

# SHARING

THA - Endorsed Products and Services

Volume 3, No. 1  
Spring 2011

## Simplifying Scheduling

*Solutions to Optimize Productivity and Employee Quality of Life*

## Worth the Labor

*Annual Wage Index Reviews  
Maximize Reimbursements*

## Minimizing the Risk

*Real-Time Data Help Prevent Health Care-Associated Infections*

## An Appealing Situation

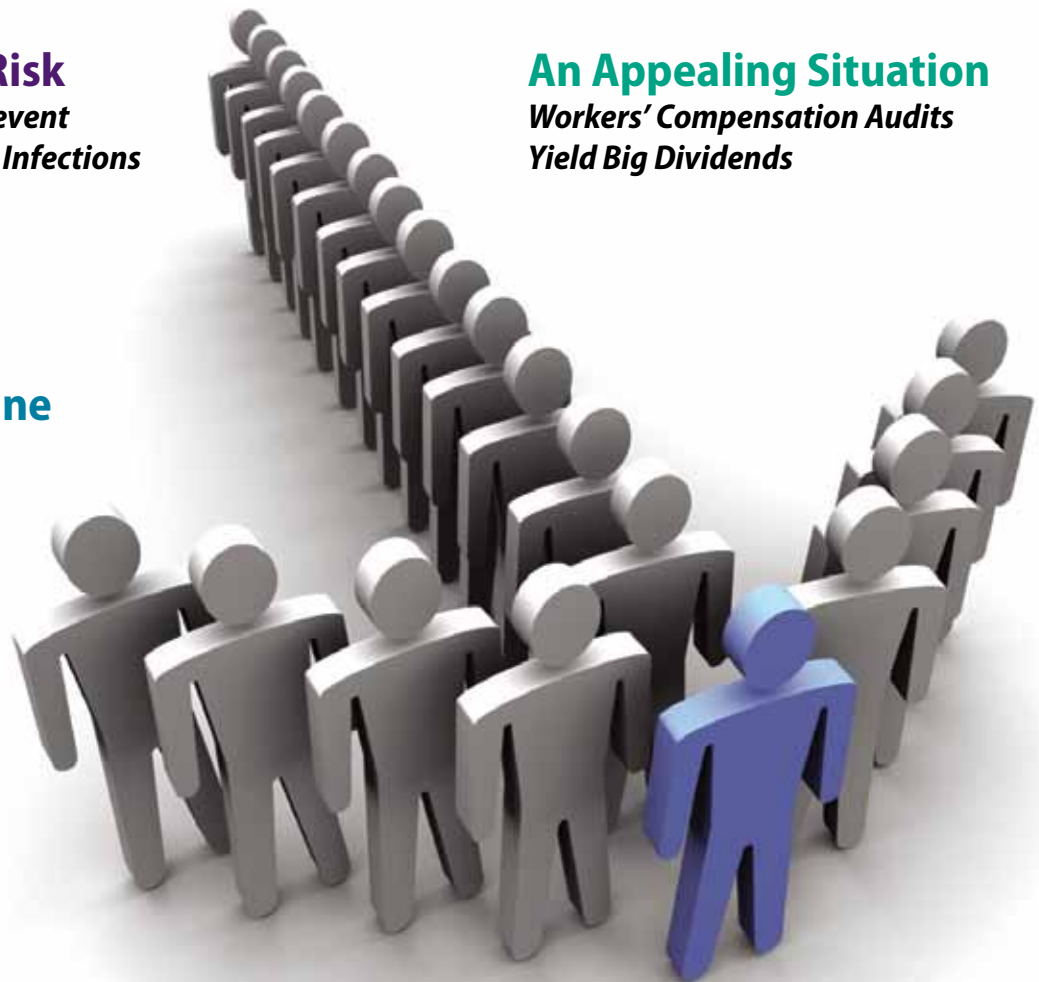
*Workers' Compensation Audits Yield Big Dividends*

## Managing Regulations Online

*Saving Staff Time Means More Time for Patient Care*

## Lower Prices, Higher Savings

*Expand Your Safety Net with 340B Drug Pricing*



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A MESSAGE FROM THE CEO

The legislative session may be more than halfway done (barring a special session), but the battle over the state budget continues in full force. Although no one knows the final outcome, Texas hospitals are bracing for the worst. From limiting services to laying off workers, hospitals across the state are exploring ways to deal with the proposed cuts in state reimbursement. The Texas Hospital Association continues to work with legislators to mitigate these cuts.



As a hospital executive, you know firsthand where hospitals could use the most help. If you see an opportunity where THA could partner with a company to provide greater value and savings to members, please speak up. You may contact me or your regional executive. Additionally, remember that HealthSHARE's experienced regional executives are more than happy to sit down with you to help you learn how to best maximize THA-endorsed products and services.

As always, I welcome your feedback. Please feel free to contact me at [jdixon@tha.org](mailto:jdixon@tha.org) with any thoughts or concerns.

A handwritten signature in black ink that reads "James M. Dixon". The signature is fluid and cursive, with a large loop at the end of the last name.

James M. Dixon  
President/Chief Executive Officer



Volume 3, No. 1  
Spring 2011

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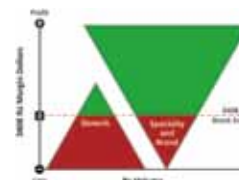


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As a wholly owned subsidiary of the Texas Hospital Association, HealthSHARE markets best-of-breed, competitively priced products and services offered through THA-endorsed companies that benefit hospitals' quality, service and bottom line. Each issue of *SHARING* spotlights a different category of services. This issue, the spotlight is on quality and patient initiatives.

## American Medical Alert Corporation

American Medical Alert Corporation is a leading provider of 24/7 communication services to facilitate stronger, more positive relationships among patients, providers and payers. With its innovative dashboard of connectivity solutions, AMAC adds a new dimension to the health care landscape to enhance care and improve operational effectiveness.

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## CareFusion

Carefusion's MedMined™ services objectively monitor the entire hospital for emerging infection issues, enabling clinicians to identify health care-associated infections quickly and drive process improvement. Patient safety is further enhanced through Patient Event Advisor from CareFusion, which identifies patients of highest interest for adverse clinical events, continually screening for clinical status changes that may affect therapy. MedMined services have earned peer-reviewed status from the Healthcare Financial Management Association and are ranked No. 1 in the infection prevention market by KLAS. MedMined services provide Texas hospitals with the technology to help reduce HAIs, save lives and reduce costs.

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## Columbia Healthcare Analytics Inc.

Columbia Healthcare Analytics can reduce blood use by 30 percent or more through interactive external utilization review of all hospital transfusions. The company's approach is unique and effective because it uses a highly summarized critique of comprehensive patient chart data to demonstrate to the physician how and why blood use may have been avoided and deferred.

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## CredenceHealth

CredenceHealth provides real-time clinical surveillance tools to improve the quality of care in hospitals. Its Web-based **CHlive** system recently achieved certification for meaningful use in clinical quality measures (i.e., eMeasures) and is the first real-time clinical surveillance solution to receive this standalone certification.

**CHlive** utilizes Web-based software to integrate with existing health information technology systems, providing the ability to see real-time clinical data across multiple patients in a snapshot, use real-time clinical intelligence to identify emerging complications, move to concurrent core measure compliance while patients are in the hospital, and allow clinicians to focus on care.

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## ID Theft Solutions of America

ID Theft Solutions of America is a proactive identity theft protection agency specializing in solutions before, during and after an identity theft issue occurs. Services include on-site risk assessment; related no-cost up-to-date compliance programs; staff identity theft/legal protection; and on-site employee training addressing many state and federal identity theft and privacy laws. The program is designed to help Texas hospitals enhance and update any security measures currently in place.

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## J.A. Thomas & Associates

J.A. Thomas & Associates helps hospitals improve clinical documentation through two programs: the Compliant Documentation Management Program and Clintegriss. CDMP uses a multi-disciplinary team approach combined with proprietary software to review each patient's record while the patient is in the hospital to ensure documentation reflects the severity and complexity of care. Clintegriss takes CDMP to the next level by capturing data beginning in the emergency department and introducing a new clinical role to ensure all clinical observations are accurately documented.

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## Precision Dynamics Corporation

Founded in 1956, Precision Dynamics Corporation is the industry leader in patient identification, providing wristbands for all areas of the hospital. PDC offers wristbands in various sizes, from infants and pediatrics to adults, with extenders available for the larger adult population. Wristbands are available in multiple colors, styles and materials. Additionally, PDC developed the first bar code wristband system in 1984. Today, more hospitals choose PDC bar code wristbands than any other system in the world. All products are latex-free and tamper-evident for improved patient safety.

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## Press Ganey Associates Inc.

Patient satisfaction is an important component of a comprehensive outcomes measurement system and quality report cards. Press Ganey's satisfaction measurement system is designed to provide tested, reliable surveys that measure patient experiences in a wide range of health care settings, from inpatient hospitals to physician offices. The results, which are used by hundreds of health care providers nationwide for quality improvement initiatives, provide comparisons to Press Ganey's extensive national and regional comparative databases. The comprehensive analyses help clients benchmark to best practices.

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## RWD

RWD is a leading provider of human and operational performance improvement solutions. RWD's health care practice is focused on helping hospital personnel save wasted time and money so they can devote more time to patient care. It's not about making rules but changing people's behavior. It's not about a team of experts who come in with better methods or technology but enabling people in the unit, or on the floor, to come up with their own solutions. What does this mean to hospitals? First, it means practice in the art of sustainable change management or getting a hospital's staff more engaged in what they do. Second, it means reducing medical mistakes. Standardizing everyday tasks goes a long way to ensuring that "never-events" never happen. Third, it means measurable cost savings.

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## Thomson Reuters

Thomson Reuters' clinical performance improvement solutions and expertise provide a powerful view of hospital clinical performance. They help detect unseen inefficiencies, prioritize opportunities and set improvement goals based on relevant, dependable, quantitative information. The CareDiscovery™ clinical performance improvement solution provides reliable clinical resource and quality benchmarks, assembling multiple clinical performance improvement initiatives in a single unified system. CareDiscovery helps align an organization's key quality improvement stakeholders. In addition, CareDiscovery Quality Measures helps hospitals deliver efficient and reliable reporting, thereby ensuring performance-based reimbursement and protecting market share. With 99 percent on-time submission to The

Joint Commission and 98 percent acceptance by the Centers for Medicare & Medicaid Services, Quality Measures can save hospitals time and resources.

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## Verge Solutions LLC

Verge Solutions' VSuite is Web-based software that provides health care organizations with tools to stay on top of regulatory compliance, accreditation requirements, committee and workflow management, and credentialing in an integrated manner. VSurvey organizes all the regulations in one place and helps staff manage all the supporting data and information required for monitoring. VCommittEase helps distribute information from different sources and provides access to all information prior to meetings. VCredentialing automates and integrates the credentialing process with the information collected and managed through VSurvey, VCommittEase and other software products.

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# Worth the Labor: Annual Wage Index Reviews Maximize Reimbursements

BY LAURA TUMA

**One goal of the Dallas-Fort Worth Hospital Council is to provide accurate, timely and comprehensive information that helps members improve their decision-making and operations. For nearly two decades, that has included conducting wage index reviews, a key component of cost reporting for Medicare, Medicaid and other managed care reimbursement, annually.**

“We feel that it is very important that the wage index be looked at on a regular basis,” said Steve Love, DFWHC president and chief executive officer. “We do it on an annual basis because it provides economy of scale and consistency in data collection and reporting.”

DFWHC conducts these annual studies with the help of *CampbellWilson*. *CampbellWilson* provides a range of consulting services tailored to provider reimbursement and overall hospital operational improvement.

“*CampbellWilson* has done an excellent job of looking at our hospitals and providing meaningful data,” Love said.

The annual review kicks off with an organizational meeting to establish strategies and goals, followed by *CampbellWilson* staff working one-on-one with each participating facility. In an average year, *CampbellWilson* works with 35-40 North Texas hospitals through DFWHC.

“The great thing about working with the Dallas-Fort Worth Hospital Council is that DFWHC is keyed in with all the North Texas hospitals,” said Heather Stuart, *CampbellWilson’s* manager of reimbursement. “We have one point of contact who can pull together resources from all the hospitals. Getting representatives from so many hospitals together without DFWHC would be logistically very challenging.”

*CampbellWilson* reviews all the wage index data hospitals use to file Medicare cost reports and seeks out additional data to make sure all allowable expenses are being reported. This extensive review is necessary because complex rules govern wage index reporting, which plays a significant role in determining Medicare reimbursement rates.

“The rules that affect wage index tend to be very particular and focused. Someone who completes the cost report may not have experience focusing on the intricacies, so it is good to have a second set of eyes reviewing the data to make sure you are picking up everything you should,” said Stuart.

For example, hospitals may not properly report some physician costs, such as administrative time, that are allowable under wage index guidelines. Failure to account for all allowable expenses

can result in lower reimbursement rates. Participating in the wage index review helps hospitals ascertain whether they are including all reportable expenses that affect reimbursement.

“Some of the recent changes are related to the incorporation of contract labor costs. Hospitals have not had the time or resources to review what kind of contract labor costs they incur that could be reported,” Stuart said.

Although there is no way of knowing how much additional reimbursement the hospitals have received as a result of the wage index review, Love praises *CampbellWilson* for “doing a great job in appropriately maximizing reimbursement for our members.”

In addition, every three years, *CampbellWilson* provides North Texas hospitals the opportunity to obtain assistance with the filing of the occupational mix data required by the Centers for Medicare & Medicaid Services as part of the calculation of the wage index. This data has a direct impact on the wage index and consequently impacts Medicare reimbursement rates. Review of this data helps hospitals stay in compliance with all applicable regulations and receive the proper occupational mix adjustment to their wage data.

Last year, *CampbellWilson* also assisted DFWHC with an application for Medicare Geographic Reclassification to protect reimbursement rates for Tarrant County hospitals. *CampbellWilson* worked with the hospitals to compile and obtain affidavits and filed the application with the review board.

Love attributes the smooth and successful geographic reclassification process to the consistent data collection and review process already in place. “It’s one example of how consistency adds value,” he said.

“*CampbellWilson* has great expertise, good customer service, competitive pricing and good follow-up to any questions or outstanding issues that arise,” Love said. “We are very pleased.”

For more information about *CampbellWilson*, contact Manie Campbell at [mcampbell@campbellwilson.com](mailto:mcampbell@campbellwilson.com) or 214/373-7077 or go to [www.campbellwilson.com](http://www.campbellwilson.com). \*



# Minimizing the Risk: Real-time Data Help Prevent Health Care-Associated Infections

BY KAREN BRANZ

**Each year, nearly one in 20 patients acquires a health care-associated infection, impacting 1.7 million lives and costing hospitals and patients more than \$35 billion. Finding a way to anticipate and prevent those infections is the focus of quality efforts all over the nation.**

At CHRISTUS St. Michael Health System in Texarkana, Regional Chief Medical Officer Mike Finley, M.D., is using CareFusion's MedMined™ services to help the system reduce infections.

CareFusion is endorsed by the Texas Hospital Association for its services that objectively monitor hospitals for emerging infection issues. MedMined services have earned peer-reviewed status from the Healthcare Financial Management Association and are ranked No. 1 in the infection prevention market by KLAS, a research firm specializing in monitoring and reporting the performance of health care vendors.

"CareFusion is a surveillance tool that helps us identify patients who might develop health care-associated infections," said Finley. "It uses existing data from our laboratory information system to search for markers that indicate infection risk."

The markers, including orders for cultures of blood, urine and other body substances, give Finley and his colleagues an indication of where infection risk is highest.

"If 2-3 percent of patients on a unit have risk markers one week, and the next week that number doubles, it tells you something is going on. It gives me a heads-up that I need to walk around and check to see if there are processes that aren't being followed well or new people who need additional training," Finley said.

"For our nursing staff, the markers help make our in-service training very targeted," he added. "The markers are very well thought-out. There aren't a lot of false positives. If the markers go up, infections follow."

According to David Sellers, CareFusion's vice president of clinical operations management, the system mines existing hospital laboratory, census and pharmacy data and uses complex computer algorithms to identify patterns that indicate increased infection risk.

"The system alerts the hospital staff when it sees unusual data, unusual organisms or anything that departs from what is normal for that organization," Sellers said. "The reports describe opportunities for improvement. In addition, the data mining surveillance system reports include best practice information based on current medical literature to recommend bedside actions for correction."

"Our interventions aren't breaking new ground," Finley said. "We're just using proven infection control methods and making

sure that we are doing them really well. For example, we know that good oral care is key to preventing ventilator-associated pneumonia, but it's a tedious, not-very-pleasant task that can be neglected when patients have other critical needs. By providing staff with daily feedback on infection risk, we can demonstrate to them that their efforts are paying off. That helps keep them motivated."

A key to CareFusion's success at CHRISTUS St. Michael has been the ease of use. "Because it uses existing data from our electronic systems, there is no additional data entry. Not only does that reduce the workload, but also it eliminates additional data entry errors," Finley said.

CareFusion also helped CHRISTUS St. Michael reduce one other type of infection.

"We noticed in the CareFusion data that there was an above-average number of home-acquired infections in patients going home with surgical and other wounds, so we put together an inexpensive discharge kit that included liquid soap and a sterile washcloth, along with wound care instructions," Finley said. "We hoped that the kit would keep people from going home and using that same bar of soap that they were using before they came to the hospital. The kit costs almost nothing, but using it has cut those infections in half. That's a great result for such a small investment."

Becky Johnson, infection control coordinator at Medical Center Health System in Odessa, also used the CareFusion data to identify a source of community-acquired infections.

"A CareFusion report helped us pinpoint the source of a large percentage of one type of antibiotic-resistant bacterial infections. The majority of these patients were coming from the same long-term care facility," Johnson said. Hospital staff worked with the nursing home to reduce the infection rate.

Within the hospital, CareFusion data showing Foley catheter use was associated with virtually all urinary tract infections in the hospital helped Johnson focus staff prevention efforts.

"CareFusion includes a customized list of common interventions for reducing UTIs, which we based our efforts on. Within 30 days, we were seeing half the number of UTIs we had seen the previous month," she said.

"CareFusion data is very reliable. It allows us to target our interventions to the areas where we can see the greatest return," Johnson added.

For more information about CareFusion, contact Daryl Lu at [daryl.lu@carefusion.com](mailto:daryl.lu@carefusion.com) or 619/972-8500 or visit [www.carefusion.com](http://www.carefusion.com). \*

## Nine Texas Hospitals Named to 100 Top Hospitals List

Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Waxahachie, CHRISTUS St. Michael Health System in Texarkana, Corpus Christi Medical Center, Memorial Hermann Healthcare System in Houston, Memorial Hermann Katy Hospital, Memorial Hermann Sugar Land Hospital, Mother Frances Hospital - Tyler and St. David's Medical Center in Austin were named to Thomson Reuters' 2011 list of 100 Top Hospitals. The list is based on a study that evaluates performance in 10 key areas: mortality; medical complications; patient safety; average length-of-stay; expenses; profitability; patient satisfaction; adherence to clinical standards of care; and post-discharge mortality and readmission rates for acute myocardial infarction (heart attack), heart failure and pneumonia.

Thomson Reuters is endorsed by the Texas Hospital Association. For more information, go to [www.thomsonreuters.com](http://www.thomsonreuters.com).

## THIE Awards Three Patient Safety Grants

The Texas Hospital Insurance Exchange has awarded \$15,000 in grants to three hospitals implementing projects targeted at reducing hospital readmissions. Rolling Plains Memorial Hospital in Sweetwater received a \$5,000 grant to implement medication management/reconciliation software that will help the hospital reduce readmissions by improving the process for medication reconciliation at the time of patient discharge. Parmer Medical Center in Friona received a \$5,000 grant to implement a new patient discharge education program designed to improve disease management and reduce readmissions by educating patients about their medical condition and how to manage it. Limestone Medical Center in Groesbeck received a \$5,000 grant to develop a clinic where congestive heart failure patients will be monitored and educated about diet, weight and the importance of being compliant with medications, thereby reducing readmissions.

The Texas Hospital Insurance Exchange is endorsed by the Texas Hospital Association. For more information, go to [www.thie.com](http://www.thie.com).

## Merritt Hawkins Announces Pro Bono Physician Search

Merritt Hawkins, a company of AMN Healthcare, has announced a new pro bono physician search program in which it will find a doctor for a medically underserved area, waiving its professional fees. Under this unique program – believed to be the only one of its kind in the country – Merritt Hawkins will conduct a full-service physician search for a medical facility in critical need of a physician. The program is intended to assist communities struggling to find physicians and to highlight a growing national problem.

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

The search is open to any hospital with a critical need for a physician that has been unable to find a doctor on its own. Hospitals must complete an application form, which is available on Merritt Hawkins' website. Applications are due by Aug. 15.

For more information, call 800/876-0500 or go to [www.merrithawkins.com](http://www.merrithawkins.com).

## CareFusion Names Gallahue Chairman and CEO



**Gallahue**  
CareFusion Corporation, a global medical technology company, has announced the appointment of Kieran T. Gallahue as chairman and chief executive officer, succeeding David L. Schlotterbeck, who retired. A seasoned medical technology executive, Gallahue most recently served as president and CEO

of ResMed, a global leader in medical equipment for treating, diagnosing and managing sleep-related respiratory disorders. During his tenure, the company grew revenue approximately 500 percent to \$1.2 billion while expanding operating margins and increasing net income more than 20 percent annually.

“Kieran brings strategic, operational and public company experience to CareFusion with a proven track record of growth – all qualities that were critical in our search process,” said J. Michael Losh, presiding director of the CareFusion board. “CareFusion has ample opportunities to grow and innovate as we execute against our near-term plans to expand margins. We see a clear path to create exponentially greater value and believe Kieran is an ideal fit to accelerate this work.”

For more information, go to [www.carefusion.com](http://www.carefusion.com).

## Promo Items for National Hospital Week Available

Bells International Inc. is offering themed items to help hospitals promote National Hospital Week, May 8-14. Sponsored by the American Hospital Association, National Hospital Week celebrates the history, technology and dedicated professionals that make hospitals beacons of confidence and care. The official themed items may be used in conjunction with events and activities to promote awareness and professional pride both within hospitals and with the general public.

The National Hospital Week promotional resources website is operated, serviced and fulfilled by Bells International. The site features a gift and event planning guide that features an array of recognition items, gifts and awards displaying the sanctioned 2011 National Hospital Week logo as well as tips on how to celebrate. Many of the featured products can be personalized with a hospital's name to enhance local awareness programs. For more information or to download the guide, go to [www.nationalhospitalweek.com](http://www.nationalhospitalweek.com). \*

# Simplifying Scheduling: Solutions to Optimize Productivity and Employee Quality of Life

BY TERRI SCHEXNAYDER

**In an American Nurses Association survey of almost 220,000 registered nurses from 13,000 nursing units in more than 550 hospitals, nurses reported a troubling situation: During the previous year, 43 percent of all RNs had worked overtime because the unit was short-staffed or busy. These staffing challenges affected unit admissions, transfers and discharges more than 20 percent of the time.**

Providing exceptional patient care is the primary mission at San Angelo Community Medical Center, and making sure patients are in the hands of a highly qualified and passionate nursing staff is a top priority. Chief Nursing Officer Cecil Jameson, RN, recalled some of the staffing challenges the hospital has addressed.

“Our situation was typical of most hospitals. In order to find good, qualified staff, we were depending on agency support, which can be very expensive,” said Jameson. “We wanted to reduce these costs, encourage more people to work at our hospital, and incentivize our staff to pick up open shifts.”

The hospital found some of its solutions in software offered by Concerro, a company that specializes in Internet-connected scheduling programs for the health care industry.

## A Collaborative Approach to Scheduling

The first step for SACMC was to provide a way for managers to quickly create unit schedules and easily fill their open shifts. By implementing a Web-based scheduling system, managers had the ability to create their schedules online and post open shifts to all qualified staff. Nurses, meanwhile, could view open shifts from the comfort of their own home and request to fill any shift for which they were qualified. As the scheduling process became more transparent and accessible, it resulted in greater satisfaction among staff members and gave them a stronger sense of control. The program helped break down silos and provided a collaborative approach to staffing across the hospital.

The service is based on individual employee profiles, and the system only displays the shifts that each nurse is qualified to work. Any nurses who want to pick up extra shifts have complete access to all open shifts for which they are qualified, ensuring fairness and consistency in the scheduling process.



## Reaping the Rewards

Next, the hospital tackled its incentives program to help increase employee satisfaction while reducing costs. By using merchandise rewards, employees are motivated to help fill vacant shifts. Similar to a frequent-flier program, points are accumulated for filling open shifts. Employees can redeem these points through a catalog for a variety of items, including iPods, sports equipment and gift cards.

Employees can rack up points quickly. For example, if a nurse works 12 extra hours a week at SACMC, she will earn 1,200 points. Weekend shifts earn double points. Perfect attendance at the end of the quarter results in 10,000 reward points. Jameson said staff members have been pleased with the program.

“We used to give nurses a stipend for additional shifts,” said Jameson. “Now, 5,000 points result in a \$25 gift card. Our employees love it and mention to me all the time how they save up their points for Christmas gifts or family birthdays.”

## Excellence in Staffing

SACMC’s new scheduling and open shift management system supports the hospital’s overall commitment to achieve excellence in staffing, offering advantages to nurses as well as other hospital stakeholders. The program encourages cross-unit activity enterprise-wide. For example, a medical-surgical nurse who had experience with labor and delivery prior to his employment at the hospital can keep his skills updated by taking on additional shifts at the hospital.

Jameson also noted that because these are easy-to-use, the programs foster high user adoption. With 249 licensed nurses on its hospital staff of 831 employees, SACMC has benefited in many ways from this solution.

“In addition to reducing agency costs, we now fill our shifts more expeditiously and have increased satisfaction among our nurses,” said Jameson.

For more information about Concerro, contact Keith Wagstaff at [kwagstaff@concerro.com](mailto:kwagstaff@concerro.com) or 210/347-7425 or go to [www.concerro.com](http://www.concerro.com). \*

# An Appealing Situation: Workers' Compensation Audits Yield Big Dividends

BY LAURA TUMA

**With heavy industry common in the Odessa area, Medical Center Health System sees its share of occupational injuries and deals with a significant number of workers' compensation claims. The system often recoups only a portion of its costs. In one case, MCH billed more than \$100,000 for treatment of a workers' compensation injury, received an initial payment of about \$7,000, and wrote off the rest.**

That was before Healthcare Recovery Alliance stepped in. HRA filed an appeal on MCH's behalf and collected more than \$30,000. In fact, in the first year of HRA's contract with MCH, the company brought in about \$270,000 in workers' compensation reimbursement.

"That's money we never would have seen, and we're excited about that," said J.R. Edmiston, MCH's director of patient financial services.

HRA specializes in auditing workers' comp claims and, when warranted, filing appeals on behalf of customers. While hospitals could perform audits and file appeals on their own, most don't have the staff or expertise to make it feasible.

"Ninety-five percent of our business is workers' comp," said Angie Box, HRA's director of operations. "Texas has very strict rules governing workers' comp injuries, precertification and appeals procedures. Workers' comp makes up a small percentage of accounts receivables for most hospitals, so they take whatever payment is initially offered and move on. Since we handle workers' comp all the time, we know what to look for and how to make sure hospitals receive the proper reimbursement for their services."

HRA audits paid accounts to determine whether a hospital was reimbursed according to state-mandated schedules and guidelines. As a contingency fee-based service, HRA receives a portion of the additional reimbursement paid to the hospital. That's the feature that persuaded Edmiston to try HRA in early 2010.

"If HRA collects nothing, I pay them nothing, and whatever they do collect, I would not have collected without them," Edmiston said.

Box says the audit process helps hospitals better understand how to handle future workers' compensation cases. She offers the hypothetical example of a claim for emergency room services that is denied because the injury occurred while the worker was intoxicated.

"We may still work out a deal where the hospital is paid even though the injury is denied," Box said. "That can make a big difference to a hospital."



HRA provides reimbursement review services to health care clients in 16 states. Employees are initially trained on the Texas workers' compensation system because it's one of the most complicated they will encounter.

"All of our new employees have health care collection experience, and it takes six months of training before they are fully versed in Texas workers' comp. It's hard for hospitals to develop that level of expertise because of staff shortages and the backlog of aged receivables," Box said.

HRA also serves as a resource to keep clients updated on workers' compensation developments and other managed care issues.

"I've gotten more assistance from HRA than I expected," Edmiston said. "Angie helps me get a grasp on Texas workers' comp issues through emails and advisories. But I also use her as a resource when we are negotiating contracts for workers' comp or occupational medicine services. I can call her and talk over the proposed terms, and she helps me understand what makes sense."

For example, he says, if a contract proposes to pay \$250 for a specific service and workers' compensation would pay \$500 for the same service, the hospital would need to amend the agreement.

"I didn't expect to get that level of service above and beyond auditing our workers' comp payments," Edmiston said.

For more information about Healthcare Recovery Alliance, contact Mike Stewart at [mstewart@hcralliance.com](mailto:mstewart@hcralliance.com) or 817/235-6282 or go to [www.hcralliance.com](http://www.hcralliance.com). ★

# Lower Prices, Higher Savings: Expand Your Safety Net with 340B Drug Pricing

BY JONATHAN MCDOOLING AND ELIZABETH G. RADELOW, MEDIMPACT HEALTHCARE SYSTEMS INC.

**Health care reform expanded the number of covered entities eligible to participate in the 340B Drug Pricing Program, which requires drug manufacturers to provide outpatient drugs to covered entities, such as disproportionate share hospitals, at reduced prices. On average, prices can be 25 percent to 50 percent below the average wholesale price.**

Maximizing the economic benefits of the 340B Drug Pricing Program improves covered entities' ability to support their community, serve more patients and provide more services. Working with the right pharmacy benefit management partner, such as MedImpact HealthCare Systems Inc., recently endorsed by the Texas Hospital Association, can help hospitals improve 340B claims capture and yield to maximize economic benefits.

## Reform Increases Program Scope

With the passage of health care reform, four additional hospital types now can participate in the 340B Drug Pricing Program: free-standing cancer centers, critical access hospitals, sole community hospitals and rural referral centers. On Sept. 1, 2009, children's hospitals became eligible, although they are listed as new covered entities in the health care reform law. Since the enactment of reform legislation in 2010, 340B enrollment has grown to more than 15,000 covered entities and is expected to grow almost 25 percent to 18,513 by 2013, according to the U.S. Office of Pharmacy Affairs.

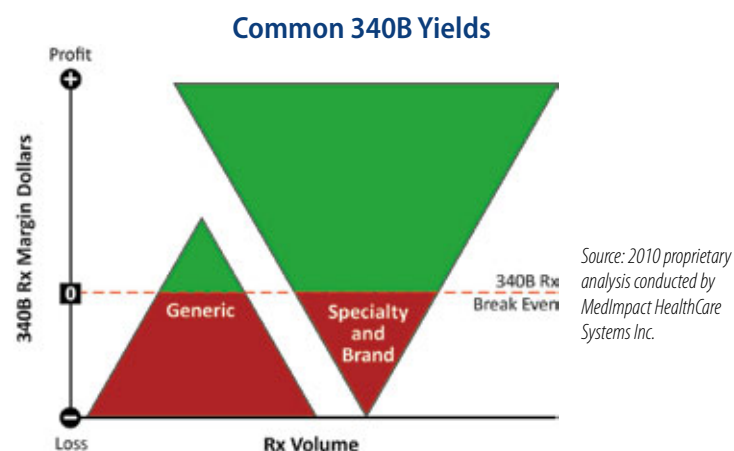
New guidelines now are in place to give 340B-covered entities the flexibility to offer patients expanded access and convenience to the drugs they need. Covered entities have the option to partner with more than one contracted community pharmacy. Partnering with community pharmacies improves 340B prescription capture rates, thereby increasing economic benefits. In the first nine months of health care reform, the number of contract pharmacies grew 150 percent to 6,400 and is expected to grow to more than 10,500 pharmacies by 2013, according to OPA.

The contracted pharmacy process needs to be seamless to the patient and the pharmacy. A 340B prescription should operationally look like any other customer prescription. Working with a pharmacy benefit management partner that has experience in 340B network development, management and quality assurance can significantly improve patients' experience at the point of dispensing. Professional pharmacy network management also ensures compliance with federal guidelines and statutes governing the program.

Whether a hospital has an onsite pharmacy or uses contract pharmacies, proactively promoting its preferred pharmacies will significantly improve 340B prescription capture and claim yield. To realize these objectives, the pharmacy benefit management partner should help develop patient, physician and pharmacy communication tools and drug benefit plan designs that provide incentives for patients to use preferred pharmacies.

## Maximizing Economic Benefits

Covered entities have the ability to negotiate below 340B prices with drug manufacturers. Not all 340B drug prices are better than network reimbursement rates, maximum allowable cost for generics or usual and customary prices. For example, the majority of generic drugs are priced lower at maximum allowable cost rates than 340B rates.



To maximize the economic return from 340B pricing, it is advantageous to partner with a pharmacy benefit management partner that negotiates superior network reimbursement and maximum allowable cost rates for generic drugs. Pharmacy benefit management partners with information technology expertise have the ability to price each prescription drug claim at the lowest of each of these prices. Additionally, pharmacy benefit management partners with strong analytic support will quantify a hospital populations' prescription drug mix and pricing schedule to forecast the dollar value of using "lesser of" logic pricing.

For more information about MedImpact HealthCare Systems Inc., contact Jill Simoes at 858/790-3084 or [jill.simoes@medimpact.com](mailto:jill.simoes@medimpact.com) or go to [www.medimpact.com](http://www.medimpact.com). \*

## Study: 'Winter Blues' Lower Patient Satisfaction

The "winter blues" affect many people, and hospital patients are not immune. A recent study by Press Ganey Associates Inc. found that patient satisfaction scores for hospitals are considerably lower during the winter months and that a significant factor for the decline in patient satisfaction is the "winter blues."

"Studies have shown that many people suffer from seasonal affective disorder in the winter," said Dennis Kaldenberg, Ph.D., chief scientist at Press Ganey. "Patients who come into the hospital already feeling depressed because of the weather, lack of sunshine, etc., are more likely to rate their stay lower than if they came in at a different time of the year."

Regardless of region, Press Ganey data show a dip in satisfaction levels during colder months. In the past six years, patient satisfaction scores ranked below annual averages for the period of January through March. For example, in 2010, a study of nearly 2,000 hospitals found the lowest levels of patient satisfaction occurred during the month of February. Lower patient satisfaction scores were observed from January through mid-March. By contrast, the highest levels of patient satisfaction in 2010 were recorded in mid-August, with consistently higher patient satisfaction scores in the warmer months.

For more information, go to [www.pressganey.com](http://www.pressganey.com).

## Study: Shorter Stays Result in Lower Readmission Rates

Shorter hospital stays do not result in higher patient readmission rates. To the contrary, a new study by Thomson Reuters finds that shorter-than-average hospital stays are correlated to lower readmission rates. Researchers analyzing readmission data for heart patients in nearly 4,000 U.S. hospitals found a statistically significant

correlation between higher readmission rates and longer initial hospital stays.

"Hospitals that kept patients longer had more patients readmitted within 30 days," said Janet Young, M.D., research scientist at Thomson Reuters.

At the same time, hospitals that were better at complying with core measures had lower readmission rates for heart attack and heart failure patients.

"Our analysis found that patients are more likely to return to the hospital when caregivers didn't follow basic treatment guidelines like giving heart attack patients an aspirin when they arrive at the hospital," Young said. "This provides a starting point for hospital administrators trying to identify the key criteria that will improve care and reduce readmission rates."

Complete results of the study are available at [www.thomsonreuters.com](http://www.thomsonreuters.com).

## Survey: Workers Use Social Media to Job Search

Job seekers, including those in the health care profession, are using social media for more than just social purposes, according to a survey from AMN Healthcare. Physicians, nurses, allied health professionals and pharmacists are accessing their computers and mobile phones to network with professional colleagues, track down job leads and apply for new positions.

The survey suggests that job seekers rely on social media more than newspaper ads and career fairs but not as much as referrals and online job boards. Although job candidates are spending more time online and experimenting with media sites for job searches, thus far they have found minimal success in securing interviews, job offers and positions.

"It's not surprising that social media and mobile media usage have become additional job sourcing methods for health care professionals and a way to network with peers and companies," said Susan Salka, AMN's president and chief executive

officer. "What this tells us is that job seekers will add new methods and continue to replace those that don't work as they have access to innovative new resources."

Complete survey results are available at [www.amnhealthcare.com](http://www.amnhealthcare.com). \*

## Survey: Use of Temporary Physicians Rising

The use of temporary physicians is rising, underlining the ongoing shortage of doctors nationwide, according to a new survey conducted by Staff Care, a company of AMN Healthcare. The survey polled hospital and medical group managers about their use of temporary physicians, also known as locum tenens, and found that the majority (85 percent) had used temporary physicians sometime in the last 12 months, up from 72 percent the previous year. The primary reason hospitals and medical groups use temporary doctors, cited by 63 percent of those surveyed, is to fill in until a permanent doctor can be found.

"There are simply too few physicians to fill all the available vacancies today," said Tim Boes, president of Staff Care. "Temporary doctors are providing critical interim patient care services for many health care facilities until they can find the full-time physicians they need."

The survey also suggests which types of physicians are in the most demand as temporary practitioners. Psychiatrists and other behavioral health professionals accounted for 22 percent of requests for temporary physicians Staff Care received in 2010, followed by primary care physicians (20 percent), internal medicine subspecialists (12 percent), anesthesia providers (11 percent), surgeons (7 percent), hospitalists (9 percent), radiologists (7 percent), emergency medicine (4 percent), dentists (4 percent) and oncologists (2 percent).

Complete survey results are available at [www.staffcare.com](http://www.staffcare.com). \*

# Managing Regulations Online: Saving Staff Time Means More Time for Patient Care

BY MARGARET BARRY

**Rachael Merritt, director of health care improvement at The Medical Center of Plano, spends her days keeping the hospital out of regulatory hot water. Staying on top of the many regulations that govern hospitals is one of the most challenging aspects of her job. Considering the heavy non-compliance fines, it also is one of the most essential.**

Thankfully, Merritt can turn to VSurvey to make her job easier. The Web-based software program keeps the hospital in compliance, saves money, allows staff to spend more time on patient care and improves employee satisfaction.

The software, made by Verge Solutions, is designed to help hospitals keep abreast of complex federal and state hospital regulations, accreditation requirements and many other important procedures and statistics, including hand hygiene compliance, medication management and patient turnaround times. With VSurvey, the tallying of regulatory compliance surveys and generation of reports is automated – all Merritt has to do is input the data, and VSurvey does the rest.

Before VSurvey was instituted, it took, on average, two hours for Merritt and her staff to consult a huge manual that catalogs in detail all the standards governing hospitals, enter the data, tally up the numbers, summon spreadsheets and format a report. Now, she says, that process takes 20 minutes, and this alone has improved employee satisfaction.

There are as many as 20 separate audits for hand hygiene alone. “Can you imagine how much time it takes to gather and input the data for 20 surveys, then tally the results by hand?” Merritt asked.

VSurvey has saved countless hours of staff time. The return on the hospital’s investment in VSurvey is considerable – nearly \$145,000 in only 14 months. The software’s streamlined system for compliance-related analysis and reports alone saved \$77,235, or nearly half of the overall cost savings since the software was introduced. The price of the software is \$11,465.

One big time-saver is VSurvey’s ability to cross-reference compliance standards from state and federal regulatory agencies, as well as from a number of government organizations that oversee rehabilitation and breast health procedures. A simple keyword search reveals the regulations from all agencies regarding that particular search term.

“This not only helps the staff catch requirements that they might otherwise miss, but also it enables them to build safety procedures from the ground up,” Merritt said.



Another key benefit of using VSurvey is that frontline employees have immediate access to the regulations. When regulations were on paper and only the director had access to the documents, it was more difficult to disseminate the information to employees.

“Now that frontline staff members have access to the same information,” Merritt said, “they have begun to ask how the standards relate to their areas. With a better understanding of standards across departments, we’ve seen performance improve.”

Verge Solutions offers a number of software programs (together known as VSuite) that help hospital administrators with a host of issues besides regulatory compliance, including patient safety issues, patient relations, claims management, medical staff management, committee workflow, root-cause analysis and peer review. More than 600 hospital clients use at least one VSuite program, according to Barbara Norman, senior vice president of Verge Solutions.

For example, VCredentialing, which automates and integrates the credentialing process for doctors, is increasingly popular. With this program, administrators can swiftly confirm that doctors have kept their licenses up-to-date. Without software to streamline this process, credentialing can be a time-consuming process for hospitals. Another VSuite program, VCommittEase, helps hospitals streamline committee meeting workflow by housing presentations, spreadsheets and other documents on a single website, providing easy access for committee members. The software also can be programmed to assign tasks to committee members and send reminders until projects are completed.

“More important than saving trees or money, VSurvey has saved us an estimated 4,550 man-hours. This means more time can be spent on patient care,” Merritt said.

For more information about Verge Solutions, contact Barbara Norman at [barbara@verge-solutions.com](mailto:barbara@verge-solutions.com) or 408/227-1314 or go to [www.verge-solutions.com](http://www.verge-solutions.com). ★

# HEALTHSHARE HIGHLIGHTS

## THA-Endorsed Companies Support THA 2011 Annual Conference

More than 40 Texas Hospital Association-endorsed companies sponsored the THA 2011 Annual Conference, Feb. 2-3 at the Austin Convention Center. The conference was THA's most successful in recent memory, with almost 1,000 total registrants. The following THA-endorsed companies were sponsors:

### DIAMOND

Amerinet

### EMERALD

Commerce Bank

### RUBY

Healthcare Recovery Alliance

### PEARL

GroupOne Services  
Ryerson Healthcare Consultants

### SAPPHIRE

Air Liquide  
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Amazon Coding  
CampbellWilson  
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Craneware  
Discovery Health Record Solutions  
Etactics  
HealthCareers Network  
Hospital Receivables Service Inc.  
InsMed Insurance Agency Inc.  
ID Theft Solutions of America  
J.A. Thomas & Associates LLC  
MedA/Rx  
Milliman

National Benefits Group  
of America  
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Integrated Revenue Management  
MedImpact Healthcare Services

### THUMB DRIVES

Texas Hospital Insurance  
Exchange

### MAGAZINE COVER SHOT PHOTOGRAPHY

Verge Solutions

### LANYARDS

NorthStar Anesthesia

### NOTEPADS

Air Liquide Healthcare  
America Corporation

**SAVE THE DATE!**  
The THA 2012 Annual Conference  
will be Feb. 1-2 at the Austin  
Convention Center.



Jack Bennett, second from right, senior director at Amerinet, received special recognition on behalf of Amerinet for its Diamond-level sponsorship of the Texas Hospital Association's 2011 Annual Conference. Pictured are (left to right) Brian Stevens, vice president of HealthSHARE/THA; William W. Webster, FACHE, 2011 THA chairman; Bennett; and Jim Dixon, president/chief executive officer of HealthSHARE.

## THA Endorses Ten New Companies

The Texas Hospital Association recently endorsed 10 new companies: Auditiz (revenue cycle management/payer search services); Commerce Bank Merchant Services (merchant services); CredenceHealth (real-time clinical intelligence); Hunter Pharmacy Services (pharmacy management services); Integrated Revenue Management (revenue management education and consulting); J.A. Thomas & Associates (compliant documentation management program); Jackson-Lloyd Insurance Management (non-subscription workers' compensation alternative product); MedImpact Health-Care Systems Inc. (340B prescription drug program services); National Healthcare Payer Networks LLC (managed care and revenue cycle services) and NorthStar Anesthesia P.A. (anesthesia management). For more information on these or any other THA-endorsed companies, call 800/252-9404 or go to [www.healthshare-tha.com](http://www.healthshare-tha.com). \*

## Look for HealthSHARE representatives at these upcoming events:

July 11-12

Behavioral Health Conference  
Austin

July 28-30

Texas Healthcare Trustees  
2011 Annual Conference  
Fort Worth

Oct. 10-11

Texas Health Law Conference  
Austin

Feb. 1-2, 2012

Texas Hospital Association  
2012 Annual Conference  
Austin

THA ANNUAL  
CONFERENCE 20  
12  
TEXAS HOSPITAL ASSOCIATION  
FEBRUARY 1-2  
AUSTIN CONVENTION CENTER



# Texas Hospital Association-Endorsed Companies

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www.airliquide.com  
Brian Twohig, 512/233-9879

**Amazon Coding**  
www.amazoncoding.com  
Jan Keil, 888/442-6296, ext. 801

**American Medical Alert Corp.**  
www.amac.com  
Louis Shapiro, 877/246-2007

**\*Amerinet**  
www.amerinet-gpo.com  
Rafael Rodriguez, 877/711-5700, ext. 8029

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Craig Miller, 888/270-8090

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www.craneware.com  
Jacob Nguyen, 602/684-3099

**CredenceHealth**  
www.credencehealth.md  
Jeffrey Persson, 615/712-2213

**Curbside Hospitality**  
www.curbside.com  
David Ryan, 978/524-0900, ext. 101

**Discovery Health Record Solutions**  
www.discoveryhrs.com  
Kyle Odom, 512/623-7795

**DOTmed.com**  
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Philip F. Jacobus, 212/742-1200, ext. 250

**EQ2 Inc.**  
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**\*GroupOne Services Inc.**  
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**\*HealtheCAREERS Network**  
www.healthcareers.com  
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**\*Hospital Receivables Service Inc.**  
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**Hunter Pharmacy Services**  
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www.irminonline.com  
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**\*Resource Corporation of America**  
www.resource-corp.com  
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**RWR Financial Services Inc.**  
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**RX Pro Health**  
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**\*Ryerson Healthcare Consultants**  
www.rmasolutions.com  
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Chris Schleiss, 800/685-2272

**TANDBERG**  
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Liz Jennings, 800/792-0060, ext. 525

**Texas Hospital Association Insurance Programs**  
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