

## HITECH “Check-up”: Where are you on the Road to Compliance?

**By Paul Frisch**  
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*Apgar and Associates, LLC*



Readers of the Washington Healthcare News are undoubtedly familiar with changes to HIPAA included in the HITECH Act, creating new privacy and security requirements and enhancing current enforcement tools. This article is intended to help organizations take a step back to reasonably ensure they are compliant with HIPAA/HITECH and if not, what key risk areas to address first.

As often is the case, many who

are intimately involved with compliance sometimes miss critical compliance issues within our own organizations. Following are key provisions that change the compliance landscape and a roadmap that can assist in a timely meeting of compliance requirements.

- Business associates are now subject to HIPAA security rule and the use and disclosure provisions of the privacy rules and are directly subject to civil and criminal penalties;
- Breaches of unsecured protected health information (PHI) now require written notice to individuals of the breach and the US Department of Health and Human Services (HHS), Office for Civil Rights (OCR);
- Individuals can now request an electronic copy of medical or claims records maintained by providers or other covered entities;
- New civil enforcement authority has been granted to state attorneys general;
- OCR is required to conduct privacy and security compliance audits of covered entities and business associates of all sizes; and

- Civil penalties for HIPAA violations have increased up to \$50,000 per violation, and up to a maximum of \$1.5 million for the same type of violation per calendar year.

Congress vested OCR with the power and means to significantly increase HIPAA enforcement activities and, in some cases, en-

Please see> Check-up, P4

### Inside This Issue

<b>HITECH “Check-up”: Where are you on the Road to Compliance?</b>	1
<b>Healthcare Architecture:</b> TGBa Designs “Stand-Out” Auburn Regional Cancer Center	6
<b>Healthcare Law:</b> Legal Issues in Employee Fraud	8
<b>Healthcare Insurance:</b> Shopping the Market for Billing Errors & Omissions Insurance	10
<b>Healthcare Quality:</b> Understanding Care Variations is the First Step to Fixing Problem	12
<b>Career Opportunities</b>	16

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If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com).

Letter from the Publisher and Editor



Dear Reader,

We are working to improve the products and services offered by the Washington Healthcare News. For example, we continue to increase our readers in the Pacific Northwest and currently have over 6,500. Our goal is to reach 8,000 by the end of 2010.

We’ve also added Healthcare News web sites in Arizona (Arizona Healthcare News - [azhcnews.com](http://azhcnews.com)) and Colorado (Colorado Healthcare News - [colhcnews.com](http://colhcnews.com)) to our web sites in Washington (Washington Healthcare News - [wahcnews.com](http://wahcnews.com)) and California (California Healthcare News - [cahcnews.com](http://cahcnews.com)).

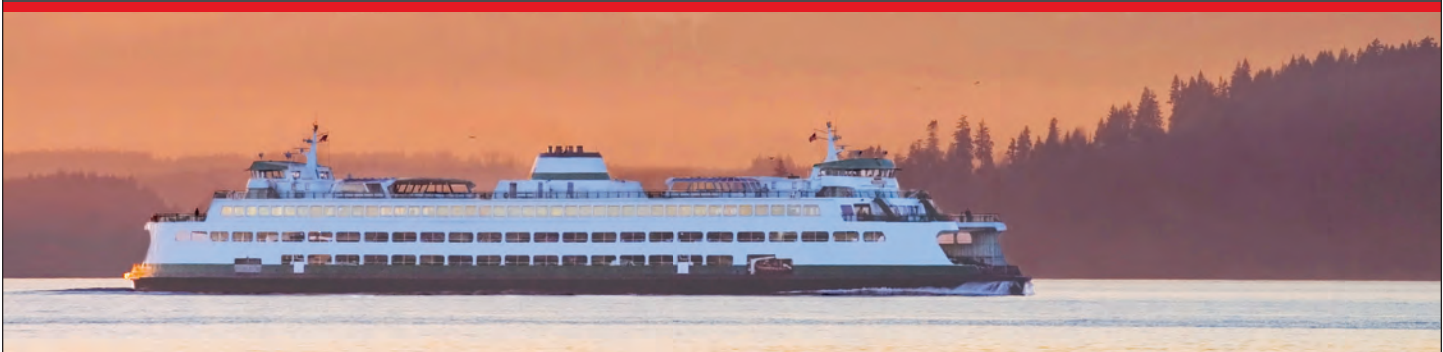
Additional readers mean increased value for our customers targeting Pacific Northwest sales. Web sites in other states increase our overall web site traffic to help produce more applicants for job postings and more customers for the companies that participate in our Consultant Marketplace.

Until next month,

*David Peel, Publisher and Editor*

**Correction to our August 2010 Edition:** Our article on Washington hospital profitability incorrectly reported Olympic Medical Center (Port Angeles, WA) financial figures for calendar year 2009. The correct figures, with 000’s omitted, are as follows: Total Operating Revenues: \$134,140, Operating Margin: \$3,790, Net Non-Operating Gains/Losses \$1,324 and Total Margin: \$5,114.

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## < Check-up, from P1

enforcement is mandated. As an example, when a complaint is filed with OCR and alleges willful neglect, OCR must investigate. February 17, 2010 was the deadline for adopting most of the new HITECH related policies, procedures and practices. Even though OCR recently published a draft rule clarifying the meaning of privacy, security and enforcement changes

that is not yet in effect, many provisions of HITECH are in effect now. It is not wise to delay compliance activities until after the OCR rule has been finalized (likely not until the end of 2010).

### **Audits and Potential Enforcement Actions**

OCR is required to regularly audit covered entities and business associates to assess HIPAA/HITECH compliance which may result in

formal or informal rule enforcement as an audit outcome. It is likely OCR will publish information about the new audit program the latter part of this year with audits starting in 2011.

Now that state attorneys general have the authority to bring suit in federal district court against any individual or entity violating the rules on behalf of state residents and potentially seek damages on behalf of residents, the Connecticut Attorney General has used the new enforcement power to do just that involving Health Net. It is likely the healthcare industry will see more such actions in the not too distant future.

### **Enhanced Civil Penalties**

Civil penalties are now a maximum of \$50,000 per incident and a maximum of \$1.5 million per calendar year for any violation. OCR's new draft rule, while not final, does include information regarding how OCR intends to enforce HIPAA/HITECH privacy and security requirements. OCR indicated it is likely if a covered entity or business associate is found guilty of willful neglect, enforcement will move immediately from informal to formal. There has been a clear line drawn between unknowingly or inadvertently violating the rules and knowingly violating the rules.

Movement to formal enforcement means covered entities or business associates may find themselves required to adhere to a formal corrective plan, subject to higher civil penalties or both. It has been said that willful neglect may be difficult to prove. That is not necessarily true.

As an example, the first HIPAA security rule administrative simpli-



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fication requirement is to conduct a risk analysis on a periodic basis. Most healthcare organizations have not conducted a risk analysis or have not for some time. This can relatively easily be viewed as willful neglect – the organization knew it was required to conduct a risk analysis periodically but did not. This is a case where ignorance is no longer an excuse.

### **Security Breach Notification Requirements**

As most healthcare organizations know, HITECH created the first comprehensive breach notification requirements for the breach of PHI. HITECH and the related rule require individual notification, OCR notification and potentially media notification in the event of a breach.

If a breach occurs and it involves 500 individuals or more, OCR is currently posting the names of entities experiencing the breach on a public web site. Breach notification aside, announcement of a breach of PHI is a good way for an organization to find its way onto the radar of OCR and state attorneys general, open the door to law suits, become a headline in local and national media and damage the reputation of the organization. Often regulatory costs associated with breaches and other security events are small in comparison to things like legal risk and business or brand damage.

### **How much progress have covered entities and business associates made?**

Here is a brief checklist to self-assess whether a healthcare organization may be in violation of the HIPAA Privacy and Security Rule and potentially guilty of “willful

neglect.” A “no” answer places the organization in the “non-compliant” or “guilty” column.

1. I have conducted a risk analysis and developed the appropriate mitigation plans within the last year.
2. I have performed a privacy and security compliance audit of my organization within the last year and regularly conduct periodic audits.
3. I am familiar with and have implemented HHS’s guidance for securing PHI.
4. I have a privacy and security officer.
5. Our policies and procedures address HIPAA Privacy and Security Rule requirements;
6. We have proof all workforce members attend regular on-going privacy and security training at least annually.
7. We consistently document efforts to reasonably ensure the privacy and security of PHI.
8. Our disaster recovery and emergency mode operations plans are up to date, regularly tested and workforce members know their responsibilities in the event of a disaster.

### **What are some “next steps”?**

The top risks facing most covered entities and business associates that need to be addressed quickly include:

- Conducting a risk analysis
- Conducting an annual compliance audit and periodic audits
- Reasonably ensuring policies and procedures are current, accurate, enforceable and communicated

- Reasonably ensuring privacy and security training is current and accurate, all new workforce members are trained and refresher training is conducted annually
- Disaster recovery and emergency mode operations plans that address technical and business requirements and assure that the plans are regularly tested and updated
- Amending Business Associate Contracts (BAC) to reasonably ensure a business associate’s compliance with and knowledge of all relevant provisions of the regulation
- Encrypting Electronic PHI when transmitted across the Internet and on laptops and other portable media that leaves the office

Many organizations are not compliant with HIPAA and HITECH. If external assistance is required in the areas of compliance assistance and auditing, or organizations are considering outsourcing compliance duties, one option is to contact Apgar & Associates, LLC to obtain a review of current privacy and security compliance programs and determine if you are interested in contracting out all or a part of your compliance activities. Apgar & Associates, LLC offers, among other services, virtual compliance officer services which give healthcare organizations access to compliance support. For more information, see our web site at [www.apgarandassoc.com](http://www.apgarandassoc.com).

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## TGBa Designs “Stand-Out” Auburn Regional Cancer Center

**By Nora Haile**  
*Contributing Editor*  
*Washington Healthcare News*

Completed in May 2010, the new Auburn Regional Cancer Center located in the Auburn Regional Medical Plaza fulfills the vision of the founders for a regional destination cancer center in South King County. This 55,000sf building is anchored by 19,000sf Capital Oncology, which occupies the first and much of the second floor of the Center. TGBa, the architectural design firm for the Plaza (shell and core building), was impressed with the stakeholders’ holistic patient care vision, which offers complete

outpatient oncology services including chemotherapy and radiation therapy at a single location.

The Medical Plaza offers ancillary hospital services, as well. The Assistant Administrator for Auburn Regional Medical Center, Pat Bailey, said, “The original vision for the Plaza, while ambitious, didn’t include physician office space. But we’ve had significant community growth and subsequently, hospital service needs, over the past few years.” Other features include a Community Resource Room, with the adjacent garage providing ample parking to not only the Center employees and patients, but also to

nearby businesses.

The developer, Ensemble Real Estate, brought in TGBa during the protracted planning stage. Ensemble’s Ivan Hilton explained, “We’d started with another architecture firm that didn’t work out. TGBa gave us their ‘A’ team, which included Kent Gregory, Tim Sadler, Melissa Kelii and Gina Dais.” Gregory, a TGBa principal, was highly involved throughout the project, another aspect Hilton appreciated. “They were responsive, flexible and wonderfully creative problem-solvers.” An example was when TGBa worked with BNBuilders to address the boggy



*Auburn Regional Cancer Center, Auburn, WA*

ground of the building site. They used geo-piers, a highly reliable, cost-effective stabilization method, to support the tilt-up construct. TGBa joined a project in-progress, which meant tight deadlines. Luckily, one of the project partners was Strategic Ancillaries, a developer of turnkey solutions for physician-owned practices with whom they had a history of collaboration. Strategic Ancillaries' Kevin McHugh praised TGBa's ability to handle complex issues, such as a late-date equipment change within the PET/CT component of the oncology center. "All design and rough-in aspects had to be adjusted without interruption to the construction cycle or delivery date. Other design firms would have been paralyzed by the magnitude of the changes, but TGBa didn't miss a beat."

BNBuilders' Mark Ronish agreed, "Responsiveness and flexibility makes the difference between a good architecture firm and a great one. They capably addressed even the most complicated specifications, like those for the linear accelerator's (radiation treatment) concrete housing."

Marrying function and form to requirements and vision required close collaboration between stakeholders and the design-build team. The City required a traditional appearance that would meld into the old downtown's look. At the same time, the Center wanted a botanical, Pacific Northwest feel. Kent Gregory, TGBa principal, said, "They had a very clear idea of the image it should project." TGBa's Melissa Kelii and Gina Dais were instrumental in bringing the vision to life.

"We presented the concept of a botanical garden," said Kelii. "Think

of walking under a canopy of trees with light trickling through." Then came a favorite design moment. "We discovered that one physician, Dr. Dustan Osborn, was an incredible nature photographer." Once they learned that the doctor used his photography in patient care, to the point of gifting patients with pieces they admire, it became a must to include his works throughout the space. "They brought a personal touch to the entire concept."

The garden concept featured many curved elements throughout – the garden pathways, the ceiling soffits' shape, even the desks – softening the entire aspect. Kelii said, "It's intended to be very meditative, an easy stroll for the patients, cocooning them from outside bustle." Textural finishes brought the outside in, such as using concrete flooring intermixed with recycled glass for a terrazzo look that was

Please see> TGBa, P14



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## Legal Issues in Employee Fraud

**By Leslie Bottomly**

*Partner, Labor & Employment Group  
Ater Wynne LLP*



Seven percent of annual revenue is lost to employee fraud according to some estimates.<sup>1</sup> The healthcare industry is not immune from this affliction. Organizations that suspect employee theft face potential liability if they wrongly accuse an innocent employee, or worse, discover their mistake only after the employee has been terminated. This article discusses the need to address suspected employee fraud while mitigating potential employment claims arising from the investigation and response.

Upon suspecting fraud, the first step is to conduct an investigation. Immediately placing the suspect on leave removes the individual from the workplace, preventing further theft or destruction of evidence.

The investigator should be care-

fully selected. For less complex matters (pocketing co pays, stealing medication samples), the office manager or human resources representative may be appropriate for the task. Alternatively, if complex financial transactions are involved, a trained forensic accountant may be called for. When the extent of internal involvement with the fraud is unknown, an outside investigator is advisable.

An additional consideration is whether the organization anticipates making an insurance claim or pursuing civil or criminal charges. In such cases, an investigator with experience in these types of proceedings and the documentation required, and perhaps experience testifying in court, may be advisable. Another consideration is whether to engage the investigator through legal counsel in order to take the position that the investigation is subject to attorney-client privilege, which can protect aspects of the investigation from disclosure. This is particularly important if regulatory violations (billing and coding, HIPAA, etc.) are implicated, which may place the organization in legal jeopardy.

The organization will need to decide whether to report to law enforcement. Among the considerations are the desire to see justice imposed against the wrongdoer, the desire to prevent the individual from defrauding their next employer, the requirement of a police report in order to pursue an insur-

ance claim, the time, effort, and possibly the publicity of a criminal prosecution, and discomfort with exposing the employer's operations and books to law enforcement personnel.

In addition, the organization must consider whether it has a legal or ethical obligation to report the wrongdoing to the government or an administrative or professional agency, such as the state medical board.

There are a number of legal constraints that must be observed in investigating employee misconduct. If an outside investigator is used, the Fair Credit Reporting Act (FCRA) imposes administrative requirements. Washington law prohibits the use of polygraphs on employees (except employees of drug manufacturers and distributors). Searching desks, lockers and offices, downloading or accessing e-mails, voicemails and other electronic data, videotaping or otherwise conducting surveillance of employees, whether at work or off the job, raises significant privacy issues. Legal counsel should be consulted prior to these searches.

Sometimes the suspect will demand to have their lawyer present for an interview. Typically, employees do not have a right to have their lawyer present. In addition, although union workers are entitled to have a union representative present for investigative interviews that may result in dis-



cipline<sup>2</sup>, the National Labor Relations Board has held that employees who work in a nonunionized workplace are not entitled to have a coworker present.<sup>3</sup>

An overly aggressive approach to the investigation (detaining witnesses, berating or interrogating them in an overbearing manner) can lead to claims of intentional infliction of emotional distress. In addition, when theft is first discovered, the facts are rarely clear, making defamation claims a risk (*e.g.*, an employee is wrongly accused of stealing). This is another reason to instruct everyone to maintain strict confidentiality regarding the matter.

Additional legal issues arise in deciding whether to discipline or fire an employee based upon the investigation. The employer should consider any contractual requirements. For example, in a unionized workplace a collective

bargaining agreement may require certain steps before termination and it may list specific terminable offenses. Even non-union employers may have progressive discipline policies or other constraints on the discipline that can be imposed. For example, employees (usually executives) may have formal employment agreements that allow termination for “cause.” The definition of “cause” will need to be analyzed to determine if the conduct constitutes “cause” (sloppy or padded expense reimbursements may not constitute “cause”).

It may be tempting to deduct the amount stolen from the employee’s final paycheck. The law may prohibit this, however. In Washington, it is not permissible to deduct for equipment loaned to the employee that was not returned or to account for till shortages or theft.

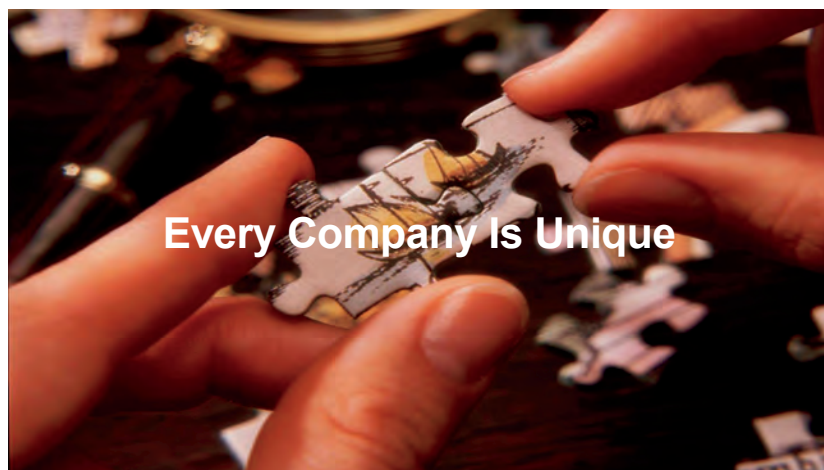
Careful hiring practices may re-

duce exposure to fraud. References should be checked. Former employers that are not willing to discuss the details of the applicant's performance or reasons for leaving may nevertheless be willing to say whether or not the individual is eligible for rehire, or provide other insight into their work history.

Employers may wish to obtain criminal background checks on applicants. When using a third party to conduct a consumer credit and/or criminal background check, an employer must comply with the requirements of the Fair Credit Reporting Act. State laws differ on the permissibility of performing credit checks on applicants.

Stolen co-pays, forged prescriptions, theft of inventory or drug samples, and even fraudulent billing schemes are not uncommon

Please see> **Fraud, P14**



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## Shopping the Market for Billing Errors & Omissions Insurance

By Janet Jay

Agency Sales  
and Service Representative  
Physicians Insurance Agency



Have you reviewed your past Medicare billings recently? There could be a ticking time bomb hiding in them.

In the President's agenda to both balance the budget and reform healthcare, considerable attention has been given to the Centers for Medicare and Medicaid Services (CMS). This is no surprise when you take into account that Medicare and Medicaid make up one-fifth of our national budget and are the nation's largest health insurance programs. Consequently, CMS has been empowered with the resources to research, audit, and recoup the money it has paid wherever it can identify an overpayment, independent of whether the overpayment occurred due to fraud, dishonesty, or as a legiti-

mate error.

By now, you have probably heard about Recovery Audit Contractors (RAC), the private contractors authorized by CMS to find your Medicare billing errors. With contingency fees in the range of 9-12%, these auditors have been compared to bounty hunters as they are highly inclined to find errors and then to extrapolate the erroneous data based on a random sampling. Unless the errors are disputed, CMS can begin withholding payments and charging interest rates that in recent years exceeded 11% on overpayments not paid in full within 30 days. These payment demands could lead to financially devastating results for you or your practice.

### The Insurance Response

The insurance industry has responded to this financial threat with policies covering physicians and healthcare entities for defense costs and fines and penalties resulting from various types of regulatory investigations, including billing errors and fraud allegations.

When looking for such an insurance policy, pay close attention to the following terms:

Definition of insured may include a single physician or a group with or without multiple entities, as well as current and former partners, directors, officers, and employees. In the event of the insured's death, disability, or bankruptcy, it may also include the estate, heirs, administrators,

and legal representatives.

Limits of Liability for individual physicians and/or healthcare entities may range from \$250,000 to \$5 million in coverage.

Deductible is the amount you are required to pay before the insurance will start covering the loss. These can vary greatly, from \$1,000 to \$25,000 and beyond, so it's important to choose a policy with a deductible you're willing to pay in the event of a claim. It should be recognized that, in general, higher deductibles mean lower premium.

Exclusions list what is not covered under the policy. Typically, these will state that fraudulent, criminal, dishonest, or otherwise intentional acts are not covered, in addition to claims outside the scope of billing errors and omissions.

Additional Coverages can include coverage for EMTALA, Qui Tam, HIPAA, breach of security, data recovery, and administrative disciplinary proceedings, but these features are not necessarily common to all billing errors and omissions policies.

Insurance policies can vary; therefore, finding a policy that works for your practice takes careful analysis, review, and counsel. It is important to refer to the actual policy for its description of coverage.

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Janet Jay can be contacted by e-mail at [janet@phyins.com](mailto:janet@phyins.com) or by telephone at (206) 343-7300 or 1-800-962-1399.

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## Understanding Care Variations is the First Step to Fixing Problem

**By Mary McWilliams**  
*Executive Director*  
*Puget Sound Health Alliance*



Are residents in Washington getting high-quality, high-value healthcare? Frankly, the answer is, it depends. While many patients receive care that rivals the best found nationwide, some do not receive the effective care that they should. Differences in the quality of care that have been documented from region to region across the country persist even within the Puget Sound area and represent a significant challenge.

At the Puget Sound Health Alliance, we know that understanding variations in care is the first step in addressing the problem. That's why we produce the Community Checkup, a comprehensive report on healthcare performance in the Puget Sound region includ-

ing medical groups, hospitals and health plans. As a nonprofit, non-partisan collaborative, we are one place where those who pay for, get and provide healthcare have come together to help drive change in the healthcare system. We believe that if you can measure it, you can fix it.

In July, we issued our fourth Community Checkup, the cornerstone of our work. The Community Checkup primarily looks at how well care is delivered at the medical group level on 21 measures of quality and appropriateness in a five-county region—King, Kitsap, Pierce, Snohomish and Thurston—covering 2 million lives, or about half the region's population. The measures fall into areas of prevention, chronic disease management, generic drug substitution and appropriate use of services. (Full results for the Community Checkup are available at [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org).)

The news from the Community Checkup represents both cause for congratulations and cause for concern. In the former category is the region's performance in diabetes management, which is strong. The regional average exceeds the national top ten percent of performers for three of the four diabetes care measures in the report. Similarly, hospital quality measures, such as heart failure care and surgical care, have shown improvement over

time, proving the benefits of transparency.

But in other areas, we clearly have room for improvement. Regional results are low for Chlamydia screening, avoiding antibiotics for bronchitis, and medication adherence for depression. And there is wide variation in generic drug substitution results, which were reported publicly at the medical group level for the first time. Interestingly, safety-net clinics that serve Medicaid populations are among the best performers in the region, as are those clinics with a financial incentive to prescribe generics. We estimate that there are tens of millions of dollars to be saved in our region by bringing generic drug prescription rates up to the goals set by the Alliance based on the recommendations of a team of leading providers and pharmacists.

While we do not have data for the entire state, it is safe to say that the variation we see is hardly confined to our five-county region. The same concerns and successes that we see in the Puget Sound region likely affect every part of our state.

What the Community Checkup shows is that what gets measured, gets managed and improves. For the first time, we were able to compare data over time by looking at results from the second Communi-

**Please see> Care, P15**

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< TGBa, from P7

cost-effective. The working sundial (a favorite of all involved) at the community entrance added a touch of whimsy to the outdoor environment.

Particularly welcome were the infusion area's natural, warm touches; patients may spend anywhere from 20 minutes to lengthy hours receiving treatment. Gregory said they learned something new about the process. "It's very communal – the patients draw support from each other. What the physicians wanted from us was to create a very flexible area." TGBa designed a highly reconfigurable space that allows patients to either gather and share experiences, or have private time.

Patient focus was evident throughout the design. Dais mentioned the radiation therapy side, which fea-

tured a separate entry. "Patients who come regularly for their treatment know the routine and do self check-in, go directly to the dressing room and the treatment waiting area. The design and process gives them a measure of control over their treatment not often seen in cancer centers."

TGBa's knowledge and caring made for happy clients. "They listened to us and provided excellent follow through," said Bailey, adding that the "spectacular" building met their needs and budget. TGBa can add the new South King County destination for cancer care to their roster of successful healthcare facility projects.

For more information on TGBa, visit [www.tgbarchitects.com](http://www.tgbarchitects.com) or call 425-778-1530.

*Nora Haile can be reached at [nora@nhaile.com](mailto:nora@nhaile.com).*

< Fraud, from P9

in healthcare organizations. By using careful hiring practices and conducting legally compliant investigations, it is hoped further losses, in the form of legal claims by disgruntled employees, can be avoided.

*Leslie Bottomly is a partner in the Labor and Employment Group of Ater Wynne LLP. Contact her in the firm's Portland office at [lgb@aterwynne.com](mailto:lgb@aterwynne.com).*

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<sup>1</sup>Association of Certified Fraud Examiners 2008 Report to the Nation on Occupational Fraud and Abuse. (Available at <http://www.acfe.com/documents/2008-rttn.pdf>.)

<sup>2</sup>*NLRB v. Weingarten, Inc.*, 420 US 251 (1975). 420 US 251

<sup>3</sup>*IBM Corp.*, 341 NLRB 1288 (2004) (holding that the right to a witness is available only to union-represented employees, but reaffirming that an employee may not be disciplined for merely requesting a witness). *Id.* at 1294.

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## &lt; Care, from P12

ty Checkup, released in late 2008, and the current report. While future reports will confirm if changes between the two periods represent a true trend, the data appears to show an overall trend toward improvement in care in most areas.

Having built a strong foundation of performance measurement, public reporting and performance improvement, the Alliance is now exploring new ways to advance high-value healthcare in our region. We are working with the Washington State Medical Association and the Washington Academy of Family Physicians to develop a learning network for medical practices to share information on improving results on these important metrics. We are also co-sponsoring (with the state) a multi-payer medical home pilot with common payment incentives to reduce avoidable ER and hospital visits. And we are planning to expand our public reporting into new areas, including patient experience and resource use.

Ultimately, if change is to take place within our healthcare system, it will have to happen at the local level. The variations in care that we see means that there can be no national “one size fits all” approach. Decisions on how to address regional variations are best made by the people they affect. This is the challenge for all of us—doctors, hospitals, patients, health plans and purchasers—and we have an opportunity to be part of the solution.

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*Mary McWilliams was appointed Executive Director of Puget Sound*

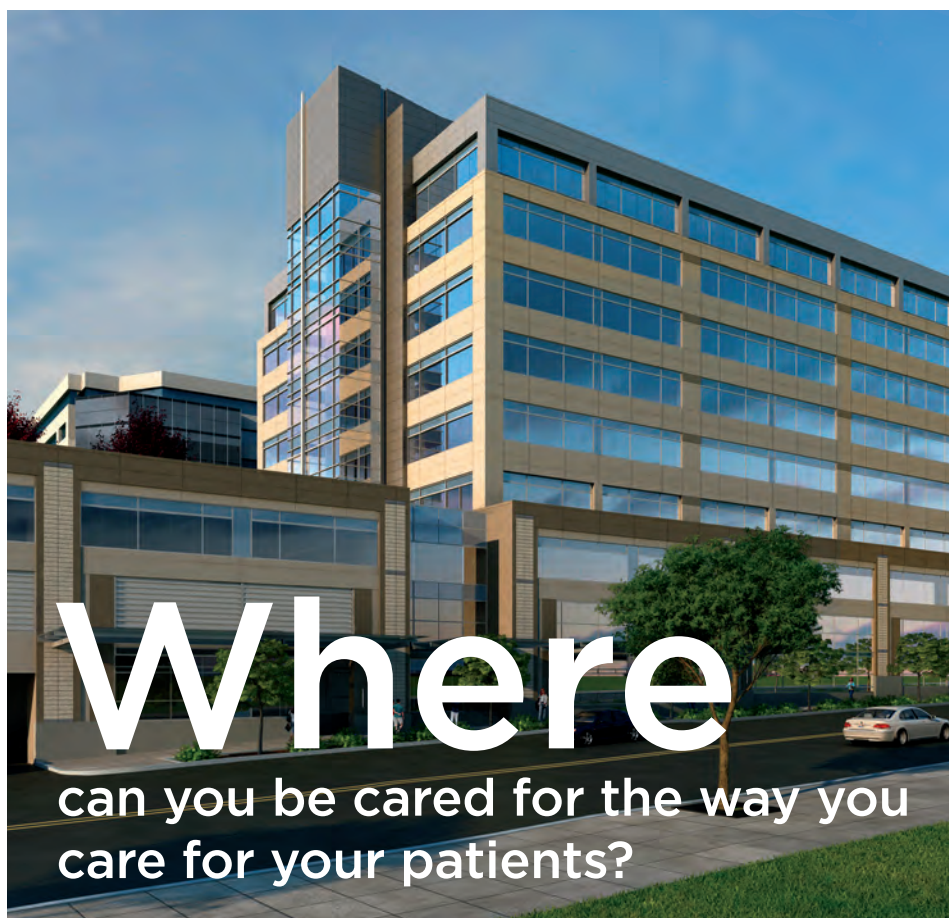
*Health Alliance in June 2008, after three years on its Board. The Alliance is a collaborative among purchasers, providers and plans to advance quality and affordability through public reporting on healthcare system performance.*

*Previously, Ms. McWilliams was President and CEO of Regence Blue Shield, PacifiCare of Washington, and Providence Health Plans in Oregon.*

*Ms. McWilliams is the past Chair*

*of the Greater Seattle Chamber of Commerce and serves on the Board of Port Blakely Companies, the Safe Crossings Foundation, a grief support program for children, and as a director for the Seattle Branch of the Federal Reserve Bank of San Francisco.*

*Ms. McWilliams received a M.S. in health administration from the University of Colorado and a B.A. from Wesleyan University, which also awarded her an honorary degree in 2006.*



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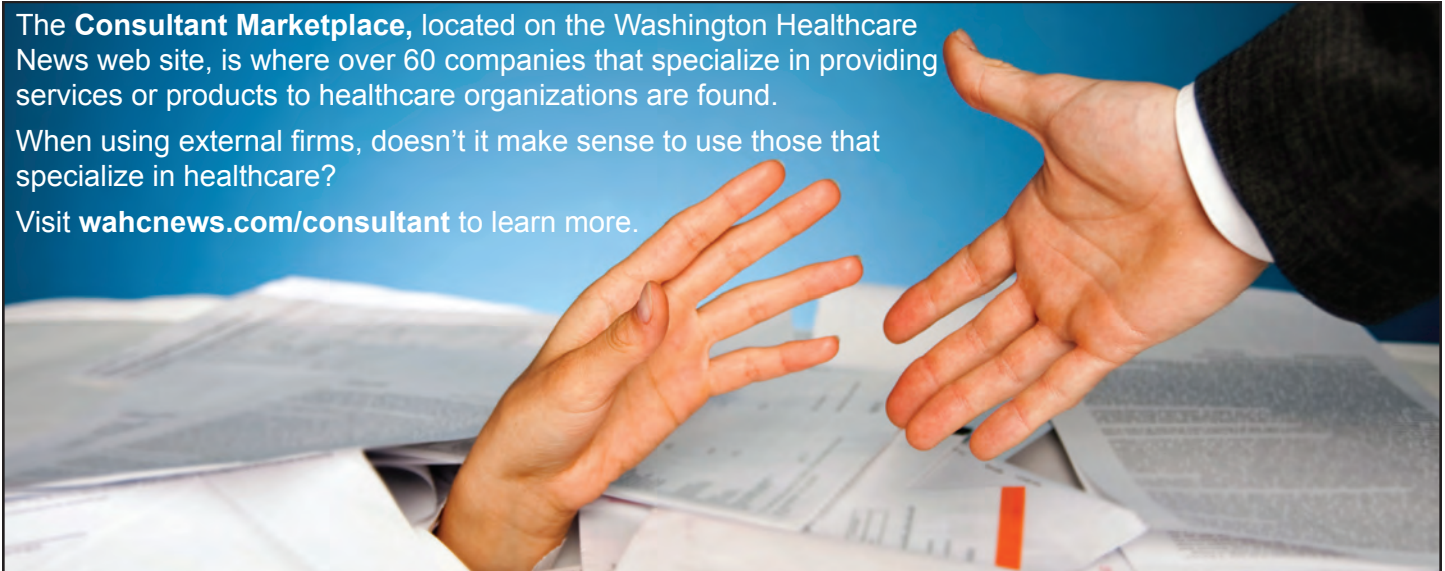
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### UW Physicians UW Medicine

#### Director of Coding and Charge Capture (Seattle, WA)

UW Physicians (UWP) is the practice plan for more than 1,500 physicians and health-care professionals who are faculty of the University of Washington School of Medicine. These physicians and practitioners provide services to Harborview Medical Center, UW Medical Center, Northwest Hospital and community-based practice sites in Seattle and the Northwest Region. UWP clinicians are among the best and most sought-after in the world, providing care during more than a million patient visits each year in outpatient primary-care clinics, specialty clinics, and emergency departments.

UW Physicians seeks to fill its **Director of Coding and Charge Capture** position. Reporting to UW Physicians' Executive Director, this position has direct oversight and accountability for the Department of Coding and Charge Capture and provides the leadership and direction regarding critical decision-making which affects performance management strategies as they relate to the Coding and Charge Capture process within UWP. This position directly supervises the Managers of Coding and Charge Capture, Quality Review Specialist and Business Analyst.

#### Qualifications:

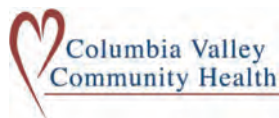
Bachelor's degree required, preferably in health care related field or business; Minimum of five years experience with physician coding in a complex environment; Experience within an academic environment highly desired; Minimum of five years experience managing professional level staff; Professional Coding Certification required

#### Application Process:

Please send letter of interest and resume. To apply, or view full job description, visit UW Physicians Career Page at:

<http://uwmedicine.washington.edu/Global/Employment/UW-Physicians/Pages/default.aspx>

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#### Controller (Wenatchee, WA)

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#### Submit applications/resumes to:

CVCH, Sylvia Martinez  
RE: Controller  
600 Orondo Avenue, Suite #1  
Wenatchee, WA 98801  
or [smartinez@cvch.org](mailto:smartinez@cvch.org) EOE.



#### Nursing Director, Medical-Surgical and Critical Care

The nursing department director provides 24-hour direction for the nursing care and related operational/personnel activities for a specific department. Under the guidance of the Patient Care Administrator/CNO ensures the effective operation of the nursing department. This position is also responsible for performing duties consistent with the policies, procedures, mission, vision, guiding principles and manager accountabilities of KVCH.

#### REQUIREMENTS

**Required:** BSN. Previous related nursing experience. Previous related Leadership/Supervisory experience.

**Preferred:** Masters degree in nursing, business or related health field.

**Qualifications:** Experience in improving organizational performance. Experience in facilitating and leading multidisciplinary teams. Clear, concise and persuasive writing and presentations skills. Ability to present data to professional groups and institute changes based on the data presented. Decisive and capable of exercising good judgment under pressure. Demonstrated ability to organize and work with diverse groups of people. Strong orientation to deadline and detail. Effective problem solving, decision-making and team development skills. Ability to manage a diverse and demanding workload. PC Skills, knowledge of MS Word, PowerPoint and Excel essential. Working knowledge of Patient Centered Care and Lean concepts desired.

Additional Salary Information: DOE

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