

Sub-specialization in Anatomic Pathology Drives Consolidation and Quality

By Don Howard, M.D., Ph.D.
*Chairman of the Board and CEO
CellNetix Pathology & Laboratories*



Full disclosure - we (CellNetix) are a large, highly sub-specialized pathology group. That said, we will explain why pathology sub-specialization (and larger group size) can and will lead to increased quality, decreased costs, improvements in patient care and safety, and is advantageous for hospitals, medical practices, and provider groups of all sizes.

Progress in modern medicine is driven by specialization. Serious illness is invariably referred to a specialist or a team of specialists

By Pat Cooke
*Chief Information Officer
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who have the depth of knowledge to offer precise and accurate treatment and diagnosis. Unlike many other medical specialties, anatomic pathology is partner-focused, in that diagnoses are not delivered directly to the patient but to the referring provider. As medicine in general becomes more specialized, the demand for sub-specialized pathology diagnostics grows.

CellNetix is a highly sub-specialized 44 physician and employee-owned partnership that emerged from four Washington groups that

had been servicing their hospitals, physicians and communities for over 40 years. No venture capital was involved in startup of CellNetix, just some concerned doctors who saw where pathology was headed and felt they could better advance patient care and their chosen profession as a combined and larger entity.

Please see> Pathology, P3

Inside This Issue

Sub-specialization in Anatomic Pathology Drives Consolidation and Quality	1
Healthcare Law: Hospital CEO Must Report Plea Bargains	6
Healthcare Insurance: Employee Dishonesty: Protecting Your Practice from the Inside	8
Healthcare Benefits: Making Wellness Programs Work	10
Healthcare Architecture: Virtual Mock-ups Streamline the Lean 3P Process	12
Career Opportunities	14
Plan and Hospital Financial Information Available at www.wahcnews.com	

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David Peel, Publisher and Editor

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< Pathology, from P1

CellNetix' core belief is that the future of anatomic pathology is fundamentally tied to the ability to provide sub-specialized diagnostics. Here is why:

Training, Experience & Science

Subspecialization enables pathologists to deliver more accurate, timely, and precise diagnoses and to consultatively confer with clinical colleagues on difficult cases or those requiring correlation of clinical and pathology findings. The modern practice of pathology requires a vast knowledge database and involves complex pattern recognition. Fellowship training/certification melds the broad knowledge database and experience of general pathology, with the vertical depth of particular subspecialties, required by today's modern practice of medicine. Accuracy, speed, efficiency, cost effectiveness, and ultimately, the quality of patient care, all increase with specialized experience and training.

Communication

Pathology is a relationship-driven medical specialty. Because of this, clinical specialists find it easier to discuss complex cases with a pa-

thologist who is familiar with the lexicon and who has a relevant depth of experience commensurate with the clinician. Also, when dealing with a large sub-specialized pathology practice, the providers' chances of interacting with the same pathologist on many cases are actually increased; this leads to improved patient care.

Standardization

Specialty diagnostic teams promote knowledge-sharing, internal consultation, and allow collaboration and standardization in terminology and reporting. Only a sole practitioner can promise that the same pathologist will sign out every pathology report. One of the inherent challenges of a service-driven specialty such as pathology is to deliver a consistent report, regardless of the author. Sub-specialization dramatically increases the odds of success.

Cottage Industry

Like most other specialties, 80% of anatomic pathology groups in the country are small – it is essentially a cottage industry. This will not last because clinical subspecialties such as breast, gynecology, gastroenterology, hematology, urology, dermatology, neurosurgery

and other specialized hospital and clinic-based practices are starting to demand specialized pathology partners. Consolidation in pathology will follow radiology, where paradigm shifts and fast-growing technical requirements quickly changed the profile of a successful group. As pathology practices generally serve hospitals as well as outreach clients, only large pathology groups can successfully accommodate all demands for specialty diagnostics (see table below).

Historical Case Allocation Process (non-specialized pathology practice)

Each day, cases (tissue biopsies, organ resections, Pap smears, etc.) arrive in the pathology laboratory. These are manually allocated to pathologists based on workload, without regard to the type of case. On any given day, each pathologist will diagnose diseases from multiple organ systems. Typically, a pathologist will see specimens of all sorts: genitourinary, gynecologic, breast, gastroenterology, dermatology, neuropathology, etc. While this may be interesting for the pathologist, it diminishes the quality of patient diagnosis and care, delays turn-around time, and increases cost.

Please see> Pathology, P4

Common Targets for Anatomic Pathology Sub-specialization

Sub-specialty	Board Certification or Fellowship Training	Number at CellNetix
Dermatopathology	Yes	4
Hematopathology/Flow Cytometry	Yes	5
Gynecological Pathology	Yes	3
Breast Pathology	Yes	7
Genitourinary Pathology	Yes	3
Gastrointestinal Pathology	Yes	5
Neuropathology	Yes	1

< Pathology, from P3

New Case Allocation Process (sub-specialized pathology practice)

Under this model, cases arrive in the pathology laboratory and staff allocate these by sub-specialty: Breast cases to breast pathologists, gastroenterology (GI) cases to GI pathologists, genitourinary cases (GU) cases to GU pathologists, etc. Other types of cases that are suitable for general review are spread out among the pathologists.

Challenges

Even in larger groups, the distribution of case types can vary on a daily basis – this collides with conflicting conference, vacation, and business schedules to mean at some point the specialty diagnostic team model is stretched. Having a larger pool of sub-specialists, on each particular specialty diagnostic team, mitigates this problem.

Commoditization

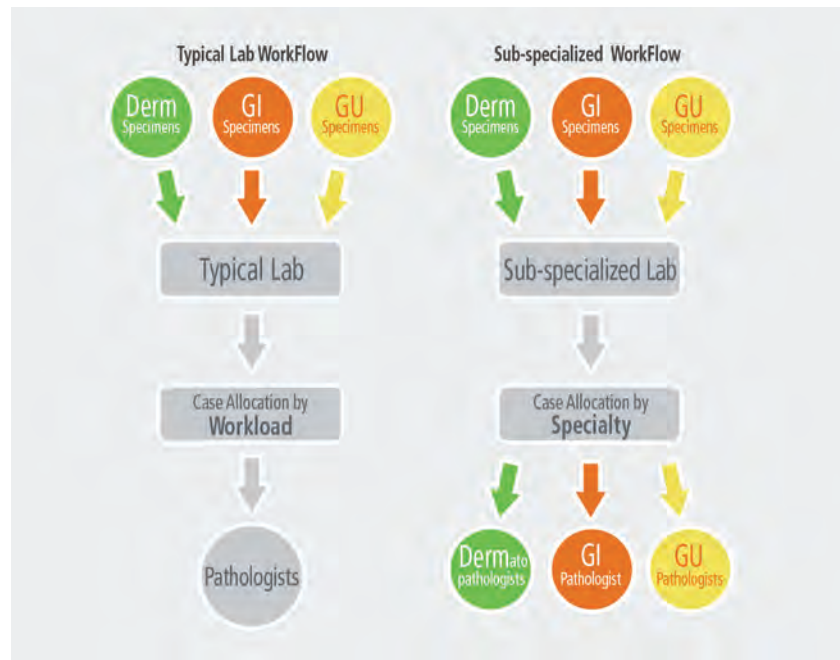
As a pathology group that has an active sales force, we are often faced with a sobering reality: no matter what we offer hospitals and health care providers in terms of sub-specialty depth, IT capabilities, quality, service, cost, etc., loyalty to the incumbent is a very powerful glue (remember pathology

is relationship driven, and unfortunately relationships sometimes trump patient care). Every sale is a displacement sale, and pathology can be perceived as a commodity, or as a black box from which “lab results” emerge. The reality is that in these changing times, pathology practices, their lab capabilities and overall quality can and do vary greatly; all pathology is not the same. Most pathology groups and/or organizations choose not to invest in science, informatics,

to the patient. Which would be your preference for pathology services? We would argue that “quality will out” and that longevity will be the reward for groups and organizations willing to invest in all these things which bring added value to the practice of pathology.

Telepathology

At CellNetix, not all our pathologists are in the same building. We serve large hospitals and small hospitals and have some hospitals where there is only one pathologist. Telepathology enables us to provide sub-specialty expertise to all our sites while still maintaining a local presence and local relationships. Within seconds, any of our pathologists can consult with a sub-specialist for a second opinion at no cost to the patient or client.



CellNetix New Case Allocation Process

telepathology and sub-specialists, and have staffing plans geared towards economy and not towards quality, patient safety or turn-around time. These groups preferring instead to increase the per-pathologist profit distribution or shareholder stock appreciation. Unusual is the group or organization which invests in technology, expanded test menus, specimen tracking, quality control, and sub-specialization. Both cost the same

Keeping Track of Promises

The reality of this fast emerging sub-specialization trend is that during the transition period, hospitals and providers who do not appreciate, or who are indifferent to the difference, are okay with generalist service and 20th century technologies. Those hospitals and providers who are aware, demand service and quality commitments and seek out groups that can meet them. As with many

Please see> Pathology, P7

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Hospital CEO Must Report Plea Bargains

By Greg Montgomery
Healthcare Attorney & Partner
Miller Nash LLP



Federal and state laws, and hundreds of court cases, address the seemingly simple decision of a hospital and medical staff member to part ways. The end game of all this legislation and litigation is ensuring disclosure if the parting is due to physician competence or conduct that could adversely affect patients. Everyone knows that restriction of privileges for competency or conduct reasons may be reportable, as may be resignation during an investigation. But what about even before any investigation has begun? This is the realm of the reportable plea bargain.

Agreeing to part ways

You are a hospital CEO or chief administrator. You start hearing consistent rumors that a physician on your medical staff has substance-abuse issues that manifest

By Madeline Engel
Attorney
Miller Nash LLP



themselves through erratic, and sometimes reportedly frightening, operating-room behavior. You have known this physician to be a good doctor so you invite him to your office for a talk.

You tell him what you have heard and the concern that he may have substance-abuse problems. He denies having such problems and characterizes the comments as retaliation for his complaints about staff incompetence, which he believes endangers patients. He suggests that rather than investigating the staff's concerns and the unsafe conditions the staff has created, he will simply resign his privileges and find a hospital where his talents are better supported.

You agree that it would be best for the hospital and this physician to part ways and that his suggestion

seems appropriate. As the doctor leaves your office, he comments that this conversation is just between you and him. You do not respond. Before you leave the hospital that day, you learn that the doctor has resigned.

Resignation of privileges under these circumstances may be a reportable event under both state and federal law. If your conversation with the doctor and his subsequent resignation is viewed as a bargain in which the doctor promises to voluntarily resign his privileges in exchange for the hospital's promise not to investigate or take other action in connection with unprofessional conduct, it may be considered a reportable "plea bargain."

Current misuse of controlled substances is unprofessional conduct under Washington law. A physician's voluntary restriction of his practice in exchange for the hospital's agreement not to investigate or take other action in connection with unprofessional conduct must be reported to the Department of Health by the hospital CEO or chief administrator within 15 days of the voluntary limitation.

Federal law has a parallel reporting requirement. It applies when the agreement relates to professional conduct that does or could adversely affect a patient's welfare. Courts have taken a broad

view of these types of professional conduct.

The state penalty for failure to report is a civil fine not to exceed \$500. Failure to report under federal law could jeopardize your ability to claim federal peer-review immunity for three years.

Calling the lawyer

Six weeks later, a credentialing inquiry about the doctor is received from a rural hospital across the state. Since this situation was out of the ordinary, you call the hospital's lawyer, explain the situation, and ask her advice.

She tells you that Washington law imposes an affirmative obligation to disclose the reasons for any discontinuance of privileges in response to the credentialing inquiry. The lawyer says that honoring the doctor's "just between us" comment might expose the hospital to liability.

Then she explains the state and federal reporting requirements,

noting that under the circumstances you described, the doctor's resignation might be considered a reportable event. In response to your question about reporting now, she advises that without giving the doctor the opportunity to respond to the alleged misconduct before reporting, you might jeopardize your federal immunity from damage claims if the doctor sues in response to the reporting.

Under your medical staff bylaws, a physician voluntarily resigning privileges waives any right to a hearing or other opportunity to respond. Unfortunately, your lawyer advises that physicians' process protections under medical staff bylaws are separate from the federal immunity process requirements. A waiver of process under the bylaws might not waive these federal requirements.

Moral of the story

Federal and state laws governing the restriction or termination of physician privileges for reasons related to competence or con-

duct that could adversely affect patients, whether "voluntary" or otherwise, are intended to protect the public through required reporting and disclosures, to protect the physician through required opportunities to respond to any proposed restriction, and to protect those involved in imposing the restriction through federal and state immunities. Shortcutting the process, no matter how well intentioned, may forfeit these protections—to the disadvantage of all involved.

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< Pathology, from P4

environments from hospitality to retail, there is nothing like a demanding client to elevate the level of service! At CellNetix we are able to commit to these more demanding clients because of our size and depth and sometimes because not everyone makes the same demands at once. If they did, we would adapt and the rate of change in pathology would accelerate! There is no such thing as a properly run pathology practice being "too large". In fact, large is the idea! Our "high-maintenance" clients communicate to an increasingly savvy patient base that

they leverage sub-specialized pathology expertise. This is happening today, and some hospitals and clinics readily perceive the patient care and partnership advantages of engaging a highly sub-specialized pathology group. They are seeing more patients, higher profits, and lower costs because of it.

The Patient

It is important to stress that the primary beneficiary of the movement towards sub-specialization in pathology is the patient. Typically, the patient takes the diagnosis they are given by their clinical physi-

cian and does not know enough to question whether it is excellence or inertia that governs the direction of their pathology work. We believe the chances of a "positive outcome affecting pathology report" are increased by the training and subsequent experience that sub-specialization brings. We encourage our hospital and clinic clients to place higher expectations and demands on us and their other pathology partners. We believe sub-specialization in anatomic pathology can save lives and reduce healthcare costs and that this trend will continue to direct pathology groups toward consolidation.

Employee Dishonesty: Protecting Your Practice from the Inside

By Janet Jay
Sales and Service Representative
Physicians Insurance Agency



Case Scenario¹

Your staff bookkeeper suddenly left the office for several weeks for an emergency procedure. For 18 years, you have trusted your bookkeeper implicitly to take care of the finances for your small medical office. She has never been away for so long, but her extended illness requires that you hire a temporary accountant. In the bookkeeper's absence, the accountant notices an inconsistency in the accounting and traces it back to discover several more.

The accountant recommends you hire a forensic accountant. An in-depth audit reveals that your bookkeeper has been embezzling

business funds. The loss from this embezzlement is estimated at \$425,000.

While the news is devastating, unfortunately, it's all too common. Small businesses are particularly susceptible to this type of loss. According to **Modern Medicine**, "Small business owners, which include physicians, [lose approximately] \$20 to \$40 billion annually, with 75% of the crimes going unnoticed."²

Prevention

Taking precautions does not mean you have to sacrifice trust in your employees' work. Let them know that you trust them to do a good job. At the same time, let them know explicitly that you hold them accountable for their actions. There are some simple measures you can take to avoid potential fraud and discourage a would-be thief while still maintaining a comfortable working environment:

1. Hire an outside accountant. A periodic review by an outside source can help detect fraudulent transactions. It also can help discourage a would-be thief to know that someone will be reviewing their work.
2. Require regular vacations. An employee trying to hide fraudulent transactions may be

afraid of being "discovered" when others take over the accounting duties. Knowing that they must take time off can discourage the fraudulent behavior altogether.

3. Review your bank statements. Keeping an eye on the statements will let you know when something doesn't look right. Catching a fraudulent transaction when it first happens can help prevent many more to follow, thereby minimizing your loss.
4. Don't leave the job to one person. If your employees share the work (e.g., one takes the payment, while another records it), it will be more difficult for them to get away with funneling funds from the organization. The risk of getting caught may be enough to prevent them from stealing in the first place.

Resources

Whether you are looking to prevent employee theft in your practice or to get some assistance in dealing with a situation that has occurred, you are not alone. These types of crimes are not uncommon, and there are resources you can turn to for assistance:

Medical Association: The Washington State Medical Association

(www.wsma.org) can be an excellent resource for materials, seminars, and tools to assist you in your medical office.

Employment Insurance: Your employment practices liability policy may include online or telephone risk management services if you find yourself in a difficult situation with an employee. Taking advantage of these services can help you avoid additional problems by giving you guidance in talking to your employee, or in following sound termination procedures.

Other Insurance: In the unfortunate event that you need to report a claim, you may find that you have some employee dishonesty or commercial crime coverage in your business owners or commercial property policy. Another coverage option is an employee dishonesty or fidelity bond that

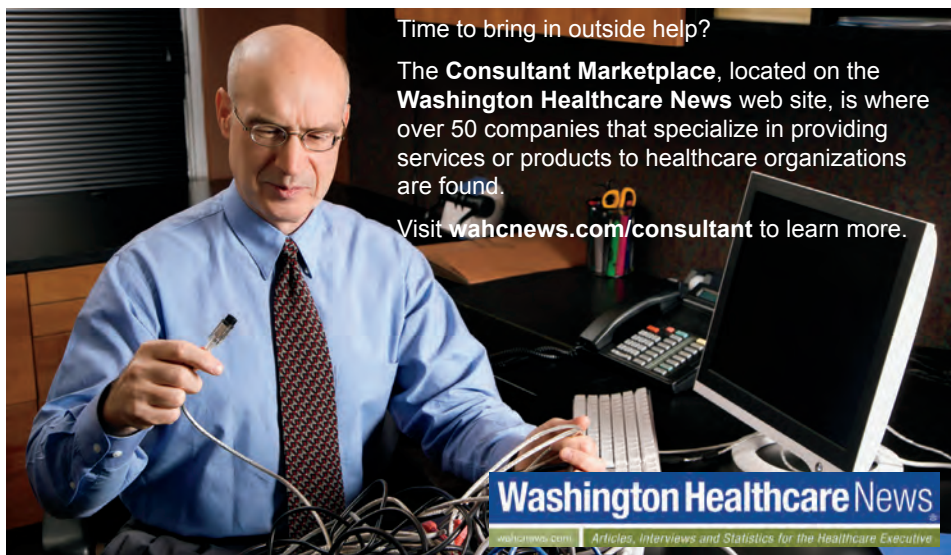
protects you and your practice against fraudulent or dishonest acts of persons entrusted or associated with your practice’s valuable property or money.

Janet Jay is the Agency Sales and Service Representative for Physicians Insurance Agency. She can be contacted by e-mail at janet@phyins.com or telephone at (206)

343-7300 or 1-800-962-1399.

¹This case scenario is fictitious. Any resemblance to an actual case is purely coincidental.

²Baum, Neil H., MD. “Is your practice protected against embezzlement?” *Modern Medicine*. September 2009. <http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Is-your-practice-protected-against-embezzlement/ArticleStandard/Article/detail/624476>



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Making Wellness Programs Work

If Structured Effectively, Wellness Programs Could Just be our Best Bet to Rein in Spending in the Post-healthcare Reform Environment

By Lindsay Harris
*Manager of Health Promotion and
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The Case for Wellness Programs with Incentives

The recent Healthcare Reform legislation removed many of the mechanisms health plans had in place to control healthcare costs. Unless new payment mechanisms to effect quality and cost are created, the legislation leaves group health plans with few options to impact utilization of services at the point they are needed and rendered. Plans that are serious about controlling costs in this environment must address the root cause of the majority of healthcare expense: poor lifestyle habits that lead to costly chronic conditions.

The best way to address poor lifestyle habits is to implement a well-structured wellness program.

Wellness programs – including those to prevent and manage chronic conditions – have not been shown to be universally effective. In fact, research shows they are generally not successful unless tied to a strong communication campaign as well as to financial incentives to entice participation. In Healthcare Management Administrators' (HMA) experience, plans that implement a health risk assessment or coaching program without incentives see 0-10% participation while those that implement incentives of \$200 or more can see participation as high as 80%.

Healthcare Reform made it easier to implement incentives that will drive results by increasing the size of incentives that can be used to support wellness programs from 20% - as was written in HIPAA - to 30% of the total plan cost immediately, with the option for the Secretary of Health and Human Services to increase incentives to 50% of the total plan cost in the future. With employee-only coverage averaging about \$4,700 per year, this means incentives up to \$1,400 per year are possible now. Though most plans have not been that aggressive with incentives to date, with healthcare costs continuing to

rise, now may be the time to consider implementing larger incentives so better results are possible.

Implementing Effective Incentives

Beyond size, plans must consider the type of incentive to offer as well as what activity or outcome to incentivize.

In HMA's experience, incentives tied to the health plan such as premium reductions and value-based designs that offer lower out of pocket costs, are, surprisingly, more effective than simply offering cash. Recent research also shows that in some populations offering entry into a drawing for a single high-value item such as a flat screen television (which is less costly than offering each participant an individual financial reward) can also be successful.

Plans must also decide whether to offer participation-based incentives, which focus on completion of certain activities such as taking a health risk assessment, or outcomes-based incentives, where the reward is based on improvement in health status or achievement of health status goals, such as reaching a desired cholesterol level. Historically, most plans have provided incentives for participation in programs. This is certainly

a good place to start, particularly in populations that have not previously been exposed to wellness programs that require they talk to a coach and initiate health improvement efforts. Participation-based incentives are typically perceived as being fair and attainable by plan members because they can be achieved by all including those whose health status is less than optimal. It's important to be aware, however, that because these incentives can be achieved without necessarily achieving health improvement they may be limited in the extent to which they are likely to result in long term behavior change and the associated clinical and financial outcomes one would expect to follow.

Outcomes-based incentives are becoming increasingly popular precisely because they focus on

clinical results that tie more directly to lower healthcare costs. Though enticing, outcomes-based incentives pose more challenges to implement. Plans must ensure the incentives are structured so that the requirements are meaningful without being so restrictive members give up altogether. For example, a plan could offer two options for achievement of the outcomes-based incentive: either members reach a pre-set outcomes goal (such as an LDL cholesterol level below 100 mg/dl) or else they show significant improvement towards the goal (such as improving LDL cholesterol level by 10%). Plans must also be cognizant of legal requirements around discrimination prevention and how health outcome data is shared between the plan and wellness vendors. Finally, to ease member anxiety about their health plan having

access to so much protected health information, plans must ensure that they effectively communicate efforts being undertaken to protect confidentiality.

At HMA, we are partnering with brokers and health plans to implement wellness programs with a variety of incentives tailored to each plan's specific population and needs. We provide consultative support to help plans develop and implement wellness strategies that are evidence-based and have the best chance of success.

Lindsay Harris is the Manager of Health Promotion and Clinical Support Services at HMA. HMA currently administers over 600 benefits plans and offers self-insured employers a full complement of benefit products and services. Contact: 800.869.7093, or proposals@accesstpa.com.

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Virtual Mock-Ups Streamline the Lean 3P Process

By **Mary C. Valmonte, EDAC**
*Senior Hospital Planner
and Project Manager
BCRA*

While Lean design--particularly Lean Production Preparation Process (Lean 3P)--is quickly becoming de riger on healthcare design projects, even the 3P process itself is subject to streamlining with technological advances. By using 3-D computer models to simulate not only the look of the project but the actual flow of a space, designers can predict the necessity--and occasionally counsel against--the expensive, built mock ups of the past. In addition to saving the cost of building mock ups, the virtual 3-D model that allows for a virtual walk-through of a space can be done in a fraction of the time. In fact, the 3-D model can be drawn, tested, and turned into preliminary design documents in one short meeting. With a truly lean process--when all the players are in one room, making design decisions in real time to create a model that is the basis for the ac-

tual construction documents--the 3-D model saves not just administrative and project expense, but the time, resources, and talent of those involved.

One of the appeals of doing a vir-



Virtual 3-D Model of Hospital Rooms

tual mock-up is the overall convenience; essentially, a design firm is bringing the office to you. Even with a narrow or vague idea of what a project looks like, by the end of a meeting, a model with spatial distance and isometric angles can be complete.

All healthcare projects can begin

at inception from a 3-D perspective. BCRA uses software tools to directly translate electronic information from concept to complete design documentation without redundant or repetitive plans. At design meetings, drawings can be projected onto a dry-erase white board (or smart board, if available) so that end users can provide immediate feedback, and sketch over the drawing in real time. This interactive process allows the architect to make changes and see the results instantaneously, by switching between the 2-D drawing perspective to a 3-D orbital view with walk-through capabilities.

Members of BCRA's Healthcare Practice recently worked alongside a healthcare client that was dissatisfied with the 2-D plans they had seen. By using the 3-D modeling, BCRA was able to take the previous architect's bubble diagrams and manipulate them, moving and stretching them to positions on a plan that began to make sense. Once the placement was set, the program was switched to a 3-D

component and the bubble diagrams were suddenly seen as 3-D spaces. From there, the challenges were simple to address; it was easy to see rooms that seemed adequately sized when looking down at 2-D floor plans, but when you're moving in a 3-D space, not nearly enough space is provided for all the equipment and workflow as you see it from angles you "stand" at in a space—a mistake that would cost time, money, and resources to correct in a built mock-up.

Both large and small-scale projects are benefited with a 3-D visualization. While a virtual model can be an excellent replacement for a built mock up in a small clinic or project, it can also benefit projects on a much larger programmatic scale. Large projects often attempt programming and cultural change that accommodates Lean design principles and practices. A virtual mock-up allows testing of those Lean concepts before the built model is committed to (ie: how many steps will it take to get from the nourishment room or the medications room to the patient that's in the room at the end of the corridor? How does general layout of the building affect care delivery?).

Since elevations, walls, and cut lines are all included in the model, there's no need for several different drafted plans; one model is used. That model can even be used for interiors; cabinets, drawers, doors, and even colors and finishes are programmed into the model and easily adapted and changed, should modifications be necessary. Thus, a virtual model can be used not only to validate the built mock-up but is far easier to make changes to.

Built models are necessary for larger projects; providing a place to physically move allows staff and key players to "try out" a space with a degree of certainty. The 3-D modeling method BCRA uses is an extremely useful tool that maximizes the collective understanding of the project's conditions of satisfaction. By building a space that has already been validated and tested virtually, the savings of time and resources when costly modi-

fications are not necessary can be enormous. From collaborative design through the adaptation process, finalization of plans and construction, the use of 3-D modeling is a tool that creates, maintains, and results in Lean management and tremendous savings.

Mary Valmonte is a Senior Hospital Planner and Project Manager with BCRA. To learn more about BCRA visit www.bcradesign.com.



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CHIEF MEDICAL OFFICER – Seattle Location Come work for First Choice Health in Seattle – Make it your First Choice!!

COMPANY INFORMATION:

First Choice Health is a Seattle-based, physician and hospital-owned company serving Washington and the Northwest since 1985. We now serve well over one million people with our array of products and services. Our Preferred Provider Organization (PPO) is recognized as the leading independent PPO in Washington State and has a growing regional presence in Oregon, Idaho, Montana and Alaska. We occupy a great downtown location, pay competitive salaries and offer a comprehensive benefits package including medical, dental, vision, health savings accounts, flexible spending accounts, life and disability insurance, EAP, 401(k), profit sharing, tuition reimbursement, transportation assistance, credit union and gym membership discounts.

POSITION SUMMARY:

The Chief Medical Officer provides clinical leadership and sets the professional tone for the company. Is responsible for the operational and strategic leadership of Medical Management Department, provides clinical oversight to the Credentialing Department and FCH Quality Program. Is the clinical expert for the PPO and TPA and participates in the risk management program and is the physician liaison to the provider community. The CMO will provide leadership as a champion of cross departmental issues. Develops and maintains strong working relationships with the medical community and actively participates and represents FCH in health care organizations.

QUALIFICATIONS:

Must be board certified in Family Practice, Internal Medicine, or satisfactory equivalent and meet all credentialing criteria required of participating physicians including, but not limited to, a current, active, unrestricted license to practice medicine in Washington State. Minimum 5 years-clinical practice in a primary care specialty, 5-7 years experience with managed health care, utilization management and quality process programs. Willingness to constructively engage providers about clinical patterns and information, ability to respond effectively to the most sensitive inquiries or complaints. Strong demonstrated leadership qualities, written and oral communication. Knowledge of health plan products, networks and provider reimbursement arrangements. Computer proficiency in MS Office products.

CONTACT INFORMATION:

Please send your resume and salary requirements directly to jobs@fchn.com with this position title "CMO" in the subject line. More information about our company and a complete job description may be found on our website: www.fchn.com.

Compensation: DOE.
Principals only. Recruiters, please don't contact this job poster.
Please do not contact job poster about other services, products or commercial interests.



Chief Finance Officer (Anchorage, AK)

St. Elias Specialty Hospital a 60 bed Long Term Acute Care facility seeks a dynamic Chief Finance Officer who understands the business of health care and the need for an aggressive focus on census building for our rapidly growing and highly competent health care facility. Someone who understands the importance of business management, while responding to the healing principle as applied to all our patients and their families.

Chief Finance Officer – Full-time position

Responsible for providing strategic leadership for the hospital by working with the Executive Management Team to establish long-range goals, strategies, plans and policies. Able to undertake independent assignments and follow through with the detail necessary to meet business objectives. Provide tracking for reporting, understanding and analyzing financial data.

POSITION REQUIREMENTS

Licenses and Certifications: N/A

Total Education, Vocational Training, and Experience:

This position requires a BS/BA in Accounting; MBA or CPA desired. Minimum of eight, preferably five (5) year's hospital experience in a senior role. Up-to-date knowledge of current financial and accounting computer applications. LTCH financial experience highly desirable. Medicare reimbursement experience required.

Call Marilyn Cooper at 907-564-2224 – or e-mail at Marilyn.cooper@seashak.com



Controller (Wenatchee, WA)

The Controller will provide leadership for the Finance Department and will maintain agency financial information, prepare financial reports, maintain and balance accounting ledgers and provide direct oversight of the Purchasing, Accounts Payable, Cash Receipts, Payroll and General Ledger functions. The Controller is responsible for maintaining compliance with external stakeholders by ensuring the accuracy and timeliness of required reporting.

CVCH is a dynamic community health center with fully integrated EMR. Our services include Medical, Dental and Behavioral Health services with our main clinic in Wenatchee and a site in Chelan. We serve 20,000+ people in a geographically stunning part of the world and are proud to be a progressive group of mission-focused employees committed to serving the underserved. We are leaders in the Medical Home Model, are Joint Commission accredited and are routinely recognized as one of the highest quality Community Health Centers in Washington.

The successful candidate will have a Bachelor's degree in Accounting with five years accounting and supervisory experience. CPA preferred. Visit our website at www.cvch.org.

To apply, contact Sarah Wilkinson, HR, @ 509-664-3587 or swilkinson@cvch.org.

Career Opportunities

To advertise call 425-577-1334
Visit wahcnews.com to see all available jobs.

Clinical Nurse Manager

(Seattle, WA)

At the Regional Hospital, you can expect compassion, optimism and honest concern for every patient. Our unique blend of "technology and touch" has a reputation for producing amazing results, and we are well known throughout the Pacific Northwest for our strict standards of quality, patient safety, and reputation for integrity.

We are currently recruiting the key position of **Clinical Nurse Manager**.

This position is responsible and accountable for the nursing care provided. Relies on extensive experience and judgment to plan and accomplish organization and nursing goals. Familiar with a variety of the field's concepts, practices, and procedures. Uses this familiarity to plan, organize, supervise, and effectively evaluate nursing care. Leads and directs the nursing staff as a clinical resource, educator, and mentor. Uses critical thinking skills to solve problems. Ensures customer satisfaction and exceptional service are maintained. Is responsible for staff education and orientation. A wide degree of creativity and latitude is expected. Works closely with Chief Nursing Officer to accomplish the mission.

EDUCATION/EXPERIENCE:

BSN required with an MSN preferred. Three to five years current nursing leadership and critical care professional experience.

Knowledge of human growth and development to modify care to adult and geriatric patients. Strong written and verbal communication skills. Strong organizational skills. Knowledge of new trends and techniques in nursing. Knowledge of standards of nursing practice and care delivery systems. Working knowledge of The Joint Commission standards and all applicable regulatory requirements. Excellent computer skills (Microsoft word, excel, outlook) expected. Experience writing and managing to a budget.

Current license as a Registered Nurse in the State of Washington required. CCRN and/or certification as nurse manager or nurse executive preferred

To learn more and apply contact
George Deering at gdeering08@comcast.net



INTERFAITH COMMUNITY HEALTH CENTER
medical • dental • pharmacy • behavioral health
360.676.6177 | 877.235.6850
220 Unity Street, Bellingham, WA 98225
www.interfaithchc.org

health care for everyone

Chief Operating Officer (Bellingham, WA)

Interfaith Community Health Center is currently searching for a **Chief Operating Officer**. **This full-time benefited position** will be accountable for continuous improvement in quality of care and service, and efficient use of staff and referral resources to achieve the mission of Interfaith CHC. As a member of the senior management team, they will contribute to the organizational and strategic planning of the organization and be responsible for supervising a staff of 80 or more FTE. The ideal candidate will have at least five years progressive management experience, preferably in a primary care medical group or community health center environment.

If you have the drive and initiative to fill this role, please view the complete job description and application process at www.interfaithchc.org.

We value our employees & offer a competitive wage & benefits package.

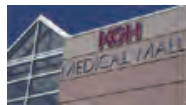


Come join our team of professionals dedicated to patient satisfaction, quality, safety, and customer service. We offer a great working environment as well as a competitive compensation and benefit package. We have the following opportunities available:

Medical-Surgical/ICU-CCU Director. Full-time, exempt. Requirements include a Washington state RN license, a minimum of 3-5 years successful management/leadership experience, and current nursing skills.

System Administrator. Full-time, exempt. Bachelor's degree in Computer or Information Technology, preferred. MCS, MCTS, CCNP or CCIE preferred. Requirements include minimum 5 years of experience in information technology, system and network administration. Experience w/the installation, configuration and maintenance of Cisco network hardware, Microsoft Windows and Linux server technologies.

For consideration, download an application on our website at www.sunnysidehospital.com, contact HR by phone, 800/548-7086x1649 or email, lisa.garcia@sunnysidehospital.org



Risk Manager

Department: Risk Management
Schedule: Full Time - Exempt
Shift: Day Shift
Hours: 8 hour shifts
Contact Information: Contact: Mike Herber

Job Details:

Bachelors Degree Required
5+ years progressively increasing exp. in a healthcare system
Healthcare experience includes working with Physicians Practice

Responsible for administering and managing the facility's risk management program. Provides consultation to health care providers as needed to facilitate problem-focused studies of patient care, which may include advice and support for clinical/legal implications of quality issues. Minimum Requirements: Bachelor's degree, Five (5) years or more progressively increasing experience in a healthcare system which includes physician practices.

Requisition Number: 9833
Salary: \$34.99 - \$49.71

To apply and learn more contact:

Mike Herber
Senior Leader -
Employment & Recruitment
(509) 586-5650 mike.herber@kphd.org

www.kennewickgeneral.com



Executive Vice President & Chief Medical Officer

(Springfield, OR)

PacificSource Health Plans is an independent, not-for-profit plan based in Springfield, Oregon servicing over 6,600 employers and 288,000 people. We have a 78 year reputation for taking great care of people by valuing partnership, service excellence, community, and personal relationships.

We are seeking an Executive Vice President & Chief Medical Officer to join our executive management group. Provide strategic leadership to our Health Services and Provider Network departments. Develop programs that align with our vision, mission and values and support our Community Health strategy. Responsibilities will include company-wide initiatives targeted to improve customer satisfaction, enhance provider relations, increase productivity, strengthen the ability to manage medical costs, improve quality, reduce operating costs and improve the health of the community.

To review the full job description and apply online Visit pacificsource.com and click on careers.



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MEDICAL DIRECTOR – Seattle Location Come work for First Choice Health in Seattle – Make it your First Choice!!

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POSITION SUMMARY:

The Medical Director will provide key support to the Medical Management and Credentialing Departments in collaboration with the Vice Presidents of Medical Management and PPO Operations, and the Chief Medical Officer.

QUALIFICATIONS:

Board certified in a clinical specialty, Family Practice, Internal Medicine, or Emergency Medicine preferred. Must and have a current, active, unrestricted license to practice medicine in Washington State. Minimum 5 years clinical practice. Experience with managed health care, utilization management and quality process programs. Willingness to constructively engage providers about clinical patterns, quality of care concerns and other information; ability to respond effectively to sensitive inquiries or complaints. Strong demonstrated leadership qualities, written and oral communication. Knowledge of health plan products, networks and provider reimbursement arrangements. Computer proficiency with MS Office.

CONTACT INFORMATION:

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Compensation: DOE.
Principals only. Recruiters, please don't contact this job poster.
Please do not contact job poster about other services, products or commercial interests.

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Creative and Customized Solutions for the Workplace

At Stoel Rives, we understand that the success of your enterprise depends on the people who make up your organization. That's why we focus on providing creative and customized solutions to help you manage your work force. Whether you need to update a handbook, negotiate with a union, set up a tax-qualified benefit plan or defend an employment claim, our more than 50 employment, labor and benefits attorneys have the experience and resources you can count on.



To find out more, visit
www.stoel.com/laborandemployment (206) 624-0900

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