Washington Healthcare News

wahcnews.com | Articles, Interviews and Statistics for the Healthcare Executive

VOLUME 3, ISSUE 2 FEBRUARY 2008

Cures for our Ailing Healthcare System

By Rick Cooper
Chief Executive Officer
The Everett Clinic

Rising health care costs are prompting calls for healthcare reform all across the country. A recent government report indicated that health care costs rose 6.7 percent last year, which is relatively modest compared to previous double-digit increases. However, the cumulative effect is significant and as a result the number of uninsured is growing.

The clamor for change is also growing and increasingly many are advocating for radical overhaul of the health care system. Here and all across the country, political candidates, think tanks, panels, committees and commissions are wrestling with how to improve our medical care delivery system and reduce costs.

Clearly change is necessary, the current system is not cost-effective.

However, a dramatic overhaul of the current system is not necessary, nor wise. Other countries have tried various alternatives and the results have been less than promising. What is needed instead is to focus on proven methods for reducing costs while improving care.

At the Everett Clinic we serve more than 250,000 patients. We have successfully implemented several new procedures and processes to improve care, reduce costs and provide better value to our patients.

Providing Coordinated, Evidence-Based Care

The current healthcare system wastes too much time and money on duplicate and unnecessary procedures. Fragmented care is expensive care. It can also lead to unsafe and conflicting treatment. Efficient, effective health care is the result when primary care physicians and specialists regularly consult with each other and coordinate treatment plans.

There needs to be a significant increase in the use of evidence-based medicine. Focusing on treatments that work, can help eliminate ineffective and outdated care. Furthermore, using standardized procedures in evidence based medicine improves care and reduces the cost of care. We have implemented a back pain protocol that requires specific criteria be met before certain imaging tests are utilized. This has resulted in a significant decrease in the number of unnecessary imaging tests.

Please See> Cures, P4

Inside This Issue

Cures for our Ailing Healthcare System	1
Understand the Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Practice	8
Healthcare Profile: Intelius	12
Healthcare Performance Improvement: Surgical Scheduling Process Goes Under the Knife	14
Healthcare Opinion: Tom Fritz, CEO, Inland Northwest Health Services	16
Healthcare Opinion: Michael Greve, FLMI, CEBS, Baldwin Resource Group, Inc.	18
New or Recently Promoted Health Care Leaders	22
Career Opportunities	23-26
Plan and Hospital Financial Information	27

Washington Healthcare News
wahcnews.com Articles, Interviews and Statistics for the Healthcare Executive

Publisher and Editor
David Peel
Business Address
631 8th Avenue
Kirkland, WA 98033
Contact Information
Phone: 425-577-1334
Fax: 425-242-0452
E-mail: **dpeel@wahcnews.com**
Web: **www.wahcnews.com**

TO GET YOUR COPY

If you would like to be added to the distribution, send your contact information including name, title, organization, address, e-mail and phone number to dpeel@wahcnews.com. Charges may apply for special requests.

LETTERS TO THE EDITOR

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,

Independent legal counsel is a professional service used by most health care organizations today. The services provided are both necessary and valuable to the health care executive.

We are pleased to announce we will be publishing an article from one of two independent and well known law firms in every 2008 edition of the Washington Healthcare News. The section heading is called "Healthcare Law".

The firms that will be submitting articles in 2008 are Ater Wynne LLP (www.aterwynne.com) and Miller Nash LLP (www.millernash.com).

Ater Wynne LLP has over 50 attorneys with offices in Washington, Oregon, California and Utah. Their health care practice with 11 attorneys is headed by Jonathan Ater.

Miller Nash LLP has over 100 attorneys with offices in Washington and Oregon. Their health care practice with 15 attorneys is headed by Robert Walerius.

This month's Healthcare Law article was written by Kathryn L. Feldman. She is a partner with Ater Wynne LLP and specializes in health care employment law. Her article, "Understand Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice" is presented on page 8 of this edition.

We will continue to publish the types of articles most interesting and valuable to the health care leaders that read the Washington Healthcare News. We hope you enjoy them.

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

The highest quality, lowest cost health care linen service. **Guaranteed.**

Customer Service

When we say customer service, we mean it in the most literal sense. Our delivery personnel are more than truck drivers – they are Account Managers representing our company and all we stand for. More importantly, they are your direct connection to NW Linen.

Your Account Manager takes care of all facets of your linen needs. Their customized service can include placing orders for you, answering questions, introducing new products to meet your needs, and suggestions regarding proper inventory levels. In some cases, we can assist with distribution.

It is our goal to do anything and everything it takes to ensure the most cost effective and efficient linen service you can find.

In other words, the 'cookie-cutter' approach taken by other laundries is far removed from NW Linen's ability to customize orders to your staff and patient needs – at no additional cost to you.

James Hall, Managing Partner

Cost-effective, cost-efficient.

We don't think laundry service should be a major factor contributing to your operating costs. Hospitals and clinics have an important job to do, but like any business, you also have a bottom line.

- NW Linen has saved our customers up to 40% compared with the costs charged by their previous linen vendors.
- NW Linen assists customers in defining their linen usage based on actual need so your costs are in line with your patient load.
- Stop dealing with companies who charge you for unnecessary inventory along with extra costs such as environmental service fees, bag racks, automatic loss charges and packaging fees.

Linen exclusively for health care.

Attentive customer service is only half the story. The highest quality treatment of our linen is the other.

- Our physical plant, washing and handling process, along with the training of our crew are all designed just for the medical industry. **Our Focus is Exclusively on the Medical Field.**
- Other vendors focus on food service, industrial/mechanical and retail making their health care business an afterthought. **Different industries, with very Different Standards.**
- We know health care because we have chosen it as our exclusive focus, allowing patient care to be your primary concern.

Ordering made easy.

*Customers may conveniently order by **phone, fax or online**.*

We make linen management less time consuming so you can spend more time on the important business of patient care.

Northwest Health Care Linen

Tel 360 647-2974 **Fax** 360 738-7693
www.nwlinen.com

PO Box 30587 Bellingham, WA 98228

Cures for our Ailing Healthcare System

<Cures
From Page 1

Prevention. Prevention. Prevention.

Prevention must become a focal point of our health care system. It should be a primary goal, not an afterthought. Unfortunately, our current health care system is disease-focused, not preventive-based and rewards providers for treating illnesses, not preventing them. This needs to change.

We are piloting several prevention programs in our organization that show real promise. We urge healthy adults to get cholesterol screenings so early detection and treatment can lower their future risk of heart attack and stroke. We have an outreach program to encourage immunizations, both for children and high-risk patients for pneumonia. We also provide ongoing patient education to encourage patients to take a proactive role in their health.

If we want to reduce healthcare costs, disease prevention is critical. It will save lives and money.

Improve Chronic Disease Management

Chronic disease management relies on evidence-based practices to ensure patients with chronic diseases (such as diabetes, asthma, heart disease and hypertension) receive the best preventive care possible. It also provides patients access to the information they need to effectively manage their own health. At The Everett Clinic providers carefully guide treatments, anticipate problems and track outcomes.

We have found that disease management programs improve patients' quality of life, reduce hospitalizations, and decrease the cost of care.

We believe financing of medical care needs to support and reward effective prevention and disease management programs. Enrollment in disease management programs should be mandatory for patients covered by government–funded programs.

Maximizing Benefits of Information Technology through Coordinated Care

Bringing healthcare into the 21st century by using electronic medical records and e-prescribing helps eliminate waste, trim administrative costs and provide more efficient care. At The Everett Clinic, this technology gives physicians timely access to complete medical histories which can help avert hospitalizations, plus it makes it easier to receive

Please See> Cures, 6

The Everett Clinic Multi-Specialty Facility in Mill Creek Washington

We believe a great lawyer is a creative thinker who helps employers build and protect their business while empowering their workforce. That's our approach. We partner with clients to develop employment policies and strategies that prevent problems and drive results. At Ater Wynne, we do more than give legal advice. We give you confidence in your hire power. Contact Kathy Feldman, Partner, Employment Group, at klf@aterwynne.com.

Legal counsel from both sides of the brain.

Business. Litigation. Regulated Industries.

ATER WYNNE LLP
ATTORNEYS AT LAW

601 Union Street
Suite 1501
Seattle, WA 98101-2341
206-623-4711

MENLO PARK PORTLAND SEATTLE

aterwynne.com

Providing the best quality, best value benefits management solution in the Pacific Northwest for over two decades.

HMA
HEALTHCARE MANAGEMENT ADMINISTRATORS

220 120th Avenue NE
Bellevue WA 98005

1750 SW Harbor Way
Portland OR 97201

We offer a full range of Third Party Administrative services including Medical, Dental, Vision, Pharmacy, HRA, FSA, HSA and Advanced Health Management programs.

www.accesshma.com

Cures for our Ailing Healthcare System

<Cures

From Page 4

test results, review medications, reduce medical errors and avoid duplicative procedures.

Empower Patients to Seek Value

Patients need to be empowered to manage their own care and become informed consumers. Just as Americans consistently seek value when purchasing consumer goods, they are increasingly seeking value in healthcare.

The move demands more transparency in health care delivery. Consumers/patients and payors want information about how much procedures cost and whether the provider has a good track record.

Within two to three years, our organization hopes to have a new record-keeping system that will tell patients the cost of medical services in advance. Patients will be empowered to seek value when they know up-front what insurance will pay and how much they will have to pay out-of-pocket.

Increase Effective Prescribing

Prescribing the best medications can save significant amounts of money without sacrificing quality. For example, using generic medicines for acid reflux, which are equally safe and effective as brand name drugs, saves about $15 per prescription. Over-the-counter medication for the treatment of allergies can reduce costs by more than 80 percent.

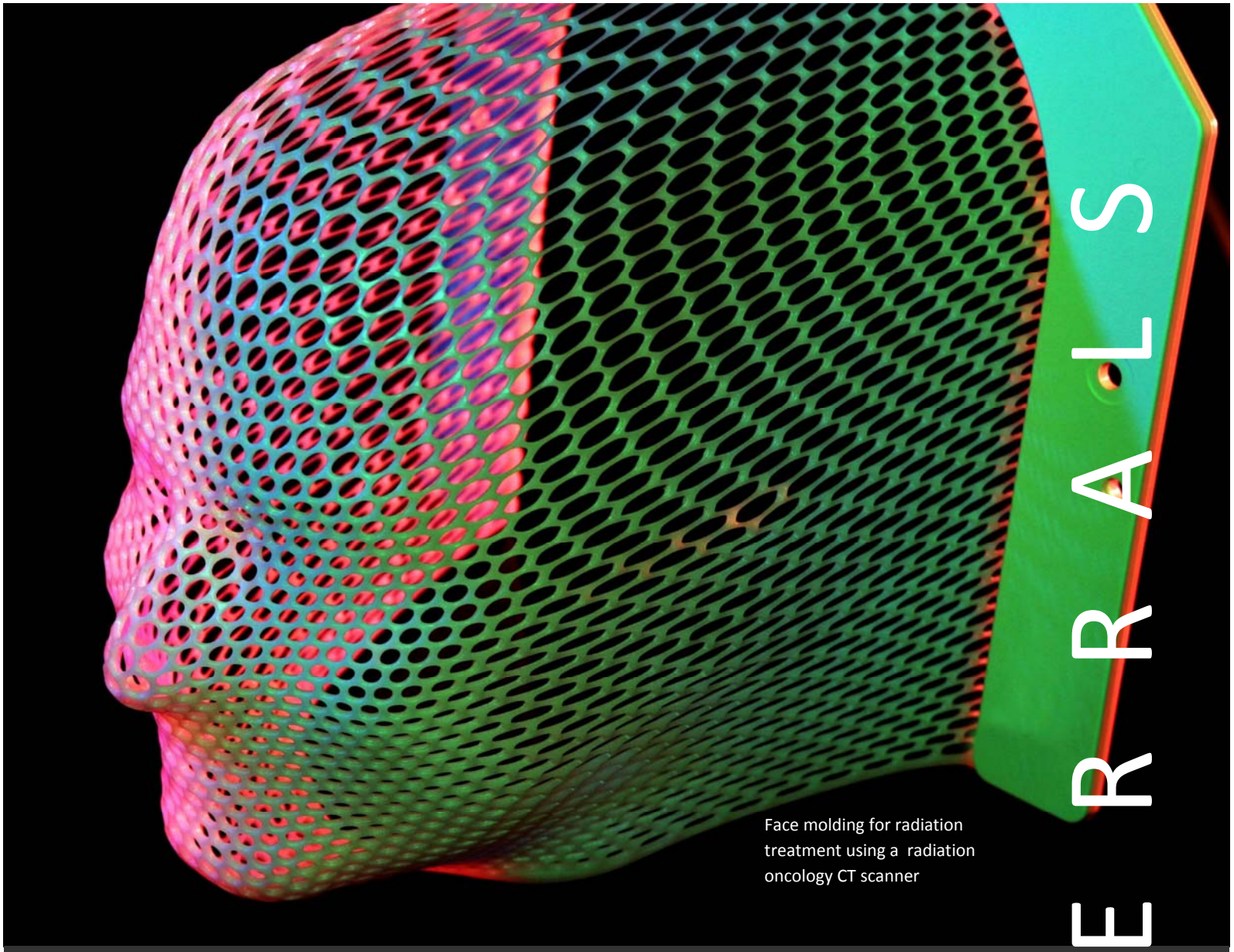
The Everett Clinic saves between $30 and $35 million dollars a year by prescribing generic drugs and using other interventions. Imagine how much could be saved if generic prescribing was implemented throughout the national healthcare system.

Electronic, or e-prescribing, provides real time information on a patient's current prescriptions and medication history. We have implemented e-prescribing throughout our system. Physicians can check to see if there is any history of drug allergies or whether a new prescription might conflict with a medication that the patient is already taking.

Summary

These solutions may not qualify as wholesale reform, but they are achievable and they can be replicated. These types of incremental yet substantive changes could be implemented throughout the health care system to help lower health care costs and continue the delivery of excellent, timely care. The Everett Clinic is implementing these measures because we know from experience they will improve healthcare and reduce healthcare costs. We believe our 250,000 patients are benefiting because they are getting more value for their healthcare dollar – and that is a very good outcome indeed.

Rick Cooper is Chief Executive Officer of The Everett Clinic: The Clinic is a nationally recognized health care leader, providing many of the most highly trained physicians and advanced technologies available in the region. The large physician team of more than 270 physicians in 40 diverse specialties includes a majority of specialists who are fellowship trained. The Everett Clinic has been recognized nationally with grants and awards for providing high quality healthcare.



Face molding for radiation treatment using a radiation oncology CT scanner

REFERRALS

Over 550 leaders at 350 medical clinics receive the Washington Healthcare News each month. As a provider organization, doesn't it make sense to target marketing to the people that can refer patients?

To learn about ways the Washington Healthcare News can help grow your business contact David Peel at dpeel@wahcnews.com or 425-577-1334.

Washington Healthcare News

wahcnews.com | *Articles, Interviews and Statistics for the Healthcare Executive*

631 8th Avenue, Kirkland WA 98033 | 425-577-1334 | www.wahcnews.com

Understand the Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice

Kathryn L. Feldman
Partner
Ater Wynne LLP

Many medical practices are staffed leanly. As a result, the health problems of just one employee can dramatically affect smooth daily operations. Employees with chronic health conditions can have sporadic or significant attendance problems. When at work, they can have problems with concentration or motor coordination.

For example, a receptionist in a medical practice has daily interaction with patients over the phone when appointments are made, in the reception area when patients arrive, and when patients call with follow-up questions about their medical and financial records.

When a receptionist with a chronic medical problem or disability is often absent, asks for a medical leave of absence, or requests an accommodation in the workplace, the employer is put in a difficult position. So too are coworkers, who may become resentful of these absences or accommodations.

Employers must engage in a delicate balance between the business needs of the practice and the physical and emotional needs of the employee.

Decisions involving chronic medical problems and disability in the workplace must be addressed within the parameters of the Family Medical Leave Act, the Washington Family Leave Act, the Americans with Disabilities Act and other state and federal disability laws.

Absences and leave

Under state and federal leave laws, employers with more than 50 employees within a 75-mile radius must grant up to 12 weeks leave to medically eligible employees. This can be intermittent leave or extended leave.

> ***"Under state and federal leave laws, employers with more than 50 employees within a 75-mile radius must grant up to 12 weeks leave to medically eligible employees"***
>
> Kathryn L. Feldman, Partner
> Ater Wynne LLP

If the need for leave is foreseeable, the employee must let the employer know at least 30 days ahead of time. When it is unforeseeable, the employee must provide as much advance notice as possible and must also comply with an employer's uniformly applied policy for reporting an absence.

An employer may require the employee to provide (30 days in advance) medical certification of the need for leave (or for a reduced work schedule) and its expected duration. If the need for leave is not foreseeable, the employer should provisionally designate the leave as approved. The employee then has 15 days to comply with medical certification requirements.

Accommodation and undue hardship

The federal ADA and the Washington Law against Discrimination protect the rights of all qualified disabled employees who can perform the essential function of their jobs – with or without reasonable accommodation.

Both federal and state laws require that employers of 15 or more individuals provide reasonable accommodations for the known physical or mental limitation of an otherwise qualified employee, unless doing so would result in an "undue hardship." An extended unpaid medical leave of an indefinite duration may be considered a reasonable accommodation if it does not impose an undue hardship on the employer.

Undue hardship refers not only to financial hardship for an employer

Please see> Understand, P10

Because...
They work hard for you

- KPS offers flexible group benefit designs
- Fully-insured or self-funded plans available
- Extensive statewide and national provider network
- Friendly, local customer service
- Coverage wherever you go
- Secure online access to claims status
- 62 years of providing quality health plans to residents of Washington State

Let KPS design a plan to meet the needs of you and your employees

There's KPS health plans

For more information contact
KPS Sales and Marketing
800-628-3753 or 360-478-6786
www.kpshealthplans.com

Understand the Employment Law Surrounding Medical Leave and Disability in a Leanly Staffed Medical Practice

<Understand

From Page 8

who has been asked to or is considering making accommodations, but also to accommodations that are overly extensive or disruptive or that would change the nature or operation of a business.

It is easier to make a case for undue hardship in a small practice than a large one. Nonetheless, any refusal to grant an accommodation based on undue hardship will be closely scrutinized.

An employer cannot claim undue hardship based simply on the fears or prejudices of co-workers or patients toward the ill or disabled employee – unless the employee in fact poses a "direct threat" to the health and safety of others.

Interactive process

To determine which accommodations are needed and reasonable, an employer and a disabled employee must engage in an ongoing "interactive process." This process (and any accommodations made as a result) should be documented in detail by an employer – as a defense against possible future claims.

An employer must make reasonable accommodation only for known disabilities. Generally, it is an employee's responsibility to request accommodation. However, when the employer knows that an employee has a disability, that the employee is experiencing workplace problems because of the disability, or that the disability prevents the employee from making the request – it becomes the employers' responsibility to initiate the interactive process.

An employee who refuses an employers' request to participate in the interactive process forfeits any right to reasonable accommodation.

Privacy

Family medical leave, disability law and privacy law limit the scope of medical information that may be obtained from employees. Any information obtained as part of this process must be treated and protected as a confidential medical record.

> ***"It is easier to make a case for undue hardship in a small practice than a large one. Nonetheless, any refusal to grant an accommodation based on undue hardship will be closely scrutinized"***
>
> Kathryn L. Feldman, Partner
> Ater Wynne LLP

Any medical information sought should be limited to the condition for which the employee is requesting leave or accommodation, or related to the specific tasks and safety issues that concern the employer.

Under the FMLA, employers may never contact an employee's health care provider. With the employee's permission, a health care provider representing the employer may make this contact – only to clarify information and confirm authenticity. Under the ADA, employers may contact the employee's health provider with the employee's written permission.

By paying careful attention to the requirements of the law, employers in small medical practices can meet their business needs and avoid undue hardship – while at the same time protecting the rights of employees with chronic health problems and disabilities.

Kathryn L. Feldman is an employment lawyer with the Seattle-based law firm Ater Wynne LLP (www.aterwynne.com), where she develops preventative strategies to help employers create a loyal workforce and avoid litigation. For more information, contact her at (206) 623-4711 or klf@aterwynne.com.

Fast Fact:

St. Anthony's hospital of the Franciscan Health System will open in Gig Harbor in 2009. It is only the third hospital in 20 years approved for construction by the Washington Department of Health.

Connect with your patients in a powerful new way

in your reception area and examination rooms

Flateez

Engage your patients with interesting and helpful information

Educate your patients about healthcare procedures

Empower your patients to make right healthcare decisions

Flateez provides a complete digital signage solution, which includes hardware, software and personalized content.

Contact us today for a complimentary assessment for your healthcare facility

Email: info@flateez.com **WWW.FLATEEZ.COM** **Phone: 425.836.9547**

Delivering the highest quality healthcare requires using all the tools available to you — including computer technology. We'll keep your information technology healthy while you keep your patients healthy.

networking

security

carris | procare | IT®

integration

support

206.284.7154
www.procareit.com

Carris ProCareIT is your partner for all healthcare IT projects.

Intelius Offers Quick and Thorough Employment Screening Services

Recognized by Inc. Magazine as one of America's 500 fastest-growing private companies, Intelius caters to healthcare entities from small to large, providing employment screening to thousands of hospitals and healthcare facilities nationwide. In its four years of business, Intelius has developed customized solutions addressing the special requirements, considerations and legislation that surround hiring in the healthcare industry. These customizable packages can be tailored to all the various healthcare positions including administrative, volunteer, nurses, doctors, medical transporters and contracted services, among others.

With high turnover and your medical staff likely spread thin, the quality of care you provide is in part, predicated on how quickly and accurately your HR department screens new applicants. Invested in serving healthcare entities, Intelius understands the time-critical nature of the hiring process, leveraging proprietary technology that yields industry-leading turnaround time and reduced incidence of human error.

"Intelius truly understands the healthcare industry— it is highly competitive and difficult to source candidates that have the qualifications and competence needed to perform specific job duties," said one Intelius healthcare client that serves more than 1 million patients yearly. "Employment screening is the final step in our hiring process, and the time Intelius consistently saves us has increased our efficiency tremendously, allowing us to focus on retaining talented hires."

In addition to a heightened awareness of the medical community's evolving needs, Intelius' recommended solutions mitigate risks of the financial damages and litigation often associated with negligent hiring and retention. Clients can rest easily knowing that Intelius takes steps to keep informed of any changes affecting what employers can and cannot consider when making hiring decisions. Education verification is another crucial aspect of screening within the healthcare arena. Making sure applicants are qualified to the levels they claim to be is a must—especially considering the financial and legal liabilities associated with medical malpractice and costs of reinsurance, which continue to climb.

As one of the industry's most technologically innovative screening providers, Intelius offers screening services that increase efficiency so that resources that can be devoted to expanding medical services, rather than researching hires.

According to Ed Petersen, Senior Vice President, "Providing criminal solutions ranging from instant background checks to on-site jurisdiction checks, drug testing, fingerprinting, OIG/GSA checks, plus verification services that identify false or padded credentials, Intelius consistently delivers industry-leading solutions and premier customer service."

INTELIUS
Live in the know.™

Company Snapshot

Description	Company information
Key executives	Ed Petersen, Senior Vice President; Jeff Sears, Account Executive
Targeted market	All industries are served
Contact information	jsears@intelius.com | 1-425-974-6126 | www.hr.intelius.com

Surgical Scheduling Process Goes Under the Knife

By Lynette Jones
Principal
Strategic Opportunity Solutions

After weeks of preparing yourself, your family and your employer for the fact that you will be undergoing major surgery, imagine suddenly having the surgery cancelled, minutes before it is due to start. In the not too distant past, this was happening at Evergreen Hospital Medical Center more frequently than expected. Major surgery was needed on the surgical scheduling process. The following story tells how Evergreen used Lean Six Sigma or "Lean" techniques to improve the surgical scheduling process.

The Senior Vice President of Patient Care Services, Mary Jim Montgomery, had successfully used lean techniques at another hospital to address shortcomings in surgical operations. The improvements prevented the loss of revenue of up to $20,000, per surgical case cancelled. Ms. Montgomery thought the same approach might work at Evergreen to address physician complaints around loss of paperwork, and delays or cancellations in surgeries.

Evergreen formed a project team. Consultants from GE were brought in to train the project team on lean philosophy and tools. The team was composed of hospital staff, a surgeon, an anesthesiologist, and his office nurse. Later in the process a former surgical patient joined the group.

To start the project, the team was asked to create a vision of the "ideal" process. Their vision included a process that flowed as smoothly as the airline reservations process, and patients that never had to wait more than twenty minutes.

Next, the team used process mapping tools to document the current process. To identify barriers to the process, root cause analysis was performed. Each step in the process was examined to determine whether it added value and those that did not, were eliminated.

> ***"As staff became more familiar with lean methodology, they began to think more in terms of systems approaches to problem solving, exploring how procedures and processes impacted patient outcomes"***
>
> Lynette Jones, Principal
> Strategic Opportunity Solutions

Several solutions were designed and implemented. The first was to standardize the amount of information needed by the surgical team prior to surgery. Although the hospital had automated many of its processes, the team patched many holes in the internal flow of information and how it is made available to users. Anesthesiologists will soon be using laptops to assure their access to the most up-to-date information. To improve communication and patient flow, the surgical pre-admission unit is moving to the third floor, adjacent to the other surgery services. As staff became more familiar with lean methodology, they began to think more in terms of systems approaches to problem solving, exploring how procedures and processes impacted patient outcomes. The culture of the organization began to change.

The project lasted eighteen months and produced fantastic results. Before the project started, Evergreen was spending over a million dollars in providing the pre-surgical and pre-admission services preparing patients for their surgery. Despite this, the surgical pre-admission process was still a great source of organizational pain. The hospital is now getting a return on its investment. Nurses are spending more time with patients and less time looking for information. Patient satisfaction surrounding the surgical experience has markedly improved. In addition, there have been measurable productivity increases in the pre-admission process.

When asked to state the factor that most contributed to their success, the team says, "It's the quality of the team members!"

Please See> Surgical, P20

The Future is Here - Health IT Advances are Improving Medical Care

By Tom Fritz
Chief Executive Officer
Inland Northwest Health Services

Ask America

National research tells us that if you ask most consumers in America, they would tell you they live in a world where a patient's records are available, in real-time, to their health care providers, from the primary care doctor to the pharmacist to the radiologist to the cardiologist. Connected to the same health information technology (HIT) system, the providers coordinate care, keeping it consistent while preventing a host of costly or even life-threatening mistakes because they have complete and accurate patient information.

As they use the HIT system, which is HIPAA compliant and has top-of-the-line security measures, providers spend less time on documentation and more time with patients. Because it tracks and compiles health care statistics, they can see, at a glance, disease and health care trends as well as quantifiable measurements of their own performance.

The HIT system interfaces with billing software, making the financial side of care easy and efficient and patient maintenance care becomes more effective, with the system flagging when preventative care is due, such as when a patient should have blood sugar tested or a mammogram performed. Infrastructure gets used more efficiently.

All this leads to improved patient care, improved patient outcomes, decreased costs and improved efficiency.

Making it a Reality

As research indicates, patients believe this is already happening; this is the information age after all. Why wouldn't our most vital sector, health care, be sharing the information that can mean the difference between sick and well, life and death? Why wouldn't health care professionals utilize technology when it has such obvious power to impact health?

> ***"Unfortunately, only 15-30 percent of physician offices nationally have adopted an Electronic Medical Records (EMR) system"***
>
> Tom Fritz, CEO
> Inland Northwest Health Services

The good news is the scenario above is attainable, and we are working to make it a reality.

Health Information Exchanges (HIEs) are continuing to grow. One example, Inland Northwest Health Services (INHS), is connecting 38 hospitals and health care facilities, 50 clinics and 400 physician offices enabling more than 6,500 physicians to securely view hospital, imaging data, and laboratory results with a single patient identifier, giving them patient-authorized access to the data they need to make informed, vital decisions regarding care. As an extension of this multi-state network, more than 1,000 physicians can securely view data in hospitals wirelessly on their PDA's.

In addition, 55 critical access hospitals, clinics and public health agencies have access to specialists and hundreds of clinical and educational programs available through the INHS Northwest TeleHealth network.

The result is fewer medical errors and less variation in care as medical records move with the patient, both electronically and in person.

Overcoming Obstacles

But as a whole the medical community isn't there yet.

Unfortunately, only 15-30 percent of physician offices nationally have adopted an Electronic Medical Records (EMR) system. In the area INHS serves, we have raised that number to 40 percent, still far from what is needed to ensure all patients everywhere get the quality of care they deserve.

Some say providers are worried about privacy issues. We know patients already trust their records are confidential and we take the HIPAA mandate seriously with the best electronic security available and safeguards to ensure patient records are only available to physicians and care providers

Please See> Future, P20

RECRUITING

Over 3,200 health care leaders in Washington State and the Northwest receive the Washington Healthcare News each month. As a health care organization, doesn't it make sense to target recruiting to the people qualified to fill your jobs?

To learn about ways the Washington Healthcare News can help recruit your new leaders contact David Peel at dpeel@wahcnews.com or 425-577-1334.

Washington Healthcare News

wahcnews.com | *Articles, Interviews and Statistics for the Healthcare Executive*

631 8th Avenue, Kirkland WA 98033 | 425-577-1334 | www.wahcnews.com

Agents, Brokers, and Healthcare Reform

By Michael Greve, FLMI, CEBS
Baldwin Resource Group, Inc.

Insurance agents and brokers might be big losers in healthcare reform. If so, they won't be alone.

Agents and brokers have been finding healthcare coverage for employers and individuals for over 50 years. In that time, they have saved their clients millions of dollars, and provided a variety of essential services not available anywhere else. Premiums are still too high, but if broker and agents were gone, they'd be even higher. Unfortunately, under most healthcare reform schemes, brokers and agents will be gone.

Typical agent/broker services include obtaining and analyzing quotes from numerous insurers—forcing them to compete for business. Agents and brokers also translate jargon-laden proposals into something understandable, help with claim appeals, and straighten out enrollment and premium payment problems. And they provide a host of other services too numerous to list.

Who gets control, and who gets a choice?

Healthcare reform has been in the wind for a long time, but according to David Preston of Insurance Resource Group, Inc., and past President of the Washington Association of Health Underwriters, current healthcare reform efforts are different than past attempts. He says, "It's become a control issue. The state wants more control. And they're hitting agents from more angles."

Mike Arnold, CEBS, Vice President of Conover Benefits, Inc. in Yakima has been a broker in Washington for over 20 years. After studying a number of healthcare reform programs, he concluded that client choice was the key issue. He says, "Under the current system, clients have a choice of insurance companies and health plans, and they can freely shop for agents and brokers as well. Under many healthcare reform programs those choices are limited, or they disappear entirely. As a result, the system could become even less efficient."

> ***"Single payer programs, and some other government administered plans would simply eliminate agents"***
>
> Michael Greve, FLMI, CEBS

While some may still see less involvement by profit oriented private business as an advantage, more government control has a downside. The National Association of Health Underwriters points out that when "government bureaucratic inefficiencies… replace free-market systems, the result [is an] overburdened, under-funded system that is often more cumbersome to navigate than the current free-market structure."

The winds of change

In Washington State, we might soon experience just how cumbersome more government involvement is. In May the governor signed The Healthy Washington Initiative, which makes health insurance products available for purchase through a new state bureaucracy—the "connector". Exactly how agents and brokers might be involved in this measure, if at all, is not yet known. What is known is that with the connector, employers and individuals will be calling a state bureaucrat to purchase health insurance, deal with payment problems, and other issues.

More extensive reforms are on the drawing board. Single payer programs, and some other government administered plans would simply eliminate agents. The Washington DC based Committee for Economic Development, in a report titled, *Quality Affordable Health Care for All—Moving Beyond the Employer-Based Heath Insurance System* proposes to eliminate the entire group insurance market.

The future

Once the agents and brokers are gone, plan design innovations and competition among insurers will be gone as well. Then, as premiums climb higher, the next logical step is for the state to set limits, not only on administrative costs, but also on reimbursements to

Please See> Agents, P20

Surgical Scheduling Process Goes Under the Knife

<Surgical

From Page 14

Depending on the needs of the project, the team's composition changed over time. According to the team "These transitions worked as long as the team members believed in the lean philosophy and were fully engaged in the process."

The team also says celebrating project success is very important. Evergreen recently hosted a celebration for staff and physicians at which the project team presented their work and talked about lessons learned.

Going forward, the team says they will continue to monitor and evaluate the changes that have occurred. The project revealed other organizational processes that could benefit from the lean approach. These processes will be scheduled for "surgery" in the near future.

If you would like more information about this project, please email Wendy Schrempp at Evergreen Hospital at wsschrempp@evergreenhealthcare.org.

Lynette Jones is a Principal in the consulting firm Strategic Opportunity Solutions. She specializes in engagements that improve performance of health care organizations. She can be reached at lynettedjones@gmail.com.

The Future is Here - Health IT Advances are Improving Medical Care

<Future

From Page 16

assigned to the patient and audits to verify that high security level.

Some say providers are leery of the learning curve, not wanting to take time away from patients to learn a HIT system. To address that concern, INHS has made the user interface easy and intuitive. And once implemented, the time savings realized enables providers to reduce the time they spend documenting cases, giving them more time with patients. The result? Patients get better care and doctors do what they do best.

Others argue cost is the issue. Yet HIT systems cut costs while improving provider efficiency. The return on investment is clear. With the efficiency of a paperless office, reduced transcription costs and the ability to use statistics to improve care and measure success, an HIT system saves money. And by leveraging the infrastructure, leadership and momentum of our foundational hospitals, the system is financially accessible to small offices and rural areas.

In the end, it goes back to our commitment to the patient and our quest to provide the best possible care to achieve the best possible outcomes. The technology is here to help that happen and as

Continued on next page

Continued from prior page

more providers connect, its ability to improve health care will skyrocket. It is what should be done for patients who already expect it.

Tom Fritz is CEO of Inland Northwest Health Services (INHS). INHS is a collaboration of health care services, including Information Resource Management, St. Luke's Rehabilitation Institute, Northwest TeleHealth, Northwest MedStar and others. Headquartered in Spokane, Washington, INHS is a non-profit corporation sponsored by Deaconess Medical Center, Holy Family Hospital, Sacred Heart Medical Center and Valley Hospital and Medical Center for providing collaboration in health care services. For more information visit inhs.org.

Agents, Brokers, and Healthcare Reform

<Agents
From Page 18

doctors and hospitals. Agents, insurers, and healthcare providers will all suffer financial consequences. Patients, of course, will suffer in other ways. Rationing of services, delays in being admitted for care, and restrictions on treatments could become inevitable. It hasn't happened yet, but change is in the wind.

Michael Greve, FLMI, CEBS, is an employee benefits consultant at Baldwin Resource Group, Inc., a full service brokerage and consulting firm in Bellevue, WA. He can be reached at (425)775-4227 or by email at mgreve@baldwinrgi.com.

New or Recently Promoted Health Care Leaders

First Name	Middle Initial/ Name	Last Name	Title	Effective Month/ Year	Organization	New or Promoted Leader
Timothy	L.	Ashcraft	Member (Tacoma Office)	Jan 2008	Williams Kastner	Promoted
Tameeka		Aviles	Director, Business Development	Dec 2007	TIAA-CREF	Promoted
Stanley		Ayres, DDS	Vice President of Professional Services	Jan 2008	Dental Health Services	New
Dean		Barnhart	President	Jan 2008	Pathway2Design	Promoted
David		Brooks	Chief Executive Officer	Jan 2008	Providence Health & Services, Northwest WA Service Area	Promoted
James		Champoux, PhD	Chair, Department of Microbiology	Oct 2007	University of Washington	Promoted
Terry		Christiani	Director Marketing Communications	Dec 2007	Zynchros, Inc.	New
Phil		DeMaine	Partner	Jan 2008	Johnson, Graffe, Keay, Moniz, & Wick, LLP	Promoted
R.	P.	Dickerson	Chief Financial Officer	Dec 2007	Radia	New
Patty		Doles	Chief Financial Officer	Nov 2007	Capital Medical Center	New
Peter	C.	Esselman, MD	Chair, Department of Rehab. Medicine	Oct 2007	University of Washington	Promoted
J.	D.	Fitz, MD	Vice President, Medical Affairs	Jan 2008	Good Samaritan Hospital	New
Dave		Fleck, CPA	Principal	Jan 2008	Clark Nuber	Promoted
Meredith		George	Director, Quality Assurance	Dec 2007	Zynchros, Inc.	Promoted
Jessie	L.	Harris	Member (Seattle Office)	Jan 2008	Williams Kastner	Promoted
Richard	C.	Helgren, CPA, CPCU	President & CEO	Jan 2008	Capital Risk Solutions	Promoted
Robert	D.	Hinman	Group Vice President	Jan 2008	FinCor Solutions	Promoted
Lisa		Hunter	Vice President, Client Services	Sep 2007	Clearpoint	Promoted
Sara	Elizabeth	Hyre, CPA	Principal	Jan 2008	Clark Nuber	Promoted
Amy		Irish, CPA	Vice President & Treasurer	Jan 2008	MHA Insurance Company & Washington Casualty Company	Promoted
Josiah "Sy"		Johnson	Chief Operating Officer	Jan 2008	PeaceHealth, Lower Columbia Region	Promoted
Joyce		Lee, CPA	Principal	Jan 2008	Clark Nuber	Promoted
Lisa	A.	Letarte	Vice President of Human Resources	Jan 2008	MHA Insurance Company	Promoted
Sean	T.	Lyman	Chief Financial Officer	Jan 2008	Sound Inpatient Physicians	New
Andrew		McLaurin	Associate Director of Operations	Dec 2007	Skagit Valley Medical Center	New
Sally		Mildren	Director of Public Relations	Jan 2008	Shriners Hospitals for Children - Spokane	Promoted
Peter		Miller, CPA, CFE	Principal	Jan 2008	Clark Nuber	Promoted
Michael		Motte	Chief Executive Officer	Jan 2008	Capital Medical Center	New
Teresa		Pritchard	Vice President-Employee Services	Oct 2007	Yakima Valley Memorial Hospital	New
Jane		Pryor	Vice President of Development	Dec 2007	Northwest Kidney Centers	New
Dino	W.	Ramzi, MD, MPH	Chief Medical Officer	Jan 2008	CHC La Clinica	New
Barbara		Roy	Human Resources Director	Nov 2007	Community Health Care	New
Michael		Rutz	Managing Director and VP of Marketing	Sep 2007	Washington Casualty Company	Promoted
Timothy		Sadler	Project Lead Architect	Jan 2008	Taylor Gregory Butterfield Architects (TGBA)	New
Maria	E.	Salmon, ScD, RN, FAAN	Dean, School of Nursing*	Oct 2007	University of Washington	New
Gregory	D.	Sawyer, MD, PhD	Vice President-Physician Practices	Jan 2008	Yakima Valley Memorial Hospital	Promoted

Continued on next page

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

New or Recently Promoted Health Care Leaders

First Name	Middle Initial/ Name	Last Name	Title	Effective Month/ Year	Organization	New or Promoted Leader
Continued from prior page						
Ray		Schemm	Ancillary Services Director	Jan 2008	Skagit Valley Medical Center	New
Susan		Smith, SPHR	Director of Human Resources and Compliance	Sep 2007	Healthcare Management Administrators	Promoted
Doug		Stoddard	Director, Business Development	Jan 2008	Zynchros, Inc.	Promoted
Sean		Tindall	Director of Business Development	Dec 2007	Pathway2Design	New
Jim		Tinney	Chief Technology Officer	Feb 2008	Zynchros, Inc.	New
Bob		Turpin, RHU, LUTCF	President	Jul 2007	Turpin Insurance Service	New
Russel	L.	Van Gelder, MD, PhD	Chair, Department of Ophthalmology	Jan 2008	University of Washington	New
Karol	L.	Wareck, RN, CPHRM	Group Vice President	Jan 2008	The Risk Management and Patient Safety Institute	Promoted
Sally		Watkins, PhD(c), MS, RN	Director of Nursing Practice, Education and Research	Oct 2007	Washington State Nurses Association	New
Jennifer		Weldon	Controller	Dec 2007	Capital Medical Center	New

*Subject to approval by the UW Board of Regents.

Career Opportunities

Career Opportunities

To advertise call 425-577–1334

Adaptis

Vice President, Sales & Marketing

Adaptis, a Washington based business process outsourcing company serving over 1.2 million members seeks a VP of Sales & Marketing for its downtown Seattle office.

This Executive Management position provides senior level leadership and management of sales and marketing functions and is responsible for direct and indirect revenue enhancement.

Strong leadership, mentoring and employee development skills as well as 10+ years of health care industry knowledge are required. For a detailed job description, with additional requirements, visit Adaptis at www.adaptisinc.com and click on the "Careers" tab.

To apply for this position, send your resume to Kym Duncan, at kduncan@adaptisinc.com. **EOE**

MANAGEMENT OPPORTUNITIES

Director, Emergency Services • PeriOperative Leadership
Manager, Clinical Resources Management

About Kadlec Medical Center:

- Progressive 188-bed, nationally recognized, locally-governed, not for profit regional medical center.
- Offering comprehensive services including open heart surgery, interventional cardiology, neonatal intensive care, level 3 trauma, and state-of-the-art digital imaging.
- Nearing completion of a brand new six story expansion which is expected to generate 400 new jobs over the next 5 years.

About the Tri-Cities:

- 225,000+ population, with one of the largest number of PhDs per capita in the US!
- Average price of homes: $180,000.
- Commutes measured in minutes.
- 308 days of sunshine annually.
- Over 150 wineries within 50 miles.

For more information:
(800) 765-1140, ext. 2040
or Email: gauntk@kadlecmed.org

A PLANETREE Hospital

KADLEC
A Higher Level of Care

KADLEC MEDICAL CENTER | WWW.KADLECMED.ORG | EOE

MINOR & JAMES MEDICAL

DIRECTOR or VP OF CLINICAL OPERATIONS (DOE)

An excellent opportunity for an experienced health care professional to provide leadership and direction in managing clinical operations at a large, fast growing multi-specialty clinic. Work directly with administrative leadership teams to develop systems to assure efficient clinical operations. Bachelor's degree with a minimum of ten years experience supervising management personnel in a large clinic or hospital setting; management level experience with operations, strategic planning and financial analysis required. Salary is DOE and/or position. We offer an excellent benefit package, EOE and drug-free workplace.

Please e-mail resume to joann.wray@minorandjames.com or mail to: Human Resources, 515 Minor Avenue, Seattle, WA 98104 or fax 206/386-9538.

Engaging the culture, changing the world.

Seattle Pacific UNIVERSITY School of Health Sciences

Teaching Where Christian Faith and Clinical Expertise Matter

Because it is important to the SPU mission, we are looking for faculty members who have the ability to integrate their Christian faith with teaching. We invite applications for a Nurse Practitioner Coordinator and for faculty positions beginning September 2008. Tenure track appointments are available for applicants with qualifications in: Psychosocial Nursing, Adult Health, Pediatrics, Public Health, and Gerontology.

Seattle Pacific University is committed to engaging the culture, changing the world, and strengthening diversity of our faculty and students.

Send letter of interest and full vita to Dr. Lucille Kelley, Dean, School of Health Sciences, Seattle Pacific University, 3307 3rd Avenue West, Suite 106, Seattle, WA 98119. Phone: (206) 281-2608; fax: (206) 281-2767; e-mail: lkelley@spu.edu. For more information about SPU access our home page at http://www.spu.edu/

Interested in posting a position or announcing an employee's recent achievement?

Use the News!

Deadline for reserving space in the March 2008 edition is February 4, 2008.

Contact David Peel at dpeel@wahcnews.com to learn more.

Career Opportunities

PUGET SOUND GASTROENTEROLOGY
Providing quality health care... with compassion

Division Operations Manager

Seattle Gastroenterology (a division of Puget Sound Gastroenterology) is a health care leader in the Greater Seattle area. With our five clinics and surgery centers we have the financial strength and stability to make us an employer of choice in our field. Come be a part of our successful organization as we continue to expand.

We are looking for a Divisions Operations Manager who will provide operational leadership, oversight and guidance for all duties related the management of the Support Services Department across all three Seattle Gastroenterology Division locations. Support Services encompasses medical receptionists, medical records, referral coordinators, transcriptionist, and van drivers. Work situations include a variety of complex duties and responsibilities that require policy development, technical expertise, problem -solving skills, decision making, organizational skills, accountability, leadership and the use of discretion and good judgment..

Qualifications and Education: 5 years administrative management experience in a medical practice. Candidates with a Bachelors Degree in Business or Health Administration may have a minimum of 1 year administrative experience.

Please e-mail your application including salary history and cover letter to jobs@psgastro.com.

UW Physicians
UW Medicine

COMPLIANCE OPPORTUNITIES

University of Washington Physicians in Seattle, Washington seeks exemplary Compliance professionals for newly created positions in its growing Compliance Division.

Senior Compliance Specialist – Develop, coordinate and manage rapid response functions for Compliance program. Direct consultations, investigative reviews, risk assessment analysis and reporting. Liaison to Clinical Dept Physician champions, finance/claims processing departments, and billing/compliance providers.

Manager - Compliance Auditing and Monitoring – Manage operations of Compliance department's auditing staff and contract resources. Act as Compliance Office liaison to providers and partnering administrators. Take lead role on associated compliance projects.

UW Physicians offers a competitive salary and an exceptional benefits package. For more information on these positions and UW Physicians, visit www.uwphysicians.org click on "Careers at UW Physicians."

Send cover letter and resume to toshiro@uwp.washington.edu

University of Washington Physicians is an Equal Opportunity Employer

HMA HEALTHCARE MANAGEMENT ADMINISTRATORS

SUSAN SMITH EARNS CERTIFICATION AS A SENIOR PROFESSIONAL IN HUMAN RESOURCES

Issaquah, WA, December 26, 2007 -- Susan Smith, Director of Human Resources and Compliance, Healthcare Management Administrators, recently earned certification as a Senior Professional in Human Resources (SPHR).

The certification, awarded by the Human Resource Certification Institute (HRCI), signifies that Susan possesses the theoretical knowledge and practical experience in human resource management necessary to pass a rigorous examination demonstrating a mastery of the body of knowledge in the field.

"Certification as a human resource professional clearly demonstrates a commitment to personal excellence and to the human resource profession," said Susan Meisinger, SPHR, President and CEO of the Society for Human Resource Management (SHRM). HRCI awards two levels of certification: Professional in Human Resources (PHR) and Senior Professional in Human Resources (SPHR).

To become certified, an applicant must pass a comprehensive examination and demonstrate a strong background of professional human resource experience.

HRCI is the credentialing body for human resource professionals and is affiliated with the Society for Human Resource Management (SHRM), the world's largest organization dedicated exclusively to the human resource profession. The Institute's purpose is to promote the establishment of professional standards and to recognize professionals who meet those standards.

Company Sponsored Announcement

Washington Healthcare News Reader Distribution by Position and Industry

Position Classification	Hospital	Medical Clinic	Other Provider	Government	Insurance Agency	Insurance Company	All Other	Total
Executive								
Chief	118	72	5	5	383	22	196	801
Operations	53	44		2	4	14	11	128
Finance	73	32			2	25	10	142
Medical Management	14	8		1		10	3	36
Marketing & Sales	49	11	8	1	50	38	61	218
Human Resources	71	17				6	25	119
Information Technology	6	5				4	2	17
Nursing	66	4				3	5	78
All Other	28	7		17	1	26	24	103
Total Executive	**478**	**200**	**13**	**26**	**440**	**148**	**337**	**1,642**
Managerial and Professional								
Practice Manager		319						319
Operations	14	10		1	13	11	15	64
Finance	2	2		1		13	4	22
Marketing and Sales	19	4	3	4	433	31	62	556
Human Resources	98	18		1		9	17	143
Information Technology		2				2	2	6
Nurse Managers	384	7				5		396
Total Managerial & Prof.	**517**	**362**	**3**	**7**	**446**	**71**	**100**	**1506**
State Senators/Representatives				**145**				**145**
Totals	**995**	**562**	**16**	**178**	**886**	**219**	**437**	**3,293**

Plan and Hospital Financial Information

YTD Net Income and Members through 09/30/07 for the Largest Health Plans in Washington State[1]					
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 09/30/07 for the Largest Hospitals in Washington State [2]					
Hospital Name	**Margin**	**Days**	**Hospital Name**	**Margin**	**Days**
Sacred Heart Medical Center	$41,858,163	112,800	St. Joseph Hospital Bellingham	$13,364,759	43,285
Swedish Medical Center	$79,937,119	107,202	Good Sam. Comm. Healthcare	$36,754,790	41,629
Harborview Medical Center	$11,535,000	101,165	Valley Medical Center	$24,428,199	40,121
Providence Everett Med Ctr.	$23,002,895	75,599	Yakima Valley Memorial	$5,485,968	37,569
University of WA Med Ctr.	$24,366,972	73,583	Highline Community Hospital	$6,459,112	35,552
St. Joseph Medical Center	$59,093,249	69,277	Northwest Hospital	$4,222,277	30,934
Virginia Mason Medical Ctr.	$11,629,102	64,481	Swedish Cherry Hill Campus	($10,398,308)	30,925
Southwest WA Med Ctr.	$2,382,889	63,986	Kadlec Medical Center	$6,098,901	30,386
Providence St. Peter Hospital	$20,180,986	62,386	Central Washington Hospital	$10,563,706	30,235
Tacoma General Hospital	$37,433,609	62,046	Holy Family Hospital	$799,029	28,828
Children's Hospital	$34,197,000	49,936	Legacy Salmon Creek Hospital	($4,541,322)	24,029
Deaconess Medical Center	($687,439)	49,514	Auburn Regional Medical Ctr.	($1,650,027)	23,463
Harrison Medical Center	$20,068,173	48,955	St. Clare Hospital	$9,523,855	21,384
Overlake Hospital Med. Ctr.	$10,582,844	44,677	Yakima Regional Medical Ctr.	$8,585,803	20,969

[1]Per filings with the WA State Office of Insurance Commissioner. [2]Per filings with the WA State Department of Health. Evergreen Healthcare and Stevens Hospital were among the largest hospitals but their complete financial information wasn't available on the WA State Department of Health website at press time and therefore wasn't reported.

First Choice Health™

Healthy Employees. Healthy Companies.™

PPO Network | Medical Management | Third Party Administration | Employee Assistance Program

(800) 467-5281
www.fchn.com

Prsrt Std
US Postage
Paid
Olympic Presort