care Committee also responded.

While cost was clearly considered the greatest concern, Mark Schoesler (R), Senator of the 9th Legislative District, communicating through his legislative aide, provided additional emphasis, "The Senator asked me to emphasize that 'cost' is his primary and only concern when considering the health care system in this state. He believes there is more than enough regulations and the others (options provided in the request) are not a big deal."

Proposed Solutions

Commentary from legislators on upcoming legislative session efforts show attention is on cost.

Representative Cody noted, "My main focus is working on making the health insurance partnership work and expanding it in the future. We hope to continue to lay the groundwork in the next session for more comprehensive reform in the 2009 long session." (See her Healthcare Opinion article on the health insur-

ance partnership on page 18 of this edition.)

Senator Pflug has been involved in a number of efforts to solve the cost problem. She sponsored Senate Bill 6130 which would have created a "Health Insurance Exchange". According to Senator Pflug, "This simple, nonprofit organization would act as a market organizer and payment 'aggregator'."

Please see > **Cost, P4**

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If you have questions or suggestions regarding the Washington Healthcare News and its contents, please reply to dpeel@wahcnews.com.

Letter from the Publisher

Dear Reader,

As shown in the cover article, our Legislators have ranked *cost* as their greatest concern of the Washington State health care system. The people living in the districts they represent are demanding action and expect results. The demands aren't surprising given the Kaiser Family Foundation's 2007 Employer Survey reported the average 2007 monthly family premium was \$1,009. The Survey also reported premiums increased 6.1% in 2007 or over twice the 2.7% increase in general inflation.

Premiums are a product of cost. Executives at most provider organizations will tell you that government programs pay at *or below* their cost of doing business. Private sector health plans pay much more than government programs and account for most, if not all, of a provider's profit.

As private sector health plan customers move to high deductible health plans, and they are doing this rapidly, cost sharing by patients to providers are at the same high fees negotiated by their plan. So not only is the private sector patient paying out-of-pocket costs that government program patients don't pay, they pay a much higher amount for the same service!

We applaud our Legislator's approach to moderate private sector plan premium increases through market based approaches. As the process continues, it's important to understand the impact government programs have on the cost equation. Specifically, government program patients have little or no cost sharing and these programs pay providers at or below cost. Long-term solutions to the private sector premium increase dilemma must take the subsidization of government programs into account.

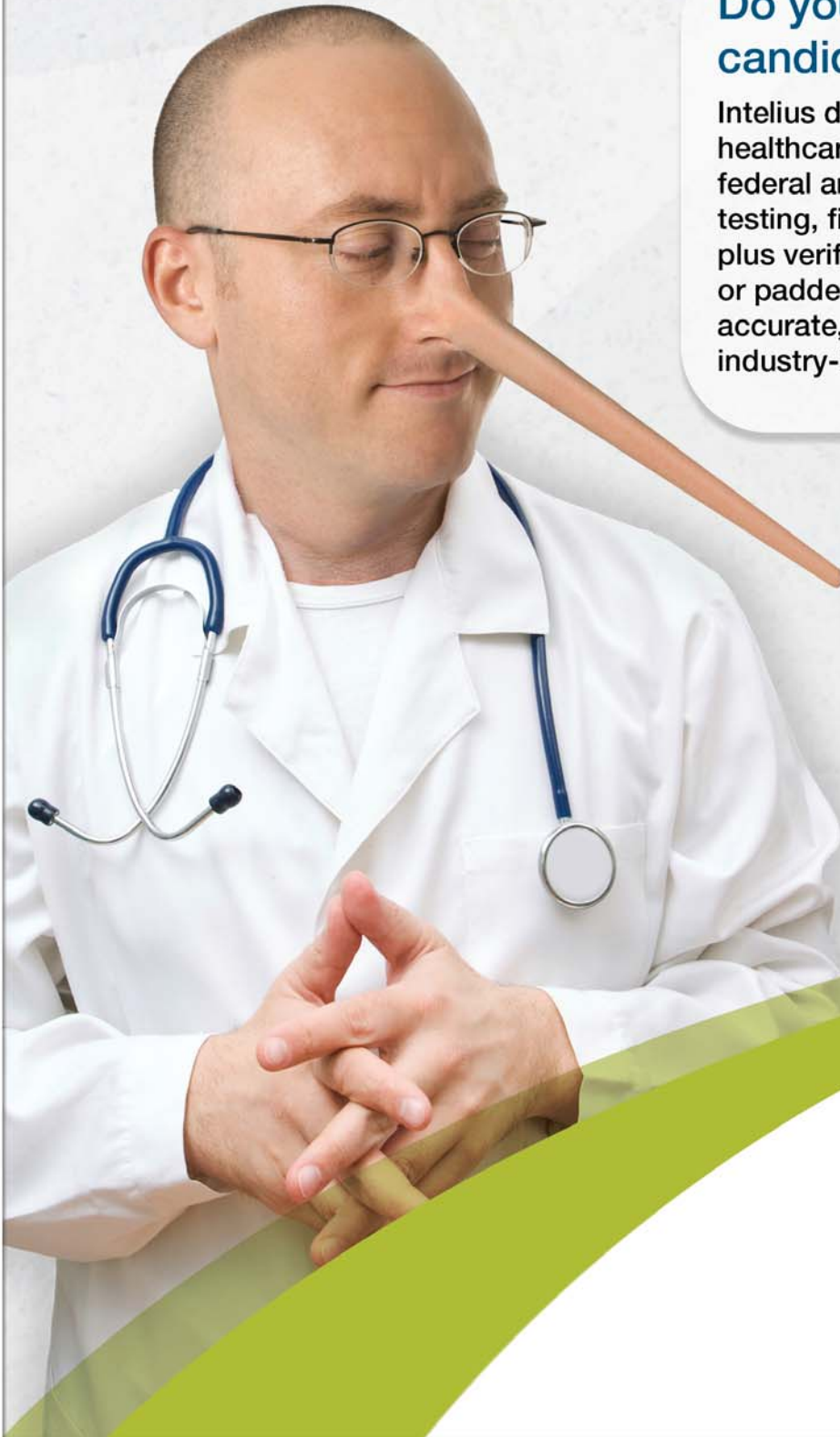
David Peel, Publisher and Editor

Washington Healthcare News 2008 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2008	Healthcare Public Policy	December 3, 2007	December 21, 2007
February 2008	Urban Medical Clinics	January 7, 2008	January 25, 2008
March 2008	Rural Hospitals	February 4, 2008	February 22, 2008
April 2008	Insurance Carriers	March 3, 2008	March 21, 2008
May 2008	Healthcare IT	April 7, 2008	April 25, 2008
June 2008	Rural Medical Clinics	May 5, 2008	May 23, 2008
July 2008	Healthcare Facilities	June 2, 2008	June 22, 2008
August 2008	Healthcare Human Resources	July 7, 2008	July 25, 2008
September 2008	Community Health Centers	August 4, 2008	August 22, 2008
October 2008	Third Party Administrators	September 8, 2008	September 26, 2008
November 2008	Insurance Brokers and Agents	October 6, 2008	October 24, 2008
December 2008	Urban Hospitals	November 3, 2008	November 21, 2008

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Legislators Rank *Cost* Greatest Concern of Washington’s Health Care System

<Cost

From Page 1

Her article on this topic is available in the “ARCHIVE” section of the Washington Healthcare News website (www.wahcnews.com.)

Jamie Pederson (D), Representative of the 43rd Legislative District and Member of the House Health Care and Wellness Committee, summarized one of his efforts, “I’ll again be bringing legislation to address costs by requiring that prescribing information may be sold to drug companies for marketing purposes only with the consent of the prescriber.”

Linda Evans Parlette (R), Senator of the 12th Legislative District and Member of the Senate Health and Long-Term Care Committee said “I believe the greatest concern to our present health care system in Washington State is the cost of it. I sponsored SB 6030 in the 2007 session and will continue to promote it in the 2008 session. It allows health insurance companies some flexibility in product design to develop products for the 19-34 year olds - the group that represents 51% of the uninsured.”

Senator Keiser noted, “The top issue in my opinion is a combined issue: cost and quality. They are

inextricably connected because a significant portion of our cost pressures result from inappropriate or ineffective health care services.”

Industry Implications

If some of the “free market” solutions (i.e. the health insurance partnership, the health insurance exchange, flexible benefit designs for plans sold to 19-34 year olds) don’t bring private sector premium increases down then more drastic measures may find support from both parties.

Legislator contact information can be found by viewing the Washington State Legislature website at www1.leg.wa.gov/legislature.

Legislator’s Greatest Concerns of the Washington State Health Care System

Legislature Response Demographic	Health Care Concern Ranking from Legislator’s Responses ¹				
	Cost	Uninsured	Quality	Access	Regulation
House Democrats (n = 19)	1	2	4	3	5
House Republicans (n = 7)	4	1	5	1	1
Total House (n = 26)	1	2	4	3	5
Senate Democrats (n = 10)	1	1	3	4	5
Senate Republicans (n = 8)	1	2	3	4	5
Total Senate (n = 18)	1	2	3	4	5
Total Democrats (n = 29)	1	2	4	3	5
Total Republicans (n = 15)	1	2	3	3	5
Total House and Senate (n = 44)	1	2	4	3	5

¹ Red indicates highest ranking. Green indicates lowest ranking. Duplicate numbers mean tie.

Note: Rankings were calculated by taking the average of an options ranking. For example, if the cost of health care was ranked number 1 by three Legislators and number 2 by three Legislators, its average ranking would be 1.5. If 1.5 was the lowest of all averages then it was considered the greatest concern. There were 18 different concerns expressed by respondents.

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Rents Continue to Climb

By Nick Papa

Manager of Research
Grubb & Ellis Company

After a steep decline in the vacancy rate during the second quarter, the Puget Sound office market took a breather this quarter as the overall rate remained relatively unchanged, ending at 9.6 percent. While the national economy is not yet out of the woods in terms of sliding into a mild recession, the local economy continues to be healthy. Many areas around the country are seeing home prices fall; in the Puget Sound appreciation rates are slowing, but remain on the plus side. According to the Puget Sound Economic Forecaster, job growth should remain between 2

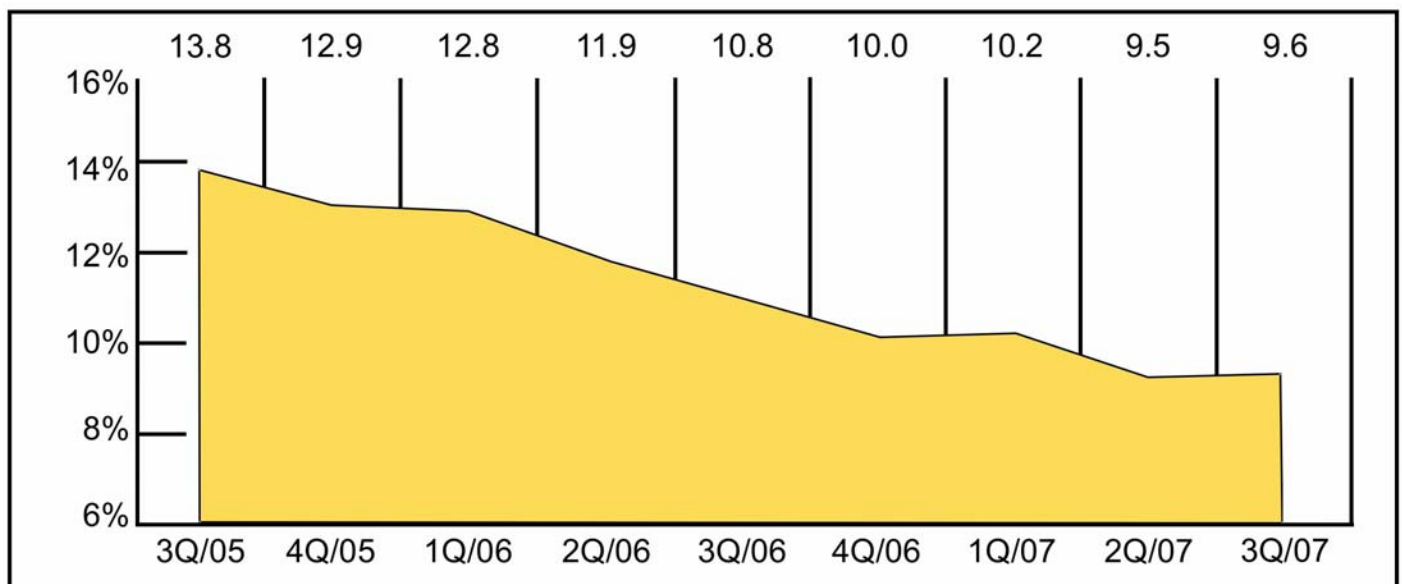
and 3 percent through 2008, still well above the national average. Boeing and Microsoft continue to add jobs and, in the case of Microsoft, lease large amounts of new space while continuing to expand their corporate campus.

Despite sluggish activity in the third quarter, landlords in Seattle and especially the Eastside continue to strengthen their negotiating position and projects under construction are seeing healthy pre-leasing activity, reducing the amount of available space on the market. Both Class A and B overall average asking rates rose sharply again in the third quarter. Class A asking rates jumped nearly \$2 per foot, driven by the accelerating rates

in the Seattle CBD and downtown Bellevue. Class B asking rates rose by \$.064 to a six-year high of \$24.37.

Sustained demand and the lack of new space coming on-line will drive rents higher and vacancy lower across most submarkets in the region.

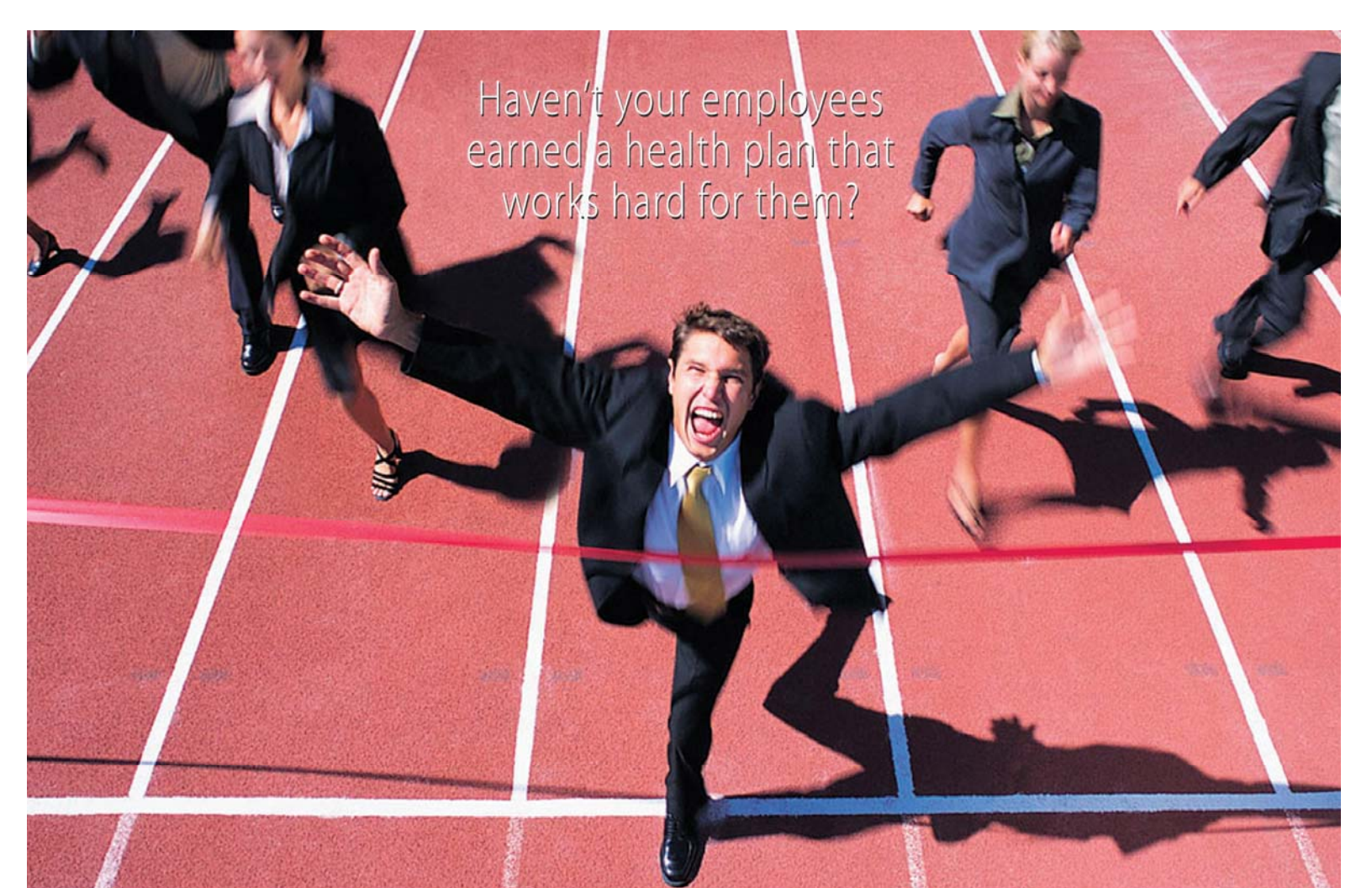
Nick Papa is Manager of Research for Grubb & Ellis Company. Grubb & Ellis provides a suite of comprehensive services to health care and other organizations including transactions, property management, corporate services, project management, asset management and consulting. To receive a complimentary copy of the full report, e-mail Mr. Papa at nick.papa@grubb-ellis.com.



Office Vacancy Rate*

* All Classes of Space

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Healthcare Professional Liability - Is 29 Years of Volatility Finally Over?

Phil Dyer

Vice President

Kibble & Prentice

The insurance environment for Healthcare Professional Liability (medical malpractice insurance) seems to be one of stability, calm and improvement. Yet it remains important for both hospitals and doctors to exercise discretion.

Hospitals are seeing increased insurance competition, current carriers are improving their bottom line and more companies are entering the market. Existing carriers have also become more aggressive in both pricing and terms and conditions. More and more hospitals are seeing reductions in premiums, and some are even negotiating successful reductions in their deductibles at the same time.

The picture is also improving for physicians, perhaps to an even greater degree. Carriers appear to be more aggressive in soliciting new business as well as reducing premiums (and some declaring dividends and increasing credits) for existing insureds.

For 2008 we can expect rate reductions that are a reflection of significantly reduced claim frequency. This is a dramatic change when compared to the previous four years in our state, known for turbulence, dramatic premium increases, reductions in ability to provide coverage, and even non-renewals due to stepped

up underwriting criteria.

Six Changes. Industry analysts argue that the major influences on the current marketplace are six-fold: reinsurance changes, lower frequency of claims, companies reaping the rewards of tight underwriting, surplus money from previous rate increases, insurance companies flush with cash, and decreased numbers of plaintiff

“For 2008 we can expect rate reductions that are a reflection of significantly reduced claim frequency”

Phil Dyer, Vice President
Kibble & Prentice

attorneys in the field.

ONE; Reinsurance Changes. Medical professional liability insurance companies are all affected through an involvement with reinsurance, most of which is purchased in the Lloyd's marketplace. Historically, with its high volatility, high severity, and lengthy turnaround time for results, malpractice insurers were at the back of the line for a limited number of available reinsurers. Supply and demand dictates that this produces a large number of insurance companies chasing a very limited reinsurance market.

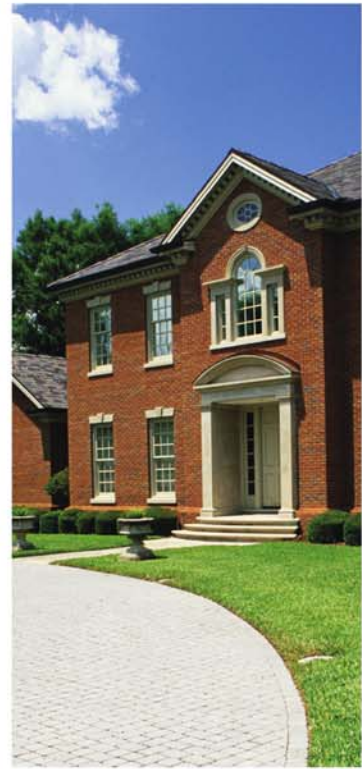
There are anecdotes that the aftermath of Hurricane Katrina seems to have changed the reinsurance

scenario. Reinsurers that had typically exposed their capital to property insurance risks in the Gulf Coast states were no longer willing to participate in that arena. In order to continue to utilize their capital they seem to have shifted to lines with less volatility. A hurricane risk to property in the Gulf States seemed more volatile than medical malpractice. With increased competition in reinsurance come reduced costs to the insurance companies. This is then passed on to hospitals and doctors.

TWO; Frequency of claims has dropped dramatically. Estimates of the drop in frequency compared to high points of previous years, ranged from a drop of 30% to a drop of more than 50% in the number of claims reported. For hospitals, that have seen frequency as high as 3-4 claims per 100 beds, are now seeing frequency as low as 1.5 claims per 100 beds. For doctors, with median frequency in the 10-12 claims per 100 physicians per year, they are now seeing frequency as low as 4-6 claims per 100 physicians per year. This has a direct effect to lower premiums; however the severity of claims continues to increase. Most experts consistently show that the severity of medical professional liability claims continues

Please See> Healthcare, P10

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Healthcare Professional Liability - Is 29 Years of Volatility Finally Over?

< **Healthcare**

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to rise at 6-7% per year, and the costs of defense are rising in the +15% per year range.

THREE; Companies are reaping the rewards of previous years. The years 2000 through 2005 were difficult days for malpractice insurance, with impacts on both carriers and consumers. With a deteriorating loss picture (increasing frequency and severity), companies had to make tough choices. Besides dramatically raising premiums (compounded premium increases more than 100% in some states) and curtailing their ability to write new business, these companies scoured their existing business with strict criteria. With the improvements in 2005 and 2006 - loss development appears to only be 'favorable' with additional reductions in loss reserves for the insurance companies.

FOUR; Companies have money to spare. With clean books of business, robust premiums and a favorable claims environment there is a great deal of room for companies to be aggressive and lower rates. Companies find that increasing profits allow them to increase their surplus (stockholders equity). This increases the opportunity for dividends and reduced premiums. It also creates opportunities for aggressive new business appetites.

FIVE; The healthcare delivery system is better at preventing

claims and the incentive to do so is pervasive. The last five years have generated an industry-led and regulator-enhanced ethos of patient safety that has been remarkably successful. There are now as many as 10 major hospital analytical/rating schemes on patient safety that have generated national recognition and standards, and similar activities have increased the priority at the physician/provider insurers. Even the

“With clean books of business, robust premiums and a favorable claims environment there is a great deal of room for companies to be aggressive and lower rates”

Phil Dyer, Vice President
Kibble & Prentice

restaurant rating organization Zagat, is looking at rating physicians. In addition, not only has the system created an environment that has embraced patient safety and prevention, the providers themselves have seen the financial incentive of claims prevention, and healthcare cost reductions (welcomed by the payors and employers) and the more societal improvements in patient satisfaction and wellness.

SIX; The trial bar cannot afford to bring cases that have little or no settlement value.

With 'transparency' of the records of providers and institutions creating a stiffening of resolve to aggressively defend claims, and the

cost to 'work up' a case dramatically increasing for plaintiff attorneys, there is a diminished incentive/reward for plaintiff attorney's that are not experts in this field to take medical malpractice cases. This has reduced the number of plaintiff attorneys who actively take cases of medical malpractice. What remain are the experts in this discipline who may 'triage' 100 cases brought to them down to less than 5 or 6 that warrant further investigation and possible claim.

Have we finally reached a 'nirvana' of stability in medical malpractice? Insurance companies in this discipline for this period of time are typically reluctant to trust the current situation. Years of experience have dictated that favorable conditions in medical malpractice are transient. However, these incumbent insurers are being forced to react to those newer players seeking advantage in the marketplace. This presents insurance buyers with both opportunities and reasons to be cautious. Some of the long term trends are unprecedented and could provide a permanent stability, yet only the future will tell; does past experience tell us otherwise and not to trust the current market? Time will tell.

Phil Dyer is a Vice President with Kibble & Prentice, a Seattle based risk management, investment, and benefits management company. Mr. Dyer can be reached at phild@kpc.com.

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Adaptis Signs Five Year Deal with Clear Choice Health Plans

By David Peel

*Publisher and Editor
Washington Healthcare News*

Adaptis, a Seattle-based business processing outsourcing company with services targeted to the health care payer, announced it has signed a five year Agreement with Clear Choice Health Plans, Inc. of Bend, Oregon.

Clear Choice serves approximately 45,000 members throughout Oregon and Montana. Its products include Medicare Advantage, commercial, individual and third party administration.

Adaptis will provide Clear Choice a range of services including benefit, group and claims administration, financial management, quality improvement reporting and analysis.

Adaptis Chief Executive Officer Jim Anderson noted, "This is a strategic partnership providing a win-win opportunity for both organizations." Anderson continued, "Our health payer services and industry expertise, supported by an industry-leading platform, will enable Clear Choice to streamline their existing processes and decrease manual interventions without the financial and organizational investment typically required. They can free resources and focus on what's most important to them – serving their members."

"When Adaptis first approached us – we were deep into strategy discussions about how to best serve our members – especially as

we expand into new products and states. We based our decision on long-term business and service objectives, and the fact that the culture of our two organizations clicked from the outset." Patricia Gibford, Chief Executive Officer and President of Clear Choice continues, "They had the services we need in order to continue to grow, the healthcare expertise to understand our business and the right technology to support those services, and it lets us focus on the high touch interfaces with members and providers. As a

"They can free resources and focus on what's most important to them – serving their members."

Jim Anderson, CEO
Adaptis, Inc.

growing organization, this change is a natural evolution."

"Clear Choice's growth has placed increasing demands on our internal claims processing system, resulting in higher costs and reduced efficiency," said Randy Cline, Executive Vice President and Chief Operating Officer for Clear Choice Health Plans. "These inefficiencies have resulted in a doubling of our claims processing costs since 2005 and were preventing us from reaching our membership and financial goals."

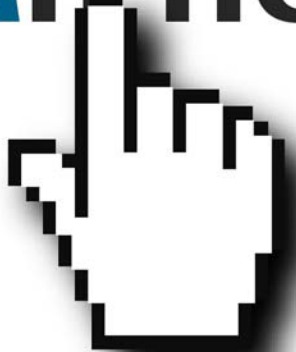
"A thorough review of our existing systems and available software solutions led us to conclude that a strategic relationship with Adaptis will give Clear Choice access to new, advanced technology and technical expertise without the financial and organizational investment associated with purchasing and maintaining a new in-house claims processing system," Cline said.

Adaptis Health Care Practice Leader Chuck Black, who headed up the support team, asserts, "Our approach was to work closely with Clear Choice to determine that the services they chose fully-addressed their enterprise solution needs – they're growing and they are being proactive about it."

Clear Choice Health Plans offers health insurance, including Medicaid, Medicare Advantage plans, commercial plans, individual plans and third party administration to individuals and businesses throughout the region. The organization recently expanded into the Montana market, and is about to introduce new products to Oregon, Idaho and Washington.

Adaptis currently provides business processing outsourcing services to over 1.2 million members. Services are provided in Seattle, a regional operations center in Yakima, Washington and through its majority-owned company, Tēla Sourcing Inc., an ISO 9001:2000 certified international facility in Pune, India.

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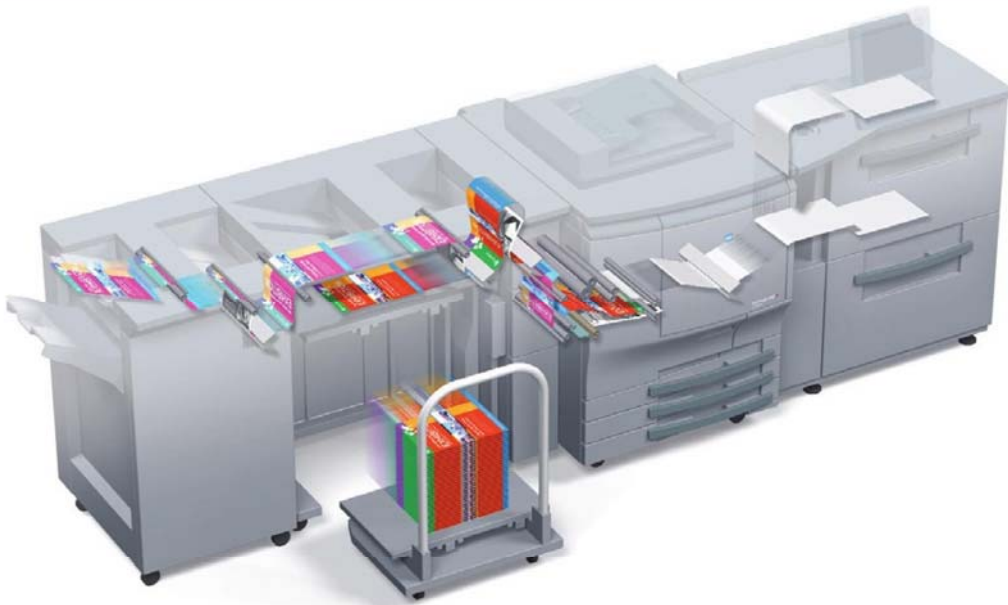
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An Interview with Mary McWilliams of Regence BlueShield

Mary McWilliams is the President of Regence BlueShield. This November 2007 interview was held in Seattle.

Editor: What is your background and what are your most significant achievements?

McWilliams: I've always been in the health care field, after falling into it through summer employment during high school.

From 1983 to 1994 I was the founding CEO of Providence Health Plans in Oregon. At Providence, we introduced the first Primary Care capitation model and the first Point of Service plan in the Pacific Northwest. After growing Providence to 100,000 members I was recruited to be founding CEO of PacifiCare of Washington.

I led PacifiCare's entry into the Washington market in 1994 with the acquisition of two local plans and converted the provider network into capitated financial arrangements. By 1996 PacifiCare had grown to 300,000 prepaid members in Washington and Oregon and 50,000 TPA members, including the Microsoft account.

In 1997 I joined Regence BlueShield as Senior Vice President responsible for the Plan's HMO, health care services, and services to the Boeing Company. In 2000 I was promoted to President. Today, Regence BlueShield provides

coverage to 1.1 million members and has about \$4 billion in revenues. Our rating with AM Best was just upgraded to "A," the highest rated health plan in the state. One of our most successful product innovations was the introduction of the popular FourFront insurance products in 2003. This bridge to consumer-directed

"We also concluded there isn't a true market dynamic between the patient and doctor. Instead, institutions like hospitals, health plans and delivery systems have been making decisions on behalf of patients."

Mary McWilliams, President
Regence BlueShield

health plans provided a foundation for our new self-managed plans, recently introduced to small groups.

Editor: Where does Regence BlueShield fit into the organizational enterprise?

McWilliams: Regence BlueShield is the largest of four Blue plans that comprise Regence. Although headquartered in Portland, Regence has a large presence in Washington, including a non-Blue subsidiary, Asuris Northwest Health, based in Spokane, and

Healthcare Management Administrators, a TPA. In fact, Regence is the largest not-for-profit health insurer in the Northwest / Inter-mountain State Region with operations in Washington, Oregon, Idaho and Utah, as well as a life company.

Editor: Describe the Regence BlueShield Mission.

McWilliams: About four years ago Regence named a new CEO, Mark Ganz. He asked his leadership team to reflect upon our own experience as patients in the health care system. Together, we observed there is a great deal of waste, confusion and tyranny in health care. We also concluded there isn't a true market dynamic between the patient and doctor. Instead, institutions like hospitals, health plans and delivery systems have been making decisions on behalf of patients. That's generated an entitlement mentality in our culture. We also realized that if we were to be a catalyst for change in the existing system, we needed to live the change ourselves.

At Regence, we believe that our value lies in offering navigation, advice and rewards to members who want to take charge of their health care. And we believe that this type of consumer engagement can change the system itself.

In terms of navigation and advice, [Please see> McWilliams, P16](#)



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An Interview with Mary McWilliams of Regence BlueShield

<McWilliams

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a suite of online services is available that enables a member to take a health risk assessment, view medical information and access various programs to help improve their personal health status.

The reward component provides the incentive for behavior change. Members can earn points that are redeemable as gift certificates for taking proactive steps to advance their own health status. For example, taking the health risk assessment alone provides points that count towards the reward.

The leadership team knew that we couldn't ask our members to take steps towards improving their health status if we didn't do it ourselves as an employer.

To lead by example we've implemented a comprehensive program designed to improve the health and engagement of our employees. Some of the elements include:

- Health facilities on-site where the cost is subsidized by the company
- Healthy foods priced at a discount in our cafeteria. For example, a salad entrée costs less than a burger with fries, and a bottle of water is cheaper than soda
- Incentives to enroll in the HSA option for health coverage

Editor: What new products are planned for the future?

McWilliams: We have two new products that have just come to market--Innova and Engage.

Both products have embedded health coaching to support people in their behavior change. For example, let's say a customer takes a health assessment and the result indicates weight loss is needed. The results of the assessment would be analyzed by a health coach who will work one-on-one with the member to focus on ac-

“My advice to the Legislature is to learn from other states’ experience in implementing reform, like Massachusetts, before thinking about embracing the next best idea.”

Mary McWilliams, President
Regence BlueShield

tivities that promote weight loss in a way that is healthy and sustainable.

Editor: What are your greatest concerns for the future of Washington state's health care system?

McWilliams: Washington state issues are consistent with national issues. These issues are rising costs, variation in cost and quality, lack of transparency and the need for adherence to evidence-based medicine.

We are fortunate to live in a com-

munity where there is good dialogue among the various sectors.

For example, the Washington Healthcare Forum is a group of leaders from health plans, hospitals, physicians and the Association of Washington Businesses that have come together to find ways to improve the health care system. The mission of the Forum is to simplify and streamline healthcare financing and delivery and to advance a public dialogue on sustainable solutions to the challenges facing the healthcare system.

One of my biggest concerns is impatience with the pace of change. On the industry side, we are cognizant that we have a limited window to demonstrate that the private market can change itself. On the public side, policy makers are sensitive to widespread discontent, and may seek a silver bullet, when there really is no one solution.

My advice to the Legislature is to learn from other states' experience in implementing reform, like Massachusetts, before thinking about embracing the next best idea. There is a lot going on that promises better outcomes, like Boeing's chronic care project with selected medical groups.

We need to be careful about adding new regulations or accepting extreme proposals as the solution. As the doctors say, “first, do no harm.”

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Taking a Different Look at Health Care

By Eileen Cody (D)

Representative

34th Legislative District

Reforming the health-care system is like rebuilding an airplane in flight. You can't stop everything and leave people without medicine and doctors while the new system gets started -- but you can't choose to do nothing when you're flying toward a financial cliff.

It's a tricky balancing act. How can we make bold reforms to health care without crashing the system?

Too many people without health coverage, high prices for prescriptions, skyrocketing rates for obesity and diabetes -- the challenges we face can seem overwhelming.

I believe it's a mistake to chop up health care into a thousand separate problems. These issues are intertwined.

Looking at patients first

Let's take a look at health care in a different way. Instead of looking at all the pieces of the system, let's start with the patients.

Seventy percent of health care costs are due to treatment of chronic diseases. Those chronic conditions drive up health costs. And the more health insurance costs, the more uninsured people you have. It's a downward spiral.

The tragedy -- and the opportu-

nity -- is that most of these conditions are preventable.

More than half of King County adults (719,000 people) are overweight or obese, according to the Board of Health. The growing rate of obesity is related to other chronic conditions like diabetes.

The good news is we're now focusing on the problem. Smoking

“The largest group of uninsured adults are people with jobs. They just work for small businesses that don't offer health benefits.”

Eileen Cody (D), Representative
34th Legislative District

used to be as big an issue as obesity is today. Now, smoking is becoming unfashionable and obsolete. Obesity, however, is a trickier issue, and it will take more effort to tackle it.

We're also changing the way we look at health care. Right now, we pay for services: you visit the doctor twice, the doctor gets paid twice. Rather than simply looking at the number of visits, isn't it smarter to look at results? To start moving in this direction, our program to Cover All Kids is focusing on results.

Let's measure the health of each child and ask the question: are they healthier this year compared

to last year, or are they less healthy?

Health care should result in better health. Yet our health care system doesn't really look at results. Changing that could make a huge difference.

A partnership to help small businesses

It's a myth that the average person without health insurance is unemployed, homeless or otherwise without means.

The largest group of uninsured adults are people with jobs. They just work for small businesses that don't offer health benefits.

These workers have families. I believe it's tragic that people with full time jobs and kids to support can't find affordable health coverage.

What are the barriers to small business workers getting coverage?

1) One size does not fit all. Say the business is a restaurant. Right now, everyone has to sign up for the same plan. But the college student waiting tables doesn't need -- and can't afford -- the health plan the restaurant owner needs to cover his family and pay for his two kids to get braces next year.

2) If you change jobs, you lose your coverage.

3) And if you work a seasonal job, or two part-time jobs, you're

Please see> Different, P20



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Connie Barden — VP for Innovation & Quality at Mercy Hospital in Miami & a Past President of the American Association of Critical Care Nurses, Connie will be speaking on *Setting & Achieving the Standards for a Healthy Work Environment*.

To Register: Call Dane Karnick at 206-577-1847 or e-mail at danek@wsha.org

<Different

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out of luck.

So this year, we passed a bold reform aimed to help small business owners and workers.

It's a public-private partnership -- the Health Insurance Partnership -- that fixes those three problems with the current system by using the power of the marketplace.

1) More choices. Instead of everyone being stuck with the same plan, workers at a small business can pick from a wide menu of plans. Employers set the monthly contribution they make toward health care, so they can predict costs.

2) If you change jobs, you keep your health coverage under HIP.

3) Seasonal workers and people with two part-time jobs can get health coverage.

4) HIP saves money because it takes advantage of tax breaks and premium subsidies for low-wage workers.

This is a brand new idea, so when it starts, HIP will be available for small businesses with at least one low-wage worker.

HIP won't affect the entire small group market, and it won't affect big groups. It's a new option for small businesses.

Breaking news - cover all kids

President Bush recently vetoed the law passed by Congress to give kids health care. The White House also sent a letter to states saying it doesn't want federal money used by states to offer health coverage to children unless

Page 20

they had gone one year without health coverage -- and that no working class or middle class child could be covered until 95 percent of children under the federal poverty level had health care.

Here in Washington state, we use a public-private partnership to cover all kids. It doesn't matter to us how a child gets health coverage -- private health insurance or non-profit, state money or federal money -- we just want every kid covered.

Pennsylvania Gov. Ed Rendell said, "If the president is serious about market solutions to our health care crisis, he should be expanding, not cutting back, the public-private partnership that has made health insurance affordable for thousands of Pennsylvania

children. We should not be making it harder for children to get the health care they need."

I agree. Every child -- rich or poor, black or white -- is innocent and worth protecting. If you saw a four-year-old girl on the sidewalk, bleeding, you wouldn't just keep on walking. You'd stop to help that little girl, because it's the right thing to do.

Eileen Cody represents the 34th Legislative District. This District covers West Seattle. She is also Chair of the House Health Care and Wellness Committee. She works as a registered nurse.

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Healing the Mind, Body and Spirit

By Nancy J. Steiger
CEO/Chief Mission Officer
PeaceHealth Whatcom Region

Before relocating to northwest Washington State a few months ago, I'd often dream about returning to faith-based healthcare. I spent many years working in a Catholic system in California, and saw the power of a mission in improving the health of patients and the community.

And then my dream came true: I was honored to become CEO of PeaceHealth's Whatcom Region in July, 2007. In many ways, I felt that I was "coming home." Not only is this area stunningly beautiful, but the PeaceHealth philosophy of providing safe, evidence-based, compassionate care, every time, every touch is one that I believe in with my head and my heart.

As healthcare leaders, we are at times nothing less than daunted at the changes sweeping the industry, and the challenges we face as we try to deliver the highest quality, safest patient care at a lower cost. But it also strikes me that at the very center, we must remember that more than any other industry, our work is about the patient. It is about individuals, their lives, their emotions, their pain, their suffering. The time that patients spend with us may be dur-

ing the most emotional and most vulnerable events in their lives.

And that is why I believe so strongly that a sense of purpose, what we call our mission, vision, and values, is so important to caring for the whole patient, the whole person. The mind, the body and the spirit. I believe that, as healthcare leaders, we may all share this understanding. But how do we bring back the heart to

"We must remember that more than any other industry, our work is about the patient."

Nancy J. Steiger, CEO
PeaceHealth Whatcom Region

an industry that for so long has been forced to focus on cost-cutting, greater efficiency, and more demand? How do we reinvigorate our employees with that sense of purpose they brought with them to their first jobs in healthcare?

At PeaceHealth, we envelope that sense of purpose and duty to our patients and to the community in our mission, vision, and values. These beliefs guide everything we say and do. They serve as our compass to direct all of our actions to improving the health of our patients and the community. They bring the "heart" back to

healthcare. At the same time, we realize that we need to ensure that this sense of purpose is more than a general "feel good" statement.

We're doing this through an initiative called Vision 2012, which helps us as employees, physicians and volunteers understand how we can make our mission, vision, and values real for every patient, during every contact and every experience. Simply put, we say that *"Every PeaceHealth patient will receive safe, evidence-based, compassionate care; every time, every touch."*

How does that translate into action? We're currently aligning all initiatives, projects, and programs with the key delivery elements of this statement. For patients and the community, our vision means:

- Safe, effective care – We will do no harm and deliver the best possible outcomes
- Culture and people – As a team of inspired caregivers, we will deliver high-value, exceptional medicine and compassionate care
- Clinician partnerships, coordinated care – We will promote clinician partnership and coordinated care in the delivery of patient-centered team medicine across the continuum
- Growth, innovation – We will assure our continuity through growth, innovation and financial strength

Continued on next page

Continued from prior page

- High value -- We will deliver our promise of exceptional medicine and compassionate care at a reasonable cost

We're excited about our efforts to bridge our mission, vision and values to the healthcare services that we provide every day to our patients and to the community. With these principles as our guide, we believe that we can be a better citizen and improve the

health of the community as a whole.

In July 2007 Nancy J. Steiger assumed duties as Senior Vice President for PeaceHealth and Chief Executive Officer/Chief Mission Officer for PeaceHealth's Whatcom Region, which includes 253-bed St. Joseph Hospital as well as physician clinics and commercial laboratory services. She is a former board member of the California Hospital Association

and the California Association of Public Hospitals, and was CEO of San Mateo Medical Center in the San Francisco Bay Area. Prior to that, Nancy served as COO at Santa Rosa Memorial Hospital in Santa Rosa, California.

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Career Opportunities



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Chief Executive Officer

Our firm, Deering and Associates, has been retained to assist Moses Lake Community Health Center in recruiting for their Chief Executive Officer.

Moses Lake Community Health Center is a not-for-profit provider of healthcare to traditionally underserved populations in the central Columbia Basin.

MLCHC enjoys strong community support and is very strong financially. The Center has 233 employees, 19 medical providers, and 6 dentists.

The CEO reports to a community Board of Directors and is responsible for the overall operations of MLCHC, provides support to the Board of Directors and provides a liaison between the Board and the Center's staff.

This is a rewarding opportunity to head up a very successful community based health center in an area that is prosperous and is rapidly growing. With it's population of about 27,000, it is large enough to provide community amenities and retain it's small town feel and sense of community.

A Bachelors degree is required with a Master's preferred and at least two years of healthcare senior management experience. Experience in community health centers is highly desirable.

If you or anyone you know might be interested in this opportunity, please reply in the strictest confidence with a resume to Deering and Associates by calling toll free (888) 321-6016 or email at george@deering-associates.com.

NURSING SERVICES ADMINISTRATOR

About the Hospital

- ♦ The hospital is a 25-bed, Critical Access Facility in the heart of an agricultural-based community in Washington State.
- ♦ The hospital is a private, not-for-profit facility that has been serving the Lower Yakima Valley since 1947, yet has equipment and facilities that are very up-to-date, including an Emergency Department renovation that should be completed before Christmas 2007.
- ♦ The organization is an engaged community partner, proactively working to ensure the health of the surrounding communities. The hospital also places a priority on customer service.



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Position Qualifications and Profile

- ♦ Qualified candidates will have solid leadership skills, with current clinical competencies in patient care services.
- ♦ BSN degree, and current RN licensure in Washington State.
- ♦ At least seven years experience, with demonstrated progressive advancement, in various management roles in Nursing.
- ♦ Demonstrated continuous education, with skills in finance, computer operation, communications and interpersonal relationships.
- ♦ Will be responsible for the management of the Department of Nursing Services.
- ♦ Experience in developing Policies & Procedures to meet State & Federal requirements.
- ♦ Excellent Salary and Benefits Package.



About the Community

- ♦ Sunnyside is located in the Yakima Valley of South Central Washington. It has a population of roughly 14,000 people, and enjoys 300 days of sunshine per year. In the heart of Washington Wine Country, it is a great place to bike, hike, ski, golf, etc. It is located 35-45 minutes from Yakima and the Tri-Cities areas, with populations of approximately 100,000 and 200,000, respectively. Home prices are affordable here, less than the national average.

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- 225,000+ population, with one of the largest number of PhDs per capita in the US!
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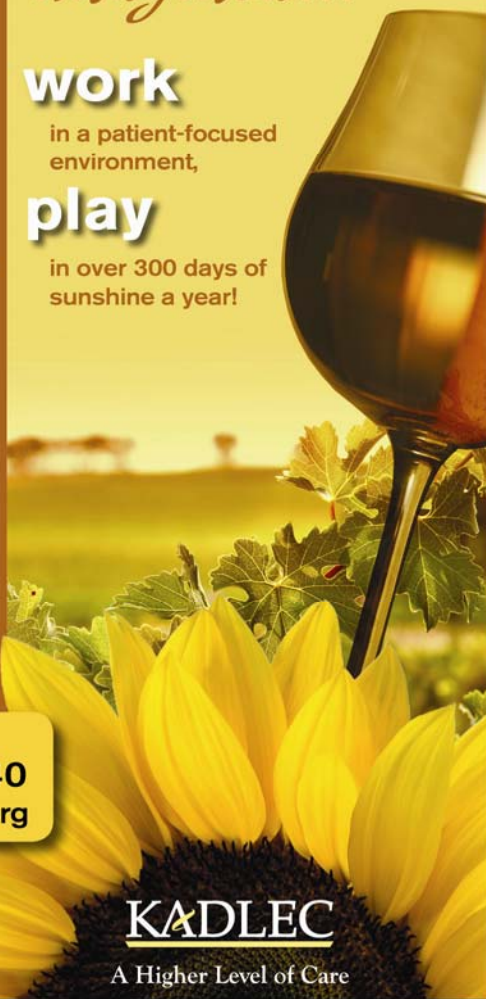
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WHN Adds Features to Career Opportunities Section

The Washington Healthcare News recently added two features for those companies that are either recruiting new health care leaders or have hired or promoted new health care leaders.

Recruiting Health Care Leaders

Companies that purchase any advertisement in the Career Opportunities section receive the following in one bundled price:

- Full color display advertising
- Posting of the advertisement, to include the company's logo, on the Washington Healthcare News website
- Announcement via e-mail to all individuals on the distribution of the Washington Healthcare News who are qualified for the open position

Of the three services included in the bundled price the announcement service was recently added.

New or Promoted Leaders

New Director and higher level health care leaders are now announced each month in the Career Opportunities section. Just e-mail the name, title, effective date and whether the leader was newly hired or recently promoted to dpeel@wahcnews.com. See page 26 of this edition for this month's new or recently promoted health care leaders.

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Director of Nursing

Highline West Seattle Mental Health/West Seattle Psychiatric Hospital is a large community mental health agency located in Seattle. This agency is proud of its success in designing and implementing a recovery model of care.

West Seattle Psychiatric Hospital specializes in treating involuntarily committed patients and is proud of the high level of care provided to this patient population. It is now poised to implement a recovery model for the seriously and persistently ill patients cared for in its facility. It has begun to utilize peer counselors, but is pursuing expansion of this part of its treatment program.

The Director of Nursing is expected to act as a leader and a change agent in motivating the nursing staff to move to a recovery model of care and assure an environment in which even the most seriously ill patient is motivated to participate in her/his care.

The Director Nursing is expected to be committed to an interdisciplinary team approach to treatment.

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New or Recently Promoted Health Care Leaders

First Name	Last Name	Title	Start Date	Organization	New or Promoted Leader
David	Aubrey	VP Fund Development & Executive Director of the Foundation	Sep '07	Overlake Hospital Medical Center	New
Tim	Barrett	Director of Sales & Service	Dec '07	Regence BlueShield	New
John	Corman MD	Medical Director	Nov '07	Floyd and Delores Jones Cancer Institute at Virginia Mason	Promoted
Michael	Dudas MD	Chief of Pediatrics	Nov '07	Virginia Mason Medical Center	Promoted
Renee	Dunham	Chief Executive Officer	Aug '07	Mark Reed Hospital	New
Traci	Hoiting RN MS CNL	VP & Chief Nursing Officer	Jul '07	Swedish	Promoted
Brian	Kuske	SVP & Chief Administrative Officer	Dec '07	Swedish/First Hill Campus	Promoted
Richard	Marks	President	Nov '07	KPS Health Plans	New
Jill	Mehner	VP of Sales & Marketing	Nov '07	Healthcare Management Administrators	New
Lisa	Morten	Director of Human Resources	Nov '07	Overlake Hospital Medical Center	New
Christopher	Porter MD	Medical Director of Clinic Research	Nov '07	Benaroya Research Institute at Virginia Mason	Promoted
David	Schultz	Chief Operating Officer	Sep '07	Overlake Hospital Medical Center	New
Carol	Skowronski	Director of Decision Support and Revenue Cycle Management	Oct '07	Central Washington Hospital	New
Stephen P.	Zieniewicz FACHE	Executive Director	Sep '07	University of Washington Medical Center	New

To announce a new or recently promoted Director or higher level individual at your organization e-mail David Peel at dpeel@wahcnews.com with the above

Plan and Hospital Financial Information

YTD Net Income and Members through 09/30/07 for the Largest Health Plans in Washington State¹

Plan Name	Net Income	Members	Plan Name	Net Income	Members
Health Plans:			LifeWise Health Plans of AZ.	(\$11,164,137)	31,266
Regence BlueShield	\$66,554,186	885,521	Arcadian Health Plan	(\$924,311)	19,090
Premera Blue Cross	\$76,438,960	726,319	Timber Prod. Manuf. Trust	\$460,174	9,611
Group Health Cooperative	\$72,789,487	401,888	Washington Employers Trust	(\$1,560,699)	9,122
Molina Healthcare of WA	\$32,585,577	283,931	Aetna Health, Inc.	\$1,977,998	6,708
Community HP of WA	\$9,300,708	232,579	Washington State Auto Ins. Trust	(\$1,654,448)	3,100
Group Health Options	\$114,549	103,491	Puget Sound Health Partners	(\$1,675,215)	0
Asuris Northwest Health	\$4,047,694	90,828	Vision or Dental Plans:		
LifeWise Health Plan of WA	\$1,623,819	89,102	Washington Dental Service	\$12,560,083	907,902
Pacificare	\$33,427,691	52,399	Vision Service Plan	\$6,141,567	544,640
KPS Health Plans	(\$943,114)	45,740	Willamette Dental	\$461,985	70,043
Columbia United Providers	(\$1,570,608)	35,681	Dental Health Services	(\$1,003,741)	25,664

YTD Margin and Days through 06/30/07 for the Largest Hospitals in Washington State²

Hospital Name	Margin	Days	Hospital Name	Margin	Days
Sacred Heart Medical Center	\$22,077,028	75,945	Deaconess Medical Center	\$1,133,989	28,424
Swedish Medical Center	\$47,505,728	71,688	Good Samaritan Comm. Health	\$24,463,794	28,075
Harborview Medical Center	\$3,948,000	66,544	Valley Medical Center	\$12,737,249	26,894
Providence Everett Med Ctr.	\$18,004,767	50,971	Yakima Valley Memorial	\$4,612,718	25,281
University of WA Med Ctr.	\$22,367,221	50,150	Evergreen Healthcare - Kirkland	\$3,995,575	24,210
St. Joseph Medical Center	\$42,578,827	46,225	Highline Community Hospital	\$6,379,484	23,062
Virginia Mason Medical Ctr.	\$9,034,449	43,702	Swedish Cherry Hill Campus	(\$6,612,725)	21,094
Southwest WA Med Ctr.	\$1,143,974	43,674	Northwest Hospital	\$3,878,184	20,837
Providence St. Peter Hospital	\$15,973,315	42,529	Central Washington Hospital	\$7,161,164	20,303
Tacoma General Hospital	\$24,855,393	41,694	Kadlec Medical Center	\$4,991,856	20,222
Children's Hospital	\$13,806,001	34,312	Holy Family Hospital	\$1,612,666	19,843
Harrison Medical Center	\$15,384,432	32,271	Stevens Healthcare	\$1,468,957	16,607
Overlake Hospital Med. Ctr.	\$7,093,253	30,278	Legacy Salmon Creek Hospital	(\$4,155,362)	16,068
St. Joseph Hospital Bellingham	\$11,331,096	29,368	Auburn Regional Medical Ctr.	(\$409,080)	15,955

¹Per filings with the WA State Office of Insurance Commissioner. ²Per filings with the WA State Department of Health.

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