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FACTS & FEATURES

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Guiding Healthcare Solutions

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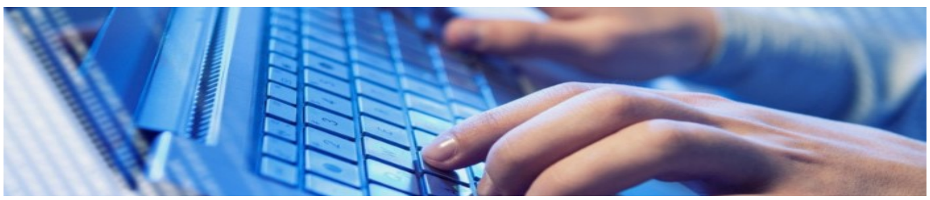
Study Finds Laptops a Significant Data Security Risk for Hospitals and Health Systems

CLEARWATER



As health care technology executives, our understanding of the risks facing health care organizations is often based on the latest denial service attack or malware threat in the media. While useful, these media blasts often fail to inform CIOs of the true, underlying trends of cyber risks that organizations face.

Endpoint data loss, excessive user permissions, and dormant accounts make up 70 percent of all high and critical risk scenarios for laptop vulnerabilities at hospitals and health systems across the country, according to new findings released by the Clearwater CyberIntelligence Institute™ (CCI), which leverages insights from Clearwater's proprietary database—the industry's largest and most complete database focused exclusively on the unique cybersecurity risk profiles of hospitals, Integrated Delivery Networks (IDNs), and business associates.

Despite efforts to make laptops more secure, the CCI study found they remain a Top 10 cybersecurity risk for hospitals and health systems. Upon further study, CCI found that the No. 1 vulnerability among laptops — endpoint data loss — remains so high because of continued deficiencies in these important controls:

- 98.9% of laptops have deficiencies in locked down external ports (USB, CD, DVD, Firewire, etc.), which prevent users from exporting sensitive data to external storage media.
- 63.3% of laptops have deficiencies of users storing data locally rather than accessing the organization's programs and data via secure, virtual desktop software (such as Citrix Virtual Apps, Desktop or VMWare Horizon).
- 52.7% have deficiencies in data loss prevention tools, which are designed to scan all communications traffic to keep sensitive data from being sent to unauthorized users.

Explore the complete findings in this study and learn how to address these high-risk factors HERE.

For more information regarding Clearwater Compliance contact Brad Maughan, (214) 914-5183.

What's inside:

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April 24, 2019
11 AM - 12 PM (CDT)

Addressing Employee Turnover in Health Care

Voluntary employee turnover among Arkansas Hospital Association members was 17.3% in 2018, more than 8% above the national health care industry average of 16.0%. Within health care sub-industry segments in Arkansas, voluntary turnover was the highest in hospitals, long-term care organizations, and physician clinics, according to the AHA Health Care Survey.

With U.S. unemployment at record lows, widespread skills shortages, and more and more baby boomers retiring every day, employee turnover has climbed steadily across the board for the last several years. For health care organizations, not only does turnover create hard-dollar costs such as replacement costs, new-hire training, and overtime pay to cover gaps, but it also potentially compromises the quality of patient care.

Despite the larger trends at play, organizations can take the following steps to mitigate the negative impact of unwanted employee turnover:

- **Identify trends:** Within your health care organization, look at turnover from multiple angles to see if there may be a specific underlying cause. For example, is turnover occurring more frequently among tenured employees? You may need to ensure you are moving employees through their pay range at an appropriate rate. Is turnover especially high under a specific manager? There may be opportunities to develop programs to better support that manage

- **Evaluate hiring and onboarding:** Consider whether each candidate you hire is a good fit for your organization. Avoid by setting false expectations during the hiring process (creating disillusioned employees later) by designing an onboarding process that promotes employee engagement.

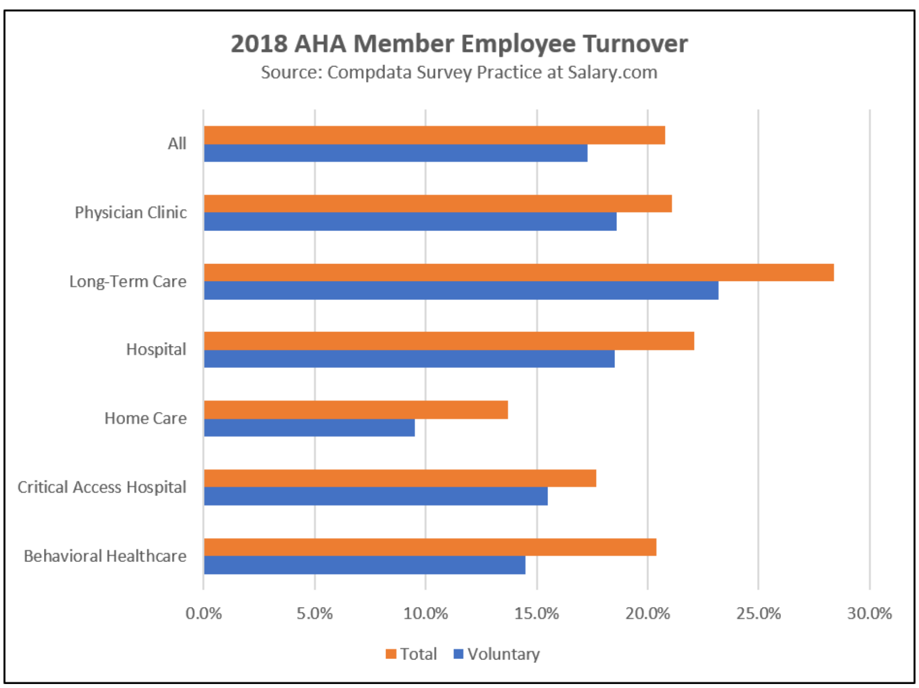
- **Conduct regular reviews:** Stay abreast of market conditions and take proactive steps to help retain individuals in high-demand roles. Conduct regular compensation and benefits package reviews to ensure your total rewards practices are competitive with the market and aligned with your compensation philosophy.

- **Plan ahead:** Develop succession plans for critical roles, and put training plans in place, so that existing employees can more easily assume new responsibilities when turnover occurs.

These are just a few of the steps health care organizations can take to improve employee retention. To further address situations specific to your organization's unique needs and goals, consider working with an experienced compensation consultant. The Compdata Consulting Practice at Salary.com provides strategic, data-driven solutions to top total rewards challenges, including addressing employee turnover and mitigating turnover risk.

For help with your salary survey data, contact the Compdata Success Team: Chuck Russell, Director of Customer Success, (913) 732-1491 or Scott Hale, Customer Service Account Manager, (800) 300-9570.

For more information, contact Greg Wolf, Managing Principal, at (800) 300-9570.



Equipment Maintenance Management: An Overlooked Way to Drive Savings

Those in the health care equipment maintenance space have often heard the statistic that each bed in a hospital equals around $5,000 in service agreements under management. While the origin of this all-too-often accepted stat couldn't be found, research did uncover two validated statistics, from industry expert Binseng Wang, that highlight the overwhelming need to ensure every hospital has an eye on the equipment maintenance spend.

In data collected from hundreds of acute-care hospitals, each hospital acquired, on-average, about 15-20 pieces of medical equipment for each staffed bed, which translates into a capital investment of around $200k-$400K per staffed bed.

[The] same studies have indicated that annual medical equipment maintenance and management represents approximately 1% of total hospital budget.

Equipment maintenance management is an often-overlooked area to drive significant savings through the consolidation of contracts, which also provides the added value of a significant reduction in administrative burden.

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$6.24 Billion Payment Card Interchange Fee

You may already be aware, but an agreement was reached on behalf of all merchants who accepted VISA and/or MasterCard branded credit or debit cards between January 1, 2004 through January 24, 2019. The settlement fund will be between $5.54 - $6.24 billion depending on the number of class members who exclude themselves from the settlement.

On January 24, 2019, the court preliminarily approved the new settlement, and starting on March 25th known class members are expected to be mailed notices about their legal rights, including their right to exclude themselves from participating in this settlement. Information about the settlement will also be published in a variety of media outlets as well. The tentative deadline for members to exclude themselves is July 23, 2019 with a fairness hearing scheduled for November 7, 2019.

While claim forms are not yet available and potential claimants do not need to sign up with a third-party service in order to participate in any monetary relief, the difficulty may be understanding what information will be provided by the defendants and how that applies to your organization, as well as what additional information can be provided to the court administrator to ensure a complete claim. No-cost assistance will be available from the court administrator and class counsel during the claim filing period. If the court grants the settlement final approval and any appeals are resolved, the court will approve a claim process and establish a claim deadline. Updates about the settlement can be found on the official, court-authorized settlement website at: https://www.paymentcardsettlement.com

Class Action Capital specializes in the research, data collection, and filing of complex class action settlement claims and has helped over a thousand health care facilities and hospitals with recovery efforts from other settlements. Class Action Capital works on a contingency fee basis.

If you would like to learn more about their services, please visit: https://www.classactioncapital.com/cases/aha.

Or contact Joshua Kerstein at josh@classactioncapital.com or by calling (914) 200-0066.

New Report Offers Transformational Roadmap to Bridge Strategy and Action

By Diana Mahoney

At a Glance

1. The 2019 Press Ganey Strategic Insights report, *Accelerating Transformation: Translating Strategy into Action*, offers a roadmap for executing a strategic vision built around integrated performance data and cultural readiness.
2. New data presented in this report linking workforce engagement with Leapfrog Hospital Safety Grades and HCAHPS Summary Star Ratings adds to the growing body of research demonstrating interdependencies across patient and workforce outcomes and points to the pivotal role of organizational culture in health care.
3. Leadership development, cross-functional partnerships, and an integrated data and management system are key considerations for delivering on the promise of safe, high-quality, patient-centered care and achieving and sustaining transformational change.

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Qualivis Expands Service Offering Comprehensive and Customized Workforce Solutions

Qualivis

Streamlining and simplifying the staffing process is top of mind for hospital administrators nationwide. That's why Qualivis, the AHA-endorsed national provider of workforce solutions, now offers an expanded, robust suite of workforce solutions and enhanced services to help hospitals manage their entire clinical and non-clinical workforce with ease.

The company that was created for hospitals, by hospitals, now offers real-time compliance management, supplier requisitioning and communication management, billing consolidation, payment management, and customized reporting, including system-wide utilization-and-spend visibility through its Lotus Connect software platform.

Qualivis clients also have complimentary access to clinical vetting, interviewing, and remediation through the Qualivis Clinical Services team, which helps hospitals find highly competent clinicians who are the right fit for their units and culture.

High-quality clinicians usually choose their next assignment within 24 to 48 hours. The process of connecting managers and candidates can be lengthy and many facilities struggle with having limited clinicians available to interview clinical candidates.

In order to help facilities bridge the gap, Qualivis' Clinical Team interviews candidates within 24 hours to ensure clients can extend offers to candidates before losing them to competing facilities. This vetting process helps clients shorten the placement cycle, increase fill rates, improve candidate quality, and increase continuity of patient care.

Qualivis' new offerings are made possible through its recent acquisition by Aya Healthcare, the largest privately held health care staffing and workforce solutions provider in the country.

"We are excited to join forces with Aya Healthcare," said Sherry Kolb, President of Qualivis. "The depth and breadth of their services, combined with their reputation for creating extraordinary client experiences, make them an ideal partner."

All Qualivis services are fully customizable and can be used by an existing team or implemented and maintained by a Qualivis Account Specialist. With Qualivis, you, the hospital, are in control. You decide which programs and services work best for you and your facility.

To learn more about Qualivis' enhanced services, contact Sherry Kolb or visit Qualivis.com.

Survey: Physicians Generate an Average $2.4 Million a Year, per Hospital

MERRITT HAWKINS
an AMN Healthcare company

While physicians are key providers of medical care at the nation's hospitals, a new survey confirms they also are major drivers of hospital revenue. According to the survey, physicians generate an average $2,378,727 per year in net revenue on behalf of their affiliated hospitals.

Conducted by Merritt Hawkins, the survey asked hospital chief financial officers to quantify how much revenue physicians in 18 specialties generated for their hospitals in the previous 12 months. This includes both net inpatient and outpatient revenue derived from patient hospital admissions, tests, treatments, prescriptions, and procedures performed or ordered by physicians.

Cardiovascular surgeons topped the list of physicians examined in the survey. Full-time cardiovascular surgeons generate an average of nearly $3.7 million a year on behalf of their affiliated hospitals, according to the survey, followed by invasive cardiologists at $3.5 million, neurosurgeons at $3.4 million, and orthopedic surgeons at $3.3 million.

"The value of physician care is not only related to the quality of patient outcomes," said Kurt Mosley, Merritt Hawkins Vice President of Strategic Alliances. "Physicians continue to drive the financial health and viability of hospitals, even in a health care system that is evolving towards value-based payments."

It is not just physician specialists who generate high dollar volumes for hospitals, the survey indicates. Family physicians generate an average of $2.1 million in net revenue annually for their affiliated hospitals, while general internists generate an average of almost $2.7 million.

The average net revenue generated by all physicians included in the survey ($2,378,727) is up 52% from 2016, the last year Merritt Hawkins conducted the survey. Average revenue generated by each of the 18 medical specialties included in the survey increased compared to 2016, in most cases, significantly.

More Outpatient Visits, Higher Costs, More Acuity

While the number of hospital inpatient stays has decreased or remained flat in recent years, the cost per hospital stay has increased, said Mosley—one factor that may be driving the comparatively high revenue averages generated by physicians. In addition, the number of hospital outpatient visits has more than tripled since 1975 and the average cost of these visits has grown, a further reason for physician revenue increases, according to Mosley. Patient demographics and patient acuity also are playing a role. As the population ages and as patient acuity increases, utilization of health care services provided by or

generated by physicians also increases, as do physician generated revenues.

"Demographics are our destiny," said Mosley. "New delivery models that promote prevention, population health and fee-for-value are laudable innovations but they don't change the basic facts. People get older and require more medical care, with much of it ordered by or directly provided by physicians."

Cost/Benefit Analysis

The survey also provides a cost/benefit analysis showing which physicians provide the best return on investment by comparing salaries in various medical specialties to revenue generated by physicians in those specialties. Family physicians, for example, average a starting salary of $241,000, according to Merritt Hawkins' data, while generating nine times that much in hospital revenue. Orthopedic surgeons average $533,000 in starting salary while generating six times that much in hospital revenue.

"Primary care physicians such as family physicians represent an excellent return on investment, which is one reason they have been our number one search for the last 12 years" Mosley said.

A copy of the complete survey report is available by calling Merritt Hawkins at 800-876-0500 or by accessing www.merritthawkins.com.

About Merritt Hawkins
Merritt Hawkins is the largest physician search and consulting firm in the United States. More information about Merritt Hawkins can be accessed at www.merritthawkins.com.

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