

Facts & Features



AHA Services, Inc.
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Pro Bono Physician Search



Merritt Hawkins, the leading physician search firm in the United States and a company of AMN Healthcare, has announced a new pro bono physician search program in which it will find a doctor for a medically underserved area, waiving its professional fees.

Under this unique program, Merritt Hawkins will conduct a full service physician search for a medical facility in critical need of a physician. Services will include an on-site opportunity evaluation, consulting on contractual and incentive issues, candidate sourcing, screening and interviewing. Merritt Hawkins has agreed to waive its professional fees on the search, which typically range from \$20,000 to \$30,000. Executives with the firm indicate the pro bono program is intended to assist communities struggling to find physicians and to highlight a growing national problem.

"The doctor shortage is reaching crisis proportions," notes Mark Smith, president of Merritt Hawkins. "Our goal is to bring some relief to a medically underserved area while underscoring the struggle many communities are having finding a physician."

According to Smith, Merritt Hawkins' pro bono physician search is open to any hospital, medical group or community with a critical need for a physician that has been unable to find a doctor on its own. Hospital or community representatives will be asked to complete an application for the search using a form that can be downloaded from Merritt Hawkins' web site at www.merrithawkins.com. All applications will be reviewed by a selection committee composed of Merritt Hawkins' executives as well as healthcare leaders and other industry

experts. Three finalists will be chosen based on the severity of their need for a physician, the time they have been seeking a doctor and the impact that a lack of physician services has had on the community. One of the finalists will be chosen for the program pending an on-site interview.

"When a community lacks a doctor, there is a domino effect," Smith observes. "Families leave and it is hard to attract new businesses. We hope to help one community reverse this trend and to highlight what the doctor shortage means to others."



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Need Help?

Contact

AHA Services, Inc.

501.224.7878

Applications for Merritt Hawkins' 2011 pro bono physician search are due by August 15, 2011. Those seeking more information about the program may call Merritt Hawkins at 800.876.0500. Phillip Miller, 469.524.1420, phil.miller@amnhealthcare.com.

Vision for Food: Eat Healthy



Food is taking center stage in health. Not that food choices weren't always important – your mom told you to eat those veggies for a reason. It's just that there's been an explosion of food-related research that shows the strong connection between food and health.

When it comes to vision and food, growing evidence supports the idea that various vitamins and minerals protect vision for the long haul. And that's more important today than ever

before, as the well-publicized "graying of America" marches on.

So, what's the scoop on these vision-protecting nutrients? Dr. Leland Carr, O.D., is a VSP network doctor and professor of optometry at Northeastern State University in Oklahoma. Dr. Carr also sees patients regularly at several university-run eye clinics.

"Eating carrots won't make you see better than you already do, but there is a lot of truth in the idea that they can help protect vision," says Dr. Carr. "Carrots contain a lot of vitamin A and there have been several studies recently showing that this vitamin – along with vitamins C and E – helps to reduce the impact of both cataracts and age-related macular degeneration (AMD).

The menu ticket? Eat lots of carrots and green, leafy veggies like spinach and kale, says the doctor. These in particular pack a hefty punch of the key vitamins and a vision protecting substance called lutein too.

Vitamins A, C and E form a fitting acronym (ACE) when it comes to vision. A major federal study showed that the combo, plus zinc, is a winner when it comes to lowering risk of advanced AMD. Just another reason Dr. Carr touts the importance of "developing good eating habits and taking in the right nutrients" for healthy vision.

"One of the best things you can do for your eyes is to eat a balanced diet high in fruits and vegetables, but also low in saturated fats and sugar," he adds. "Along with the vitamins, you should be sure to take in adequate amounts of the minerals zinc and selenium, both of which help protect the retina – the light sensitive part of the back of the eye. You also need some fatty acids – usually from fish – to ensure adequate moisture in your eyes. Ask your family doctor if taking food supplements containing these substances is right for you."

Here's a rundown from Dr. Carr on health choices you should be getting at least three servings per week of – from each group.

- Vitamin A:** Carrots, kale, spinach, dairy products, egg yolks
- Vitamin C:** Citrus fruits (especially kiwi fruit) and juices, green peppers, broccoli, potatoes
- Vitamin E:** Eggs, whole grains, vegetable oils, sunflower seeds
- Lutein:** Spinach, corn, kale, broccoli, Brussels sprouts
- Fatty acids:** Coldwater fish, such as salmon, mackerel and rainbow trout; sunflower oil, corn oil
- Zinc:** Meat, poultry, fish, whole grains, dairy products

For more information, visit www.vsp.com or contact Kandi Alyousef-Garza, 800.638.2626.



Arkansas careLearning User Group Meeting
Thursday, August 4, 2011
AHA Headquarters
419 Natural Resources Drive
Little Rock

What Can You Do with Revenue Benchmarking Information?

The first in a multi-part series



Revenue benchmarking is coming soon to Arkansas. There are 15 hospitals preparing data for the Professional Data Services (PDS) system which is expected to be up and running within the next few months. There are so many ways hospitals can use this data, Leslie Gold of PDS explains one use for revenue benchmarking in this first installment of a multi-part series.

Use #1: Comparing Total Contract Performance

Without revenue benchmarking data, the only ways you can really compare your contracts to the market are to go to payer websites and see what rates they are posting or you can ask your colleagues at another facility. There are problems with each of these approaches. The first only gives a small piece of the picture and the second isn't legal. Even if it were legal, just knowing some other hospital's ICU per diem or their case rate for a few high volume procedures won't give you the information you really need. Let's see why.

Suppose your ICU per diem is \$2,200 and theirs is \$2,400 and suppose you get paid \$17,000 for a hip replacement while your competition hundreds of miles away gets \$16,000. (Your competition is competing for the same patients, you are competing for the same insurance company dollars!) Given the above rates, who has the better contract?

The answer is: It depends on your patient mix and the other provisions in your contract. What if the hospital with the higher ICU rates also has a higher stop loss? What if they have a lower med/surg rate than you do? What if the patient co-pays and deductibles on your contract are so high that hundreds of dollars goes uncollected on many of your cases? What if you have a higher acuity or a bigger orthopedic surgery service line?

The only way to see the big picture is to compare your total revenue to what your total revenue would be if you priced out YOUR volume and mix of patients at your compare group's average payments for every service line. Then, you would have a true apples-to-apples comparison. You would know where you stand, where you have opportunities for revenue enhancement and what a reasonable goal would be. Where would you get this compare group revenue data and how would you do the case-mix and volume adjustments?

PDS does this all for you with the click of a mouse.

Please Join Us

If you're not one of the first 15 hospitals, please consider joining the community. The more hospitals that participate, the better the data is for everyone.

To learn more about PDS, visit www.pds-data.com or email Leslie Gold at lgold@hasc.org.

VENDOR MANAGEMENT SOLUTIONS



Medefis, Inc. ("Medefis") is the nation's easiest-to-use and fastest-to-engage clinical workforce solutions provider. Medefis provides healthcare organizations with comprehensive Vendor Management Services (VMS) for the procurement of nursing, rehabilitation, laboratory and allied healthcare personnel. With over 1,200 health systems, community and critical access hospitals, specialty facilities and healthcare organizations as clients, Medefis has become the nation's preferred VMS technology, providing end-to-end management of the supplemental staffing process.

When working with Medefis, clients can expect to achieve clinical, operational and financial improvements throughout the staffing process. Medefis works to improve the time-to-fill and position fill-rates; deliver standardization and simplicity to the staffing procurement process and drive financial savings for their clients. The Medefis technology platform is powered by proprietary bidding and

talent ranking (*BidMatch* and *TalentMatch*) engines that ensures healthcare organizations receive the best-qualified clinical professionals at a true market rate. In addition, the Consolidated Services offerings (consolidated billing and contracting, credentialing management and dashboard reporting), provide healthcare organizations with 360 degree access into the staffing management process. The Medefis technology is a powerful procurement tool and with Medefis managing the staffing procurement process, its clients can focus on their core commitment: delivering exceptional care to their patients.

For more information, visit www.medefis.com or contact Bryan Groom, Account Manager, at 866.711.6333 x 114.

a dedicated nurse,

profoundly disabled by manual patient lifting

The Story of a Back-Injured Nurse:

Always Careful Lifting, Now a Paraplegic | by *Annette Kocka, LPN*

My name is Annette Kocka. I'm a 25-year nurse and want to let people know my story, of how manual patient lifting can lead to a cascade of back surgeries and permanent disability.

I never thought it would happen to me. I practiced body mechanics as I was taught and was proud that I had never been injured. Then, what seemed a routine lift was the "last straw" that led to multiple spine surgeries, further deterioration of my spine, two implants for pain control, more spine surgeries, and devastating complications, and now I'm left a paraplegic, on disability, in chronic pain.

Legislation and policies for lift equipment could have prevented my disability. Please use my story to warn other nurses to use patient lift equipment, that lifting patients by hand is not safe. I don't want the same thing to happen to any other nurses.

Please visit <http://www.wingusa.org/story1.html> to read my story "Always Careful Lifting, Now a Paraplegic" at WING USA's Story Page.

Annette Kocka, LPN, Ohio, Email: amkocka@hotmail.com



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SURVEY: USE OF LOCUM TENENS PHYSICIANS RISING



The use of locum tenens is rising, underlining the ongoing shortage of doctors nationwide, a new survey indicates.

Conducted by Staff Care, a national temporary physician staffing firm, the survey polled hospital and medical group managers about their use of temporary physicians, also known as locum tenens. The majority of those surveyed (85 percent) said their facilities had used temporary physicians sometime in the last 12 months, up from 72 percent the previous year. The primary reason hospitals and medical groups use temporary doctors, cited by 63 percent of those surveyed, is to fill in until a permanent doctor can be found.

"There are simply too few physicians to fill all the available vacancies today," notes Kurt Mosley, Vice President of Strategic Alliances for Staff Care. "Temporary doctors are providing critical, interim patient care services for many healthcare facilities until they can find the full-time physicians they need."

The survey also suggests which types of physicians are in the most demand as temporary practitioners. Number one on the list are psychiatrists and other behavioral health specialists. According to Tim Boes, President of Staff Care, the number of psychiatrists trained in the United States has remained flat in recent years, while demand for mental health services has spiked due to population growth, patient aging and the stress bred by economic recession and two wars.

Included in the survey is a poll of physicians who work on a temporary basis indicating their experience levels and the reasons they choose to practice as locum tenens. Sixty-eight percent are experienced physicians who have been practicing medicine for 21 years or more.

"Temporary practice is attractive to many of these physicians because it allows them to interact with patients without the responsibilities or stress of maintaining a private practice, according to Mosley. "The locum tenens option is important to maintaining physician supply," Boes notes, "because during a time of physician shortages it allows doctors who might be considering full retirement to remain active in a profession they love while selecting the hours and location of their choice." Both seasoned and younger physicians surveyed cited freedom and flexibility as the number one reason they choose to work as locum tenens.

To receive a copy of Staff Care's 2011 Survey of Temporary Physician Staffing Trends, contact Kurt Mosley, 469.524.1446, kurt.mosley@amnhealthcare.com.

Solutions for Energy Management and Conservation



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For more information, visit www.amerinet-gpo.com or contact Jim Foran, jim.foran@amerinet-gpo.com.

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Amerinet - Group purchasing organization. www.amerinet-gpo.com. Jim Foran, 800.426.3027. Marshall Busko, 404.822.8650.

AUDIT Trax - Web based management tool for RAC audits. www.njha.com/hbs/audit-trax.aspx. Maureen Barrie, 609.275.4108.

CareLearning.com - Mandatory Education including Health & Safety Compliance courses; Webinars - on-line, interactive courses; Competencies addressing core or discipline-specific education; Continuing Education toward licensure or various types of certification; Hospital Specific Private Courses; Nursing Education. www.carelearning.com. Liz Carder, 501.224.7878.

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Hagan-Newkirk Financial Services, Inc. - Fully insured health and dental benefits, self-funded health and dental benefit supplemental employee benefit plans, retirement plans, vision care, *Creditguard*. www.hagan-newkirk.com. Chris Newkirk, 501.823.4637.

Harbour Resources - Recruiting executive and management positions in the healthcare industry. www.harbourresources.net. Mike Harbour, 501.225.3359.

HealthCAREERS Network - Online recruitment, advertising and career solutions for the healthcare industry. www.healthcareers.com/aha. Gary Seaberg, 214.256.4811.

Information Solutions - Instant criminal backgrounds, social security traces, motor vehicle records for all 50 states, credit reports. www.criminalscan.com. Sheila Moss, 479.263.0279.

Med Travelers - Temporary allied health professional staffing, temporary mid-level health professional staffing, locum tenens-allied health professionals. www.medtravelers.com. Landry Seedig, 972.830.4407.

Medefis - Vendor Management Solutions. www.medefis.com. Bryan Groom, 866.711.6333, ext. 114.

Merritt Hawkins - Permanent physician staffing, healthcare staffing, recruiting. www.merrithawkins.com. Harold Livingston, 214.801.3774.

Press Ganey - Satisfaction measurement (patient/employee/physician/Home Health), survey instruments, reporting & analytical tools, quality improvement solutions for HCAHPS. www.pressganey.com. Holly Horncastle, 888.300.4470.

Professional Data Services (PDS) - Revenue benchmarking for hospitals. www.pds-data.com. Leslie Gold, 213.283.8003.

BancorpSouth Insurance Services, Inc. - Liability insurance products and services, AHA Workers Compensation Self-Insured Trust. www.rkfl.com. Floyd McCann, 501.614.1179. Sherman Moore, 501.614.1183. Ray Robinson, 501.614.1139.

Staff Care, Inc. - Locum Tenens-Physicians, temporary physician staffing. www.staffcare.com. Daryl Fowler, 469.524.1794.

Utility Management Corporation - Natural gas and power management services. www.utilitymanagement.org. Howard Randolph, 601.948.2360, ext. 35.

VSP - Vision care. www.vsp.com. Kandi Alyousef-Garza, 800.638.2626.



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