September 2013

Facts & Features

AHA SERVICES
Guiding Healthcare Solutions

AHA Services, Inc.
A for-profit subsidiary of the Arkansas Hospital Association

Fall Edition

Volume 18, Issue 4

Developing and providing value-added services and programs, which benefit the members of the Arkansas Hospital Association

The Rising Tide Measure: Communication With Nurses

PRESS GANEY®

Summary
The critical role that nurses play in the healthcare system has long been understood. A Press Ganey study further demonstrates this importance and the essential role nurses serve in transforming the healthcare system. Starting October 2012, hospitals' Medicare payments began to be partially tied to their scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. A Press Ganey study shows that performance on the Communication with Nurses dimension strongly influences four other Patient Experience of Care dimensions within the value-based purchasing (VBP) framework. Further, there is a growing body of evidence that HCAHPS performance in general – and performance on the Communications with Nurses dimension in particular – is strongly associated with hospital performance on other Centers for Medicare & Medicaid Services (CMS) payment programs. Thinking of Communication with Nurses as a "rising tide measure," and focusing improvement efforts on the factors that drive scores, may be an effective way to maximize VBP incentive payments and improve hospital performance on other pay-for-performance initiatives. Ultimately, these efforts promise to have a substantial impact on delivering true patient-centered care.

Overview
At no other point in history have patient perceptions of care had such a direct, quantifiable impact on healthcare organizations' financial performance and clinical outcomes. Specifically, 30% of hospitals' VBP incentive payments will be determined by how patients evaluate their stay on eight HCAHPS dimensions that make up the Patient Experience of Care domain within the VBP framework:

- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medication
- Cleanliness/Quietness of Hospital Environment
- Discharge Information
- Overall Rating

Hospitals have the opportunity to impact up to half of that 30% by focusing their efforts on one particular metric. A Press Ganey study identified Communication with Nurses as a "rising tide measure" among the eight HCAHPS dimensions of care. A rising tide measure is one whose change and trajectory in performance is correlated with multiple measures. This effect is important to understand when devising performance improvement strategies because, as the score of a rising tide measure increases, the scores of the associated measures are likely to rise as well.

Considering that most hospitals have a wide range of improvement opportunities and limited resources to expend on them, the findings

Communication with Nurses Continued on Page 6

What's inside:

ICD-10 / CDI Training Solutions

AHA SERVICES
Guiding Healthcare Solutions

DocuVoice
The Voice of Documentation

The healthcare industry is undergoing unprecedented change. With the transition to ICD-10 fast approaching, coding is one of the biggest dilemmas you face. We can make the ICD-10 transition seamless and minimize the impact on your revenue cycle by providing assistance to the healthcare facility through training, overflow coding, back-up coding and full outsource coding during ICD-10 training and implementation. We also provide tools/services to assist in coding productivity including encoder and computer assisted coding software, physician conducted chart reviews and gap analysis.

- Remote Coding/Coding Outsource
- Physician Assisted Medical Chart Reviews
- Coder Clinical Assessments and Training
- Coder Clinical Concept Courses
- ICD-10 Readiness Testing and Gap Analysis
- Coder ICD-10 Training Programs
- Physician Training
- Documentation Gap Analysis
- Encoder Software
- Coding Review Services
- Computer Assisted Coding

Coder ICD-10 Training Programs

ICD-10-CM Code Training

24 hours. Details the characteristics, conventions and guidelines of ICD-10-CM for inpatient, outpatient and physician staff. Modules by ICD-10-CM chapter and/or specialty. Detailed coding scenarios and exercises by chapter. Schedule periodic instructor lead interaction.

ICD-10-PCS Code Training

26 hours. Details the characteristics, conventions, and guidelines of ICD-10-PCS for acute care inpatient coders. Coding exercise are delineated by root operation. Numerous case scenarios and clinical documentation examples included for hands-on training. Scheduled periodic instructor led interaction.

Physician to Physician Training

ICD-10 Seminars

ICD-10 Awareness

(1) hour seminar for senior management, or overall awareness campaign covering ICD-10's impact on an organization and the steps of a successful transition.

ICD-10 Overview

(7) hour seminar for finance, IT, PFS, and decision support managers, covering ICD-10-CM/PCS structure, MS-DRG conversion, system analysis, GEMS, reports and data requirements.

ICD-10 Workshop

(20) hour workshop for HIM supervisors, lead coders, and CDI specialists, providing numerous coding exercises on ICD-10-CM structure, guidelines and conventions as well as ICD-10-PCS surgical scenarios.

Physician Training

We have a unique physician training module that addresses the physician's practice as well as the hospital's goals. This is accomplished through a humorous presentation from a national renowned speaker who is also a surgeon. This program has received rave reviews all across the country and is one of the most effective ways to train physicians and other staff members.

Physician Training

Seminars and training focused on the needs of the physician and/or their staff. Can be from 1 hour to 6 hours in length and can be tailored to the various specialties to assist them in preparation for ICD-10 implementation. On-site or remote based training.

Documentation Gap Analysis

Documentation chart review to determine if current documentation is sufficient to support the increased need for specificity in ICD-10 coding.

Encoder Software

Our encoder provides a medical coding software solution that empowers medical coding professionals to deliver their best. Our encoder gives medical coders the intelligent tools and support they need to navigate the complex and evolving world of healthcare coding with confidence, including ICD-10, ICD-9 & CPT codes. Through intuitive function, clean presentation and up-to-date medical references, the encoder thinks and works the way medical coders do. The result is greater efficiency and more accurate coding that improves your workflow and bottom line while helping to ease the transition to ICD-10.

Coding Review Services

Comprehensive Coding Review Services for inpatient and outpatient hospital services, physician chart review and gap analysis to determine strength of chart documentation. These services will enable healthcare facilities and providers to adequately prepare for the ICD-10 transition and to focus education efforts based on the identified needs.

AHIMA Certified ICD-10 Trainers

Remote Coding/Coding Outsource

Our coding partner(s) can deliver the best coding solutions tailored to your specific workflow with guaranteed quality and turnaround times. We are committed to providing fast, accurate, cost-effective remote coding for any healthcare provider, in any location, for any patient type.

Charge Master Updates

Accuracy in maintaining your facility's Charge Master (CDM) is crucial; even a minor error can result in financial loss in the generation of patient revenues, as well as violation of Federal, State or other regulations.

CDI Training

Building and maintaining a Clinical Documentation Improvement Program is essential in preparing for ICD-10. We provide coding and documentation training for your CDI team.

Coder Clinical Assessments and Training

Baseline Assessments: Evaluation of each coder's baseline proficiency in medical terminology, anatomy, pathophysiology and pharmacology with department summary and individual reports by coder.

Coder Clinical Concept Courses

ICD-10-CM/PCS training courses in medical terminology, anatomy, pathophysiology, and pharmacology with detailed study guides.

ICD-10 Readiness Testing and Gap Analysis

Evaluation of ICD-10-CM/PCS clinical knowledge in medical terminology, anatomy, pathophysiology and pharmacology.

Computer Assisted Coding

Computer-Assisted Coding is defined as software that suggests codes to human coders for validation. The process increases productivity while allowing for better revenue capture through more thorough coding. By utilizing natural language processing (NLP) technology, the CAC tool presents NLP coded charts to human coders to validate the results before processing the codes to billing. CAC can increase productivity, decrease variability, identify problem documentation for a quick return on investment. This is especially important during the transition to ICD-10, as it is expected that coding productivity will decrease during the initial implementation.

Physician Assisted Medical Chart Documentation Reviews

We work from an entirely new model and put specially trained physicians on a team with the coder. This provides the coder with insight to additional diagnoses and procedures that are addressed in the chart. We schedule 15 minutes each review day to discuss the physician's findings with your coders. The synergy of the clinical knowledge of the physician and the regulatory knowledge of the coder results in more accurate coding of the encounter with prevention of erroneous up-coding and correction of costly under-coding.

100% Physician Based

DocuVoice
1075 South Main St.
Milan, TN 38358
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Bob Stewart
615.275.7312
bob@docuvoice.com

Revenue Cycle Management Company Unveils New Name

RevPoint
Simply smart where it counts.

nTelagent, Inc. becomes RevPoint Healthcare Technologies

Revenue cycle management company nTelagent, Inc., based in Nashville, TN, has changed its name to RevPoint Healthcare Technologies.

Since 2005, RevPoint has provided hospitals and clinics across the country with an advanced revenue cycle management solution that helps healthcare providers and their patients navigate a complex reimbursement environment, focusing on enhancing collections at the point-of-service. With an average of 3:1, RevPoint's SmartCycle™ technology also leads to a better patient experience and increased employee performance and satisfaction.

"Our new name says a lot about us," said Hal Andrews, Chairman, President and Chief Executive Officer. "We serve clients by partnering with them and pointing them in the right direction to increase revenue."

Andrews says hospitals are increasingly focused on managing the "patient portion" of the revenue cycle, especially in the face of uncertainty related to health insurance exchanges that are scheduled to begin enrolling individuals on October 1, 2013.

"Our name is changing, but our mission is not," Andrews said. "We remain dedicated to helping providers thrive financially and better care for patients in this quickly evolving healthcare environment."
By guiding employees through each patient encounter in real time, SmartCycle™ leads to fast, simple and accurate account resolution for all patients at the point-of-service, whether patients are insured, uninsured, underinsured and / or qualify for financial assistance.
"Our product is a proven solution and an invaluable tool for healthcare providers today," said Chief Product Strategy Officer Irene Barron. "It simplifies the payment process, increases revenue collections and makes patients and employees happier. At the end of the day, it helps our clients succeed."

About RevPoint Healthcare Technologies
RevPoint is a revenue cycle management company with a proven solution to increase point-of-service collections, enhance employee performance and improve patient satisfactions. Its technology leads to fast, simple and accurate resolutions of all patient accounts at the point-of-service, whether patients are insured, uninsured, underinsured and / or qualify for financial assistance. RevPoint is the leading solution for healthcare providers in need of a valuable partner at the front end of the revenue cycle.

To learn more about RevPoint visit www.revpointhealth.com or contact Lloyd Baker, 615.585.5756.

Health Insurance Marketplace News

Sandra Cook, Consumer Assistance Specialist for the Arkansas Health Benefits Partnership Division of the Arkansas Insurance Department has provided updated information about state training and licensure procedures for Certified Application Counselors (CACs) in Arkansas.

1. After the hospital or other organization has submitted its application at http://marketplace.cms.gov/help-us/cac-apply.html and received CMS approval as a Certified Application Counselor Organization, it must designate you as one of the individuals to become trained and licensed as a CAC.

2. You will need to complete two different online trainings - the federal training and the state training.

3. Complete the federal training online at the following website: https://marketplace.medicarelearningnetworklms.com/Default.aspx.

4. After you successfully complete the federal training, you will need PDF copies of the Training Certificates from the federal website to register for the state CAC training. The state training contains Arkansas-specific information about the Health Insurance Marketplace and the Private Option.

5. To access the state training, you must register with the Arkansas Health Connector Guide Management System (GMS) at the following website: https://ipa.arhealthconnector.arkansas.gov. **[Click here to download the document entitled "Arkansas Health Connector GMS Entry for CACs" for more detailed instructions and screen shots to help with this registration process.]**

IMPORTANT! The Arkansas Insurance Department sometimes refers to this state training as "Phase III training." If you see a reference to "Phase III training" on the GMS website, this is the training you want.

Health Insurance Marketplace News Continued on Page 5

Health Insurance Marketplace News Continued from Page 4

6. After you register with the Arkansas Health Connector GMS, you will need to wait for an email giving you the website address and instructions for completing the state CAC training. *You may have to wait one business day for this email to arrive.*
7. When you successfully complete the state (Phase III) training, you will receive an email with a link to the Application for Licensure and background screening form. If you want to review the license application, it is available at http://www.insurance.arkansas.gov/License/LicenseFormfiles/AID-AHC-HC.pdf.
8. Submit the completed application, notarized authorization for a background screening and the $35.00 license fee to the Arkansas Insurance Department. **The hospital may make arrangements to pay for all of its CACs by check by contacting Sandra Cook at** (501) 683-7236 or Sandra.Cook@arkansas.gov. **Otherwise, the only acceptable method of payment is a money order**

Feel free to contact Elisa White at the AHA, (501) 224-7878 or elisawhite@arkhospitals.org, if you have additional questions.

AHA Services, Inc.
recently mailed a
Physician Staffing Slide Rule
to your CEO and CFO
provided by Merritt Hawkins.
If you would like to receive
one, contact Liz Carder or
Tina Creel at
501.224.7878

Women and Eye Health Risks

vsp Vision care for life

Most women understand how important it is to visit the doctor regularly so they can stay healthy and feel their best. However, many don't realize this means having their eyes checked as well. This is especially important for women since they are more likely than men to suffer from eye-related diseases and conditions such as:

- Cataract
- Glaucoma
- Age-related macular degeneration (AMD)

Unfortunately, many women don't know about this heightened risk and are not doing enough to care for their healthy sight.

This lack of action can lead to staggering healthcare costs down the road. Plus, people with vision problems are more likely to miss work and to suffer from headaches, eyestrain, and fatigue that may keep them from performing at their full potential, on and off the job.

Understanding the Impact of Other Health Conditions on Vision
Not only are women at greater risk for many eye diseases, they are also at risk for several overall health conditions that impact their vision.

These include:

- **Diabetes** – One in 10 American women over the age of 20 has diabetes (CDC). Diabetes increases risk for several eye diseases, diabetic retinopathy, most commonly, as well as damage from ultraviolet (UV) light. People with diabetes often experience light sensitivity, difficulty distinguishing colors in low lighting, and trouble driving at night.
  - Gestational diabetes is rare and disappears post-pregnancy, but women who have experienced the condition have a 40-60% chance of developing diabetes in the next five to 10 years (CDC).
- **Autoimmune diseases** – Women are more likely to develop several autoimmune diseases that can affect the eyes.

  These include:

  - Multiple sclerosis (MS)
  - Lupus
  - Rheumatoid arthritis
  - Sjögren's syndrome

  MS often causes temporary burning in the eyes or vision loss. Meanwhile, Sjögren's, which dries out moisture-producing glands in the body, causes the most eye-related disease. Of the one million people in the United States with Sjögren's, 90% are women.

- **Breast and other cancers** – Some cancer treatments can cause:

  - Bleeding in the eye
  - Light sensitivity
  - Cataract
  - Dry, itchy eyes

Visit www.vsp.com for more information.

Communication with Nurses, Continued from Page 1

from the study offer important insights on how hospitals can strategically implement improvement initiatives that may yield rapid and far-reaching positive change.

Key Findings

Using data from a robust sample of 3,062 United States acute care hospitals, Press Ganey's research team conducted a Hierarchical Variable Clustering Analysis on all eight HCAHPS dimensions. This type of analysis is different from a traditional correlation analysis, which looks at the relationship between two measures only. The variable clustering technique identifies multiple measures that "hang together" consistently, and the hierarchical analysis identifies which measure (or cluster of measures) leads the others.

The objective of the analysis can be likened to a statistician's version of "Follow the Leader" that answers a step-wise series of research questions:

1. Which HCAHPS dimension is the leader?
2. Which dimensions follow the leader?
3. In what order do the other dimensions follow?
4. How closely do the other dimensions follow?

The answers to these questions allow hospitals to strategically focus their performance improvement resources on high-impact issues.

Press Ganey's analysis identified five HCAHPS dimensions that consistently cluster together:

- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medication
- Overall Rating

As depicted in Figure 1, Communication with Nurses leads the other four measures. This means that when a hospital aims improvement efforts on the Communication with Nurses dimension, it likely will see associated gains in performance in the other four dimensions in the cluster.

Just how much associated gain will a hospital see in the other dimensions' performance? It depends upon how statistically close a particular measure is to Communication with Nurses. To use the "Follow the Leader" analogy again, the rate of change and degree of change in performance will likely be greater for Responsiveness of Hospital Staff – which follows Communication with Nurses very closely – than it would be for the Overall Rating which is farthest behind the "leader" of the cluster.

Figure 1 also depicts how the measures in the cluster are likely to influence each other as illustrated by the brackets. Specifically, Communication with Nurses and Responsiveness of Hospital Staff together have a high likelihood of influencing Pain Management. These three measures then will have a likelihood of influencing Communication about Medication. Finally, it is the full force of the four – Communication with Nurses, Responsiveness of Hospital Staff, Pain Management, and Communication about Medication – that influence the Overall Rating. As the industry moves towards a continuum of care model, the role of nurses and nurse communication will become even more important.

The Benefits of Improving Communication Between Nurses and Patients

It should come as no surprise that nurse communication has surfaced as a rising tide measure. The vast majority of the encounters that patients likely take into consideration when evaluating hospital performance on the Responsiveness of Hospital Staff, Pain Management , and Communication about Medication dimensions happen largely within the context of their interactions with nurses.

The effects of improving performance on the Communication with Nurses dimension will likely have positive implications that reach beyond the VBP program. Ample academic literature points to strong associations between levels of performance on these dimensions and clinical areas of interest that are evaluated in CMS' other payment programs, such as:

- Improved treatment compliance
- Reduced 30-day readmission rates for heart attack, heart failure, and pneumonia patients
- Lower inpatient mortality rates among Acute-Myocardial Infarction patients
- Lower rates of certain hospital acquired conditions including patient falls, decubitus ulcers, and hospital-acquired infections

Further, Press Ganey research demonstrates an association between hospital performance on HCAHPS in general and in the CMS Readmissions Reduction program, another accountability program under which hospitals have a portion of the base operating diagnosis-related group (DRG) payment at risk (see Figure2).

FIGURE 1. THE RISING TIDE MEASURE: COMMUNICATION WITH NURSES

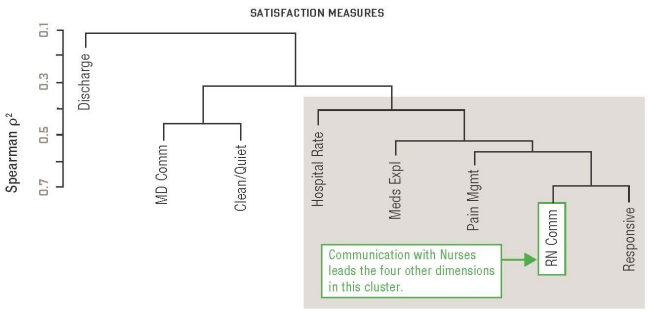
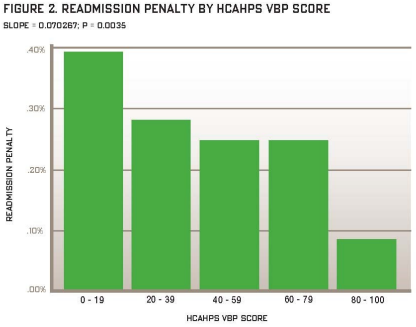


FIGURE 2. READMISSION PENALTY BY HCAHPS VBP SCORE



Communication with Nurses, Continued from Page 6

Press Ganey Observations and Recommendations

Making investments that improve communications between nurses and patients does more than improve performance on the various accountability and payment programs. It is central to a hospital's ability to provide truly patient-centered care and positions the hospital to successfully meet the goals of CMS' Triple Aim and the National Quality Strategy.

There are several best practices associated with solid performance on the Communication with Nurses dimension and the dimensions that are strongly associated with it. These include consistent and purposeful hourly rounding, bedside shift reporting, use of scripts, post-discharge phone calls, hiring nursing candidates who exhibit strong interpersonal skills, and providing service skills training with periodic reinforcement. Some of these best practices are common sense in nature, while others represent a fundamentally different approach to patient management than may be practiced at many hospitals.

Implementing and sustaining these best practices requires more than training and tools. It requires a culture that promotes individual responsibility and accountability for delivering patient-centered care. It also entails an ongoing commitment by the organization to fully implement the best practice strategies; this means fully engaging stake-holders in the importance and benefits of the practices, as well as monitoring success, addressing shortfalls, and celebrating successes.

About the Study

The study was completed using data from 3,062 United States acute care hospitals in the CMS Hospital Compare Database. The data were collected between October 1, 2009, and September 30, 2010, and were analyzed by performing a Hierarchical Variable Clustering Analysis on all eight HCAHPS dimensions.

Visit www.pressganey.com or contact J. D. Ort, 877.697.5718 for more information.

SURVEY: FAMILY PHYSICIANS TOP LIST OF MOST RECRUITED DOCTORS FOR 7TH STRAIGHT YEAR

MERRITT HAWKINS
an AMN Healthcare company

For the seventh straight year, family physicians top the list of the most highly recruited doctors, according to a new survey from Merritt Hawkins, the nation's leading physician search firm and a company of AMN Healthcare.

Merritt Hawkins' 2013 Review of Physician and Advanced Practitioner Recruiting Incentives (the 20th edition of the survey) tracks the 3,097 recruiting assignments the firm conducted from April 1, 2012 to March 31, 2013. For the seventh year in a row, Merritt Hawkins conducted more search assignments for family physicians than for any other type of doctor. Physicians specializing in general internal medicine were second on the list, also for the seventh year in a row.

The demand for family physicians, general internists and other primary care doctors is being driven in part by a proliferating number of healthcare service sites, including multi-hospital systems, large medical groups, urgent care centers, retail clinics, free-standing emergency departments, academic centers, community health centers, government facilities and traditional community hospitals.

The new mantra in healthcare is to be "everywhere, all the time." This means reaching into communities with a growing number of free-standing facilities or other sites that are convenient and accessible. These facilities have one thing in common – they all need primary care physicians. Health facilities nationwide also are gearing up for health reform and are putting primary care networks in place to care for large population groups through accountable care organizations and other integrated delivery models.

Hospital Employment of Physicians

The 2013 survey confirms the trend toward hospital employment of physicians. In 2004, only 11% of Merritt Hawkins' search assignments featured hospital employment of physicians. In 2013, that number grew to 64%. Other sites of service for which Merritt Hawkins recruits, including large medical groups, academic centers, and community health centers, also typically employ physicians, leaving very few settings for truly independent doctors.

Quality Based Incentives

The 2013 survey suggests that physician compensation models are changing. In 2011, fewer than seven percent of Merritt Hawkins' recruiting assignments that offered physicians a production bonus included payments based on quality of care metrics. In the 2013 survey, that number increased to 39%, underscoring a rapid shift away from rewarding physicians for the volume of services they provide and toward rewarding them for the value of services they provide.

Readers may call Kurt Mosley at 469.524.1446 or email him at kurt.mosley@amnhealthcare.com for a copy of Merritt Hawkins *2013 Review of Physician and Advanced Practitioner Recruiting Incentives*.

Kurt Mosley serves as Vice President of Strategic Alliances for Merritt Hawkins and Staff Care, companies of AMN Healthcare (NYSE: AHS), the nation's innovator of healthcare workforce solutions.

Is Your Negotiated Revenue Calendar Up-to-Date?

The Seven Step Approach to Planning Your Negotiation Schedule

"We haven't looked at that contract in years". I hear that all too often, and wish it didn't need to be said. "Like you, I want to see hospitals remain financially viable so they can continue serving their communities" says Leslie Gold, Vice President of Professional Data Services (PDS), Hospital Association of Southern California. This means not only cutting costs and increasing volume, but also taking charge of your revenue by planning ahead.

Here are the steps you can take to be well prepared for each negotiation:

1. List every source of negotiated revenue. This implies managed care, Medicare Advantage, and Exchange products.
2. Find every contract and note the date it was last negotiated.
3. Write down the date you expect each to come up for negotiations again. If you haven't renegotiated a contract in more than three years or have new payers, decide when you will contact that payer to begin negotiations. If you have flexibility regarding the dates of the negotiations, push for earlier in the payer's fiscal year, rather than later.
4. For each contract, determine how much time you will need to prepare. Preparing implies using data to determine where you are and where you want to be in the market. It also implies a strategy for how you will get there. You may need to have conversations with your medical staff, your board, the major employers who are the customers of your payers, community leaders, and anyone else who can help you build market clout and define your strategy. You will also need time to review the terms and conditions in your current contract so you can identify the opportunities for improvement.
5. Use the information from numbers three and four above to determine when you need to begin preparing for the negotiation, and put this date on a timeline (e.g., I need three months to prepare for negotiating with Payer X; negotiations begin in June, so I need to start in March). (See *Sample Planning Calendar* below).
6. Review each of your start dates and preparation periods, and compare this to the resources you have available to take on this effort.
7. Adjust the timelines and the priorities of your team members as needed.

SAMPLE PLANNING CALENDAR

|_____| Plan A (2 months, due in April)

|_____| Plan B (4 months, due in May)

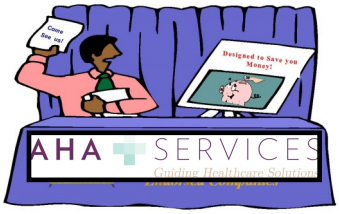
|_____| Plan C (3 months, due in July)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct

This hospital may not have the needed resources in May, which could result in being poorly prepared for one or more of their negotiations. A change to the renegotiation schedule or the use of additional temporary resources may be appropriate.

You are now empowered with a long-term plan for you negotiated revenue, and the steps to begin execution. Your revenue is critical to your long term financial viability, so it's never too soon to start.

If you have any questions, please contact Leslie Gold at lgold@hasc.org.



Come visit the AHA Services, Inc. endorsed companies exhibiting at the AHA Annual Trade Show, Thursday, October 9

AHA Workers' Compensation Self-Insured Trust
- Booth 49

BancorpSouth Insurance Services, Inc.
- Booth 22

***care*Learning / *care*Skills**
- Booth 31

Commerce Bank / ControlPay® Advanced
- Booth 34

DocuVoice
- Booth 35

Hagan-Newkirk Financial Services
- Booth 8

HEALTHeCAREERS
- Booth 33

Medefis
- Booth 50

Merritt, Hawkins
- Booth 52

Press Ganey
- Booth 32

Provista
- Booth 23

RevPoint Health
- Booth 21

SUNRx 340B
- Booth 29

Vision Service Plan
- Booth 48

Staff Care seeks *Country Doctor of the Year* award nominations

STAFF CARE
an AMN Healthcare company

Do you know a great country doctor? The kind of physician who still makes house calls and accepts the occasional apple pie or roast turkey for a fee?

If so, he or she may qualify as the 2013 *Country Doctor of the Year*. Presented by Staff Care, Inc., a national healthcare staffing firm based in Irving, Texas, the *Country Doctor of the Year* award honors the spirit, skill and dedication of America's rural medical practitioners.

Now in its 21st year, the *Country Doctor of the Year* award has been presented to renowned rural physicians such as Hiram Ward, M.D., of Murfreesboro, Arkansas. Dr. Ward served as Murfreesboro's family physician for more than 50 years. Dr. Ward made national news in 2007 when, at the age of 81, he came out of retirement to save the local hospital after it lost all the physicians on its staff. Dr. Ward was the only doctor providing coverage at the hospital and was on call seven days a week, 24 hours a day, accepting no salary from the hospital for these duties.

As part of the award, Staff Care will provide the 2013 *Country Doctor of the Year* with a temporary physician for two weeks at no charge, so the award recipient can take time away from his or her practice, a service valued at $10,000.

Nominations for the 2013 *Country Doctor of the Year* award will be accepted for physicians who practice in rural communities and who are engaged in such primary care areas as general practice, family practice, internal medicine, and pediatrics. Anyone can nominate a physician, including friends, patients, co-workers or family members, and all stories or anecdotes about the physician's practice are welcomed.

Arkansas Hospital Association members who would like more information about the award or who would like to obtain an award nomination form are welcome to call Stephanie Hawkins, 469-524-7445, Stephanie.hawkins@staffcare.com.

Arkansas Hospitals Honored for Years Without Work Related Injury

The Arkansas Department of Labor presented distinguished Accumulative Years Safety Awards to five of our AHA Workers' Compensation Self-Insured Trust members at a special ceremony Thursday September 19, 2013. This award is designed to reward small employers that maintain years without a lost time day away from work due to a work related injury or illness, have an effective safety program and have a safety committee made up of both employees and management. We are proud to announce the recipients:

McGehee Hospital	5.5 years
Ouachita County Hospital	2.7 years
Howard Memorial Hospital	2 years
John Ed Chambers Memorial Hospital	1.8 years
Little River Nursing & Rehab	1 year

The award demonstrates ongoing commitment to the safety and health of its employees and its stringent and rigorous approach to maintaining productive, safe and quality work environments.

The Arkansas Hospital Association and the AHA Workers' Compensation Self-Insured Trust commend these members for their diligence in providing a safe workplace, promoting safety awareness and return-to-work programs year after year. Please join us in congratulating these members for their amazing accomplishments.

Please stop by AHAWCSIT booth #49 at the AHA annual conference on October 9, 2013 to obtain information on how you can become a member of this very successful group.

Upcoming programs and webinars

340B Landscape and Regulatory Review - October 9, 2013, 3:45 - 5:15 p.m., Marriott Little Rock, Hoffman room.

Register: Click here to download registration form.

SUNRx Pharmacy Academy Topics and Schedule:

Inventory Management - October 9 and 30, 2013. Who should attend: Owners, Pharmacists in Charge, Managers and Ordering/Receiving Personnel. Topics: ordering, receiving, non-standard drugs and inventory swell.

Virtual Inventory Reports, Invoices, Payments, and True Up's - October 16 and November 6, 2013. Who should attend: Owners, Accountants and Bookkeepers. Topics include obtaining invoice detail, understanding how payments are applied, why and how true ups occur, and a brief review of all available reports.

Pharmacy Accounting and Cash Management - October 2 and 23; November 13, 2013. Who should attend: Owners, Accountants and Bookkeepers. Topics include accounts receivable creation and management, store physical inventories and cost controls.

Register: www.SUNRx.com/Pharmacy-Academy.html

Merritt Hawkins

Annual Healthcare Workforce Summit - November 7 - 8,, 2013, Gaylord Texan, Grapevine, TX. Are clinical workforce issues a priority for your hospital? ? Are you seeking information on healthcare workforce supply trends and real world workforce solutions implemented by hospital and health system executives? If so, you may wish to attend the Second Annual Healthcare Workforce Summit.

Register: Click here or contact JoAnn Catalano, 866.871.8519 or joanncatalano@amnhealthcare.com

DocuVoice

Creative Solutions to Prepare for the Impact of ICD-10 - October 3, 2013, 11:00 - 11:30 a.m. AHA Services, Inc. has partnered with DocuVoice to identify key areas and solutions to assist AHA members with the many challenges transitioning to ICD-10 will bring. Make the ICD-10 transition seamless and minimize the impact on your revenue cycle assistance through training, overflow coding, back-up coding and full outsource coding during ICD-10 training and implementation. Also provided are tools/services to assist in coding productivity including encoder and computer assisted coding software, physician conducted chart reviews and gap analysis.

Register: Click here to download registration form.

PDS University

Strengthening Your Negotiations with Data - October 24, 2013, 1:00 - 1:20 p.m. Don't leave money on the table by coming to contract negotiations unarmed. Payers know how much they pay each hospital. PDS levels the playing field by allowing hospitals to enter managed care contract negotiations knowing how their revenue compares to their peers by service line and contract. In this 20 minute webinar we will highlight ways you can be better prepared for negotiations.

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