FACTS & FEATURES

AHA ✚ SERVICES
Guiding Healthcare Solutions

A for-profit subsidiary of the Arkansas Hospital Association

In the Struggle With Health Care Costs, Diligence and Ingenuity Count

Arthur J. Gallagher & Co.

Concerns about U.S. health care costs will not diminish anytime soon. Due to demographic factors, trends in medical and pharmacy treatments and other influences, organizations continue to grapple with providing health care access while limiting cost hikes. A recent survey of employers shows that 74% consider health benefits cost management a top priority, yet 57% don't have an effective strategy.[1]

The goal of effective cost management is to repurpose health care spend without disrupting premiums, coinsurance rates and deductibles. Cost shifting should be avoided because employees and their families – just like employers – suffer the financial pressure of higher expenses. Health care service vendors are no more immune to the effects of cost increases, and are looking to counteract squeezed profit margins through new revenue streams.

While there are a variety of valuable tactics employers have at their disposal to contain health care spend, some can have unexpected consequences and may actually weaken an employer's ability to manage important health outcomes, like physical and emotional wellbeing. An example is an employee who responds to cost shifting by avoiding the expense of medical care. At worst, the employee could end up in the hospital for an untreated condition. And at best, the employee may have escaped that outcome or the employer would have paid less for the hospital stay – if the plan incentivized regular care.

Cost-management tactics may also affect morale, workplace culture and other intangibles that help build a destination-employer reputation. Employers should explore less common cost-management tactics that are gaining traction and closely review the language in vendor contracts. Careful selection will help ensure a sound investment.

Quality analysis brings value to data
In the employer survey mentioned earlier, respondents cited the high costs of medical services, prescription drugs and specialty drugs as their top three health care cost-management challenges.

Continued

TRENDING HEALTHCARE COST CONTROLS[1]

Tactic	Current	Within 2 years (projected)
Provide employees with cost transparency tools	39%	63%
Offer healthcare decision support	32%	51%
Use a specialty pharmacy benefit manager	19%	27%
Carve out pharmacy benefits	14%	25%
Use reference-based pricing for healthcare services	9%	20%

The costs of these core benefits are significant, but what if employers are overlooking a practical solution: Gaining data-driven insights to help identify needed benefit changes?

Employers walk a thin line between providing access to both medical and pharmacy coverage, and containing health care costs. Data analysis helps them negotiate that narrow passage – but the trick is obtaining rich data and quality analyses that effectively answer questions and provide direction.

When a data analysis only skims the surface, employers may fall short of their health care cost-containment goals. A comprehensive, strategic analysis can better assist in several ways.

Identification of cost drivers
A standard analysis can identify how certain types of care affect cost, but a deeper look also detects what's causing those treatments to trend up or down. For example, an employer attributed an eight-year decrease in health care costs to a wellbeing initiative. That is, until a more complete analysis assigned greater impact to older workers retiring and younger ones coming on board.

Informed purchasing
Benefit trends sometimes entice employers to jump on board without using data analysis to guide their decisions. Disease management programs that focus on high-cost analytics help employers sift through their cost drivers to understand not only the condition's prevalence, but also whether costs are high enough to warrant a more robust disease management program.

Benefits design guidance
Specialty medications are expensive, but rebates help offset the costs. When making decisions about benefits design, employers should ana-lyze the implications of favoring one type of medication over another. Although direct costs may be lower in the near term, the loss of rebate dollars could mean the employer pays more over time.

Empowered decisions
Data helps take the fear out of making big benefit decisions. Understandably, employers often shy away from choices that disrupt employee expectations and cause pushback, but that reluctance hinders innovative thinking. Data analysis can model the impact of possible benefit designs and pave the way for changes that have lasting value.

Transparency
Payers such as employers purchase health care at a discount, which can obscure the true costs of care. A larger discount on services may look good, but an analysis is needed to identify the unit price on which it's based. A greater discount may not mean a purchaser is paying the lowest cost.

Taking on the opioid addition challenge
Organizations, communities and individuals pay a high price for opioid addiction – financially, socially and personally. Survey data from 2015 indicated that 2.4 million Americans had an opioid use disorder, and the associated costs continue to be stagger-ing. A related study estimated that opioid misuse increases health care costs each year by \$29.4 billion and criminal justice costs by \$7.8 billion, and also reduces productivity by \$20.8 billion (in 2015 dollars).[2]

What can employers do to combat opioid abuse? Before taking action, they should assess the extent of addiction in their workforce by gathering data on the total number and costs of opioid prescriptions, and the associated diagnoses. The results will inform their strategies, but a general rule is to structure prescription benefits to reduce opioid access. For instance, that might involve authorizing less powerful medications for mild to severe pain and only paying for opioid prescriptions associated with breakthrough pain.

Benefit policies can also play a role. Employers may incentivize opioid treatment at centers of excellence where strict prescription guidelines are followed. And care coordination helps keep different providers informed of various treatments, so their patients don't fall through the cracks in the health care system. Internally, there's an opportunity for employers to educate employees about the dangers of prescription drug abuse. Training managers to recognize the signs of addiction – and intervene early – adds another protective measure.

The key takeaway for employers of all sizes is they don't need to passively endure addiction's ruinous effects because they have tools available to help reduce opioid misuse. When individual lives as well as business objectives are at stake, every effort counts.

Too often, multiple priorities compete for employers' attention. So they turn to familiar tactics and a standard-level analysis that doesn't provide enough guidance to keep health care costs in check. When employers routinely dig into data and explore the value of newer tactics, they can curb perpetual financial challenges. By cost-effectively getting the right treatments to the right people at the right time, they also increase employee wellbeing.

Information in this article was drawn from Gallagher's *2018 HUMAN CAPITAL INSIGHTS REPORT,* which is available online. To download full report, visit *ajg.com/hci_physicalemotional*.

For more information on Gallagher Benefits, contact Chris Newkirk, 501.485.3075 x7, *chris_newkirk@ajg.com*.

Please stop by the Gallagher booth #23 at the AHA Annual Tradeshow on October 4, 2018. A representative will be happy to visit with you!

[1]Arthur J. Gallagher & Co., "Benefits Strategy & Benchmarking Survey – Executive Summary," 2017

[2]The Council of Economic Advisors, "The Underestimated Cost of the Opioid Crisis," November 2017

AHA Workers' Compensation Self-Insured Trust

Return of Surplus Premiums

The Board of the AHA Workers' Compensation Self-Insured Trust is proud to announce it has unanimously voted to return $922,613 of anticipated unused premiums.

A percentage of the profit will be returned to current members of the trust based on each member's contribution to the surplus. The contribution to the surplus is based on the premium paid and the incurred losses of each member.

Percentages of the Trust's income returned have averaged 34.09% over the years while maintaining a healthy fund balance to meet our workers' compensation obligations.)To date, the trust has returned $10,864,438 to its members.)

The Trust is committed to providing a workers' compensation program of excellence in which its members share both success and profits. As a member of the Trust, your hospital benefits as the Trust focuses proactively on controlling losses and maintaining an aggressive workers' compensation program.

This participation by both management and member hospitals allows the Trust to return unused premiums to our members, in contrast with workers' compensation programs offered through insurance carriers; that type of program retains profits for the insurance company, rather than returning premiums to members.

We thank all our members for their participation in the Trust and congratulate them for a job well done.

AR Hospitals Recognized for Workplace Safety

The AHA Workers' Compensation Self-Insured Trust (AHAWCSIT) is proud to recognize 14 of its member hospitals for outstanding performance and commitment to workplace safety during the year 2017. These members achieved a combined average incidence rate for medical only and lost time claims of 49% or less of the Bureau of Labor Statistics (BLS) incidence rates for hospitals.

Congratulations to:

⇒ Chambers Memorial Hospital
⇒ Dallas County Medical Center
⇒ DeWitt Hospital and Nursing Home
⇒ Drew Memorial Health System
⇒ Eureka Springs Hospital
⇒ Five Rivers Medical Center
⇒ Johnson Regional Medical Center
⇒ Lawrence Hall Nursing Home
⇒ Little River Medical Center
⇒ Little River Nursing and Rehab
⇒ Magnolia Regional Medical Center
⇒ McGehee Hospital
⇒ Ouachita County Medical Center
⇒ River Valley Medical Center

Honored Hospitals, please stop by the AHAWCSIT booth #51 at the AHA Annual Tradeshow on October 4, 2018 to pick up your certificate. If your hospital would like information about becoming a member of the Trust, we'd be glad to speak with you and provide information.

Navigating Salary Survey Data

With unemployment at historic lows and turnover rates in health care rising, salary survey data can be an especially valuable tool in workforce planning.

But just as with other types of data, salary survey data can be misleading if it's used incorrectly.

For example, when using data to gauge where your organization stands compared to the competition, it's important to identify just who the competition is. Does a hospital compete with a casino for labor? The answer may be "yes" when considering positions such as housekeeping, maintenance or food service.

Whether using salary survey data to assess the competition, measure progress toward targets or establish structure for a new position, drawing from the right data set is key as you evaluate sources to draw your own workforce planning conclusions. Download this free tip sheet

from Compdata Surveys & Consulting for guidance on getting the most out of your salary survey results.

Download tip sheet

As you evaluate your data, if you find yourself needing additional sources to supplement your AHA survey results, contact Theresa Worman, Compdata at 800.300.9570 to discuss other available options.

Please stop by the Compdata booth #52 at the AHA Annual Tradeshow on October 4, 2018 to visit with a representative.

Come meet our AHA Services, Inc. Endorsed Companies
AHA Trade Show (State Convention Center, Little Rock)
Thursday, October 4, 1:15 p.m. - 4:00 p.m.

AHA Services, Inc.

Booth 24

Merritt Hawkins

Booth 28

Health eCareers

Booth 49

*care*Learning

Booths 31

DocuVoice

Booths 29

Qualivis

Booth 48

Vizient

Booth 22

HSC

Booth 31

Clearwater Compliance

Booth 20

Liberty Mutual

Booth 33

Press Ganey

Booth 53

Compdata

Booth 52

Vantage

Booth 54

VSP

Booth 50

Remi

Booth 32

HSS

Booth 34

BXS Insurance Services

Booth 21

Gallagher Benefit Services

Booth 23

Morgan Hunter HealthSearch

Booth 30

AHA Workers' Comp Self-Insured Trust

Booth 51

Establishing a Cybersecurity Program – One Step at a Time *by Barry Mathis, VP & Chief Development Officer*

Every day, it seems, cybercriminals figure out new ways to attack hospitals and compromise patient data and safety. As the number and intensity of cyberattacks on health care organizations increase, the task of establishing an effective cybersecurity program can seem overwhelming.

The good news is that no matter where an organization is in developing a comprehensive information risk management program, there are steps one can take to strengthen that program. The steps and strategies outlined below range from simple, low-cost fixes to long-term, strategic improvements. What they have in common is that each step will move an organization further along the continuum from deploying a merely tactical approach to cybersecurity to developing an effective, enterprise-wide information risk management program.

STEPS TO TAKE NOW

Apply Software Patches – This step falls in the category of "so obvious it shouldn't need to be mentioned." But sometimes the easiest security strategies are also the most overlooked. The 2017 Equifax breach that exposed the data of more than 145 million people was widely reported to be the result of a web-application vulnerability. But the application vendor stated a patch for the vulnerability had been available for at least two months prior to the Equifax attack. The moral of the story? Apply software and application updates and patches as soon as they become available. Cybercriminals count on the fact that many organizations don't consistently apply updates and patches, and that makes it easy for them to exploit known vulnerabilities. **(Cost: free)**

Train Your Workforce – It only takes the mistake of a single employee or volunteer to expose an entire hospital system to a cyberattack. One click on a phishing email, or one employee using "123456" for a password, can leave an entire network exposed. That is why workforce training is so important. Every person who accesses the hospital network – from the volunteer who works in patient reception to the Chief Executive Officer – must be trained in cybersecurity best practices at the user level. User training can be delivered in a variety of forms, anything from mandatory face-to-face sessions with trained staff, to self-paced webinars, to vendor-provided offerings. Many organizations have had success with mock phishing programs, where the organization itself sends out "phishing" emails, and then requires further training for any employee who takes the bait. The point is not to be punitive, but to ensure those employees most at risk for clicking on fraudulent emails receive the training they need to avoid future mistakes. **(Cost: varies, from free to $$$)**

Educate Your Board – Today's cyberattacks aren't like yesterday's technical inconveniences. The strength and sophistication of today's attacks threaten the entire enterprise. Data breaches can lead to fines, penalties, legal costs, class settlements and reputational damage running to tens of millions of dollars. In addition, a hospital shut-down

due to a ransomware attack, or hackers accessing internet-connected medical devices, can threaten patient safety. Board members need to understand the scope, likelihood and potential impacts of cybersecurity attacks in order to make informed decisions about budgeting resources to mitigate cyber risk. **(Cost: free)**

STEPS TO TAKE IN THE NEAR FUTURE

Adopt a Framework (NIST) – Trying to establish an information risk management program without first adopting a framework is like trying to build a house without a blueprint. Adopting a cybersecurity framework enables an organization to build a cohesive, enterprise-wide information risk management program rather than taking a piecemeal approach. The right framework helps an organization talk about, assess, define, benchmark and improve its information risk management program. The cybersecurity framework developed by the National Institute of Standards and Technology (NIST CSF) has become a de facto standard within the health care industry and beyond. The NIST CSF takes best practices in information risk management and articulates them as actionable processes. Even better, the entire framework and supporting resources are free and available at: *www.nist.gov/cyberframework* **(Cost: free)**

[For detailed information on why the NIST CSF is the best choice for health care organizations, please download the white paper, "Choosing an Information Risk Management Framework: The Case for the NIST Cybersecurity Framework (CSF) in Healthcare Organizations" at *https://clearwatercompliance.com/industry-insights/white-papers/*]

Perform a Risk Analysis – An organization's cyber risk is directly related to that organization's unique information assets. Information assets include everything from electronic health record applications, to patient monitoring devices, to networking hardware, software, security and services. Until an organization conducts a thorough inventory of each asset, and analyzes the threats and vulnerabilities associated with each asset, they won't have a good sense of what their risks are. Some organizations take on this task in-house. Others choose third-party assistance, because the investment of IT resources in terms of time and effort can be daunting. Guidance for conducting a risk analysis can be found on both the NIST website (noted above) and on the U.S. Department of Health and Human Services (HHS) website at: *https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis/index.html* **(Cost: varies)**

Establish Risk Priorities – Once an organization has completed a comprehensive risk analysis, the next step is to identify which risks demand immediate mitigation versus which risks can be tolerated for the time being. Because risks are infinite and resources are not, it is not possible to implement an information risk management program

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that mitigates every risk. However, it is possible to identify which risks are most important to address, based on their likelihood and impact. This prioritization enables organizations to deploy cybersecurity resources in the areas in which they will have the greatest effect. **(Cost: varies. Establishing risk priorities is essentially an internal task, but the success of the task will depend upon the adequacy of the risk analysis performed.)**

LONG-TERM SUCCESS

The steps listed above are only starting points for an enterprise-wide information risk management program. A comprehensive program will include many other elements, including establishing processes, policies and procedures that address the five key components of a comprehensive program: governance, people, process, technology and engagement.

It is also important to remember that establishing an effective information risk management program is not a "once-and-done" activity. As both the internal environment (the organization's assets, people, technologies, etc.) and the external environment (nature, type and frequency of cyberthreats) change, the organization's information risk management program will need to evolve, as well.

There is no doubt that establishing and maintaining an effective information risk management program is a formidable task. But it is not an impossible one. Start with the steps listed above. Use the resources that are freely available from NIST and HHS. It can also be helpful to reach out to peers and associates within the industry. What are they doing to mitigate cyber risks within their organizations? What resources have they used that have been most helpful?

Finally, don't forget the resources available through the Arkansas Hospital Association. Among those resources are AHA Services, Inc. (AHASI), a wholly owned subsidiary of the Arkansas Hospital Association. AHASI identifies vendors that can add value to member operations and negotiates group discounts with these partners. AHASI recently added Clearwater Compliance, LLC, to the list of vendors offering valuable services and benefits in the areas of education and information/quality management. The point to remember is that whether an organization chooses to go it alone or to work with a partner, there are steps you can take now to begin to fight back against cyberattacks.

CLEARWATER COMPLIANCE

Clearwater Compliance, LLC, was created to help health care organizations establish, operationalize and mature their HIPAA compliance and information risk management programs in order to improve quality of care and patient safety. Clearwater Compliance offers a broad range of solutions and services to help health care organizations establish and sustain effective information risk management programs:

- **Education**
  Clearwater Compliance offers a number of resources – including white papers, webinars, and a virtual boot camp (Clearwater HIPAA and Cyber Risk Management BootCamp™) – to help organizations get up to speed with respect to understanding and implementing effective compliance and cyber risk management.

- **Professional Services**
  Clearwater Compliance maintains a deep bench of expertise in the field of information risk management. Clearwater's experts are available for short-term consultations and long-term support. Clearwater's experts can help organizations do everything from conducting a comprehensive risk analysis to performing technical testing. Clearwater also offers virtual Chief Information Security Officer (vCISO) services. With the vCISO program, health care organizations can engage the services of an experienced security risk management leader for anything from an interim part-time assignment to full-time virtual CISO services.

- **Cyber Risk Management Software**
  Clearwater Compliance offers a best-in-class software-as-a-service (SaaS) suite (IRM|Pro™).

Health care information privacy, security, compliance and risk management solutions from Clearwater Compliance have earned the exclusive endorsement of the American Hospital Association.

Clearwater Compliance's goal is to meet organizations where they are and provide the assistance they need at the level they need it. "Whatever you need to move your information risk management program forward, we can do it for you, we can do it with you, or we can equip you to do it yourself," says Clearwater Compliance CEO and Founder Bob Chaput.

For more information about Clearwater Compliance, please visit: *https://clearwatercompliance.com/* or contact Steve Rice, 405.492.8107, *steve.rice@clearwatercompliance.com*.

Please stop by the Clearwater Compliance booth #20 at the AHA Annual Tradeshow on October 4, 2018 to visit with a representative.

Wednesday, October 3   9:30 a.m. – 3:30 p.m.
The Refreshing Leader

Faculty: Kirk Weisler, Chief Morale Officer to Companies and Organizations Around the Globe; Past Leader, National Speakers Association

Kirk's unique background as a U.S. Army Ranger, a member of the 19th Special Forces Chaplaincy, his work with at-risk youth and experience as a master team builder will engage attendees and allow them to walk away with fun, refreshing new ideas to build the culture of a great team – relationship building, trust, clarity of vision and purpose – with a focus on re-inventing yourself as a leader who inspires, engages and who leaves others feeling refreshed.

Great leaders know they must take time to replenish themselves to keep their leadership spirit fresh and their perspective positive. This workshop promises to help leaders like you do just that.

- **RE-FRESH your perspective**
- **RE-CHARGE your batteries**
- **RE-PLENISH your leadership spirit**

The journey from mere management back to refreshing leader is a challenging one...but it is certainly one worth taking! You will leave this workshop with a personal leadership action plan to help you walk and talk in a more refreshing way.

Thursday, October 4   7:30 a.m. – 9:00 a.m. CONCURRENT TOPICS OF FOCUS
Healthcare Reform Breakfast: Legacy Healthcare at the Crossroads

Faculty: Ken Kaufman, Managing Director and Chair, Kaufman, Hall & Associates, LLC, Skokie, Illinois

The traditional healthcare model is being challenged by large, innovative companies who are developing the capability for a more convenient, contemporary, high-tech healthcare experience. To remain relevant in this far more demanding environment, legacy healthcare systems need to learn from these new entrants and improve cost structure and remove the "friction" in the healthcare experience.

This session will identify characteristics of new healthcare competitors; describe ways in which these competitors pose a threat to legacy providers; and identify key strategic challenges for legacy providers to remain relevant.

HOT TOPIC 2 – Arkansas Ballroom
Commitment to Zero Harm: The Journey to High Reliability

Faculty: Michael Shabot, MD, Chief Medical Officer, Memorial Hermann Health System, Houston, Texas
Although high reliability is clearly possible in complex industries, the question remains how and if it can be achieved in healthcare. Unfortunately, traditional quality improvement methods do not lead to high reliability. This presentation will teach the

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requirements for starting on a high reliability journey and the tools to achieve it over time. The critical importance of leadership commitment will be discussed, along with involvement of key stakeholders, the tools of robust process improvement and the business case for high reliability. Sustainability is the major goal, and that can occur only if the organization's culture changes. Attendees will take away specific, concrete and practical tools they can put to immediate use in the quest for high reliability.

HOT TOPIC 3 – Hoffman Room

Facebook: Best Practices for Communicating, Networking and Educating

Faculty: Shelley Roth, President, Springboard Ventures, Inc., Houston, Texas

In this session, we will cover best practices for doctors/nurses, hospital staff and current/future patient communities. After attending this session, you will gain a better understanding of how to communicate and increase engagement across all audiences. You will learn what engaging content looks like and why it's so important to increase exposure; why video matters; how to create Facebook groups and use them; marketing events using Facebook and more.

Upon completion of this session, you will have a better understanding of:

- **Facebook Newsfeed** – What content to post and what not to post for better engagement;
- **Facebook's LIVE Video Streaming App** – Why video rules Facebook's future and how to use it for growth;
- **Facebook Ads** – Drive engagement and page likes via ads and learn how to select a very targeted audience for the best conversion rates;
- **Facebook Insights** – Understanding the statistics on your page – who's your audience;
- **Groups** – Why they are so important for communities in 2018 and beyond;

…and more.

HOT TOPIC 4 – Manning Room

The Current State of Cybersecurity in Healthcare: An OCR Investigator & A Cybersecurity Evangelist Discuss

Faculty: Richard Staynings, Senior Vice President Chief Security and Trust Officer, Clearwater Compliance, LLC, Superior, Colorado

Cecilia Velastegui, MA, Supervisor Equal Opportunity Specialist, U.S. Department of Health and Human Services, Office for Civil Rights, Southwest Regional Office

Medical devices are growing globally by an average 20% per annum. The number of network connected IoT devices in hospitals continues to grow as automation and outsourcing help to cut costs and drive efficiency. Combined, these largely dumb devices far outnumber the managed workstations, laptops and servers that IT attempts to secure against a growing tsunami of global cyber threats.

A number of recent incidents concerning the security of medical devices, device recalls and increased public concern, has led to revised guidance from OIG, FDA and others including increased scrutiny by OCR of HIPAA risk assessments of medical devices and critical hospital non-IT systems. Many covered entities and BAs are totally unaware of this requirement and will likely fall foul of the HIPAA Security Rule.

This session will explore IoT, Third Party Risk, and hot topics around OCR audits and investigations. The focus now has to be on the AVAILABILITY of critical healthcare systems rather than just the confidentiality of the data they store or process.

Continued

9:15 a.m. – 11:15 a.m. AHA/AHAA OPENING SESSION – Salons A-B

The Lessons of Watergate: A Behind the Scenes Look at the Reporting and Political Drama that Led to the Resignation of President Richard Nixon and Continues to Affect the Course of American History

Faculty: Carl Bernstein, Pulitzer Prize Winning Journalist known for breaking the Watergate story; Political Analyst

In this entertaining and captivating presentation, Carl Bernstein, Pulitzer Prize-winning author and legendary journalist, will take you back to the time of Watergate and the issues surrounding it. Attendees will get to hear about the stories from this historic time in a way that they have never heard, from a view that only those closest to the situation could have witnessed. The insights that Mr. Bernstein will bring to the audience will shed unique light on the Watergate coverup, and he will examine the impact that those actions have had on American History and our nation today.

11:45 a.m. – 1:15 p.m. HOT TOPIC LUNCHEONS

HOT TOPIC LUNCHEON A – Fulton Room (SHCC)
The Science of Leading with Emotional Intelligence

Faculty: Sara Ross, Vice President, Head of Innovation, Research and Training, Institute for Health and Human Potential (IHHP), Canada

When working in high pressure environments like a healthcare setting, it is essential that people can bring their "best self" to work daily. Surprisingly, the biggest obstacle to doing this isn't a lack of expertise and technical skills, but instead, the strengthening of emotional intelligence (EI) skills: a set of skills critical to making good decisions, managing time and energy, adapting to changing environments and key to creating strong connections.

Whether you're a formal leader or not, this session will offer insights and actionable strategies by examining the science behind emotions. Building on cutting-edge research from positive psychology and neuroscience, Ms. Ross will teach you how to manage difficult emotions (and people), as well as how to more effectively and regularly leverage positive emotions.

She will draw on real-life examples from her coaching, training and consulting work across a diverse set of industries, as well as research conducted at IHHP helping audiences to:
- Identify the key behaviors that drive exceptional leadership and performance;
- Understand the brain science of emotions that drives their (and others') behavior under pressure;
- Learn an emotional management strategy to respond more skillfully as pressure, tension and complexity increases; and after
- Gain new insights in to empathy with a model to effectively and authentically connect with others, even in the most pressure-filled situations, building trusting relationships and driving business outcomes.

HOT TOPIC LUNCHEON B – Hoffman Room
How to Measure Marketing that Results in Patient Acquisition

Moderator:
Bruce Trimble, MA, APR, Director of Business Development, The BridgeWay Hospital, North Little Rock

Panel:
Bill Brookshire, Co-founder, Vines Brookshire, Little Rock; Todd Nighswonger, Senior Media Relations and Communications Specialist, Mercy Hospital, Fort Smith

It's no secret that healthcare marketing for many has moved away from traditional media and embraced all things digital because

it better targets patients/potential patients and is more easily measurable. The missing piece has been tracking and measuring how marketing and PR efforts result in patient acquisition/retention. This panel will provide ideas and best practices that result in patient growth. There will be time for a Q&A discussion for others to share what they've done to solve the patient acquisition dilemma.

HOT TOPIC LUNCHEON C – Pope Room (SHCC)
Tales from the Trenches: War Stories from the Defense Bar

Moderator:
Megan Hargraves, Attorney, Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

Panel:
Michelle Ator, Attorney, Friday, Eldredge & Clark, LLP; Walter Cox, Partner, Cox, Cox & Estes, PLLC; Jason Hendren, Partner, Wright, Lindsey & Jennings, LLP

This interactive panel discussion will focus on recent developments, trends and challenges in legal and risk management. Learn from these attorney experts about their real-life experiences representing hospitals, physicians and nurses in Arkansas to help you better identify and manage your hospital's litigation risk and defense strategies.

HOT TOPIC LUNCHEON D – Caraway I-III (SHCC)
Provider-led Arkansas Shared Savings Entity: Adapting to a New Model of Care

Moderator:
Jodiane Tritt, Vice President of Government Relations, Arkansas Hospital Association

Panel:
Nicole May, Empower Healthcare Solutions; Michael McCabe, ForeverCare Health Plan; Jason Miller, Summit Community Care; John Ryan, Arkansas Total Care

The Provider-led Arkansas Shared Savings Entity (PASSE) is a new model of organized care that will address the needs of certain Medicaid beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs. Under this unique organized care model, providers of specialty and medical services will enter into new partnerships with experienced organizations that perform the administrative functions of managed care. Together, these groups of providers and their managed care partners will form a new business organization called a PASSE. This organized care model is designed to achieve savings over a five-year period in the overall effort to "bend the cost curve" of Medicaid and help the program become sustainable.

This panel discussion will provide healthcare executives an understanding of and tools to address the various needs of this population in the community and factors that influence the financial status of the organization.

Friday, October 5   8:00 a.m. – 11:00 a.m. ACHE FACE-TO-FACE WORKSHOP – Salon A
A Proven Formula for Achieving Enterprise Operational Excellence

Faculty: **Ian R. Lazarus, FACHE, Creative Healthcare, Solana Beach, California; Faculty, American College of Healthcare Executives**

Attendees will learn how to create a robust corporate culture by combining essential elements to achieve sustainable

improvement capability. A variety of memorable "proof of concept" exercises will be conducted to reinforce the role of each technique. Attendees will be asked to bring a process-improvement opportunity from your organization and work through it in the session along with your peer group.

Methods and techniques employed to support performance improvement initiatives in healthcare, with specific focus on Lean and Six Sigma, will be discussed, as well as the business case for portfolio management, how it functions and how it guides the organization to do things right while doing the right things. Attendees will identify how to implement change management techniques designed to maximize positive interactions at all levels of the organization and to apply these techniques to a problem in your organization that you wish to solve with tools provided. challenges in their home organizations, utilizing the tools provided.

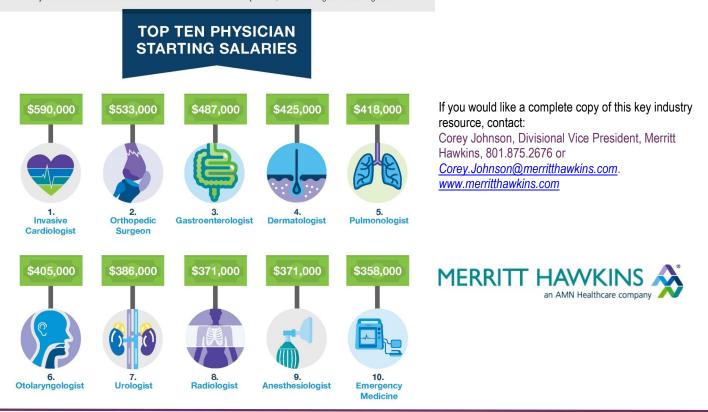*Click here* to download the Annual Meeting Brochure or go to *www.arkhospitals.org/events*

New! Merritt Hawkins Recruiting Incentives Report

As you may know, each year Merritt Hawkins completes its *Review of Physician and Advanced Practitioner Recruiting Incentives*. This 54-page document takes a deep dive into the starting salaries, signing bonuses and other incentives commonly used to recruit physicians, physician assistants and nurse practitioners in today's evolving health care market.

Now in its 25th year, the *Review* has become a benchmarking source used by hospitals, medical groups, academics, policy makers, journalists and others to determine which physician recruiting incentives are customary and competitive, as well as to track trends in physician supply, demand and recruiting.

The following link is a list of Key Findings from the *Review, 2018 Review*

An Overview of the Salaries, Signing Bonuses, and Other Incentives Offered to Recruit Physicians, Physician Assistants and Nurse Practitioners. Based on a sample of 3,045 recruiting Search Assignments.

TOP TEN PHYSICIAN STARTING SALARIES

$590,000	$533,000	$487,000	$425,000	$418,000
1. Invasive Cardiologist	2. Orthopedic Surgeon	3. Gastroenterologist	4. Dermatologist	5. Pulmonologist

$405,000	$386,000	$371,000	$371,000	$358,000
6. Otolaryngologist	7. Urologist	8. Radiologist	9. Anesthesiologist	10. Emergency Medicine

If you would like a complete copy of this key industry resource, contact:
Corey Johnson, Divisional Vice President, Merritt Hawkins, 801.875.2676 or
Corey.Johnson@merritthawkins.com.
www.merritthawkins.com

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Tina Creel, 501.224.7878
Workers' compensation coverage for AHA members.

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Maureen Barrie, 609.275.4108
A workflow tool for managing all audits.

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Sherman Moore, 501.614.1183
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careLearning
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Laura Register, 866.617.3904
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Peggy Engelkemier, 866.617.3904
Performance and competency management.

Class Action Capital
www.classactioncapital.com
Joshua Kerstein, 914.200.0066
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https://clearwatercompliance.com
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OCR Quality, market-leading, web-based HIPAA Compliance and Cybersecurity Risk Management Software.

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Theresa M. Worman, 800.300.9570
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Bob Stewart, 615.275.7312
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Gallagher Benefit Services
www.ajg.com
Chris Newkirk, 501.485.3075
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Health eCareers
www.healthecareers.com/aha
Shannon McGowan, 303.800.9385
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AHA Services Endorsed Companies (Continued)

HSC
www.nmhsc.com
Joni Pompeo, 505.343.0070
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Michael Topchik, 207.939.4618
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Liberty Mutual Insurance
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Walter Jackson, 925.596.3138
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Melissa Pirrami, 877.435.2132
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