

# SHARING

THA - Endorsed Products and Services

Volume 2, No. 1  
Spring 2010

## Earning while Spending:

*Paying Monthly Bills Creates New Revenue Stream*

## Executive Staffing:

*Unique Fee System Keeps Costs Affordable, Predictable*

## In Case of an Emergency:

*Simulations Help Hospitals Prepare for the Unexpected*



## The Virtual Job Hunt:

*Matchmaking Made Easy through  
Online Recruiting*

## No More Juggling:

*Total Gas Management Service Reduces  
Costs and Improves Safety*

## Hidden Savings:

*Consumption and Utilization Analysis  
Helps Control Costs*

## A MESSAGE FROM THE CEO

Last year was a busy year for HealthSHARE, and so far 2010 is keeping up the pace. We continue to seek out and research companies for potential endorsement by the Texas Hospital Association to help Texas hospitals carry out their mission to make quality, compassionate, affordable health care accessible to all. You can read about the five newest THA-endorsed companies on p. 14. Additionally, one of our goals this year is to establish more strategic partnerships, and I'm pleased to announce that the Dallas-Fort Worth Hospital Council is our newest partner. Companies endorsed by THA also enjoy co-endorsement by HealthSHARE's strategic partners. HealthSHARE and its partners share revenue on purchases made by their organizations' members, thereby returning dollars to those organizations to help them provide cost-effective services to their members.



THA's 2010 Leadership Conference, held Feb. 17-18 in Austin, was among the Association's most successful to date, with a record-setting crowd of nearly 650 participants. More than 30 THA-endorsed companies were sponsors of the conference. We thank those of you who attended for stopping by and visiting with these companies at their booths. Their continued support helps make the conference a success year after year.

Of course, HealthSHARE isn't the only one staying busy. With the passage of the Patient Protection and Affordable Care Act, hospital administrators across the nation are trying to determine the impact of reform on their facilities. The legislation will be phased in over time and will require extensive regulatory activity, a process where hospital input can influence actual implementation. THA staff are developing resources, including fact sheets about specific provisions, to help members understand the bill. As the impact to Texas hospitals becomes more clear, there's no doubt THA-endorsed companies will be playing a key role in helping hospitals meet new operational demands. The reality is that hospitals will be tasked more than ever to balance costs, quality and access. THA-endorsed companies and their proven solutions may be among your best allies in creatively, effectively meeting those complex demands.

If you have any feedback as you read this issue, I'd be happy to hear from you. Please send your suggestions and comments to me at [jdixon@tha.org](mailto:jdixon@tha.org).

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



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# SPOTLIGHT: *Insurance Program and Retirement Services*

As a wholly owned subsidiary of the Texas Hospital Association, HealthSHARE's mission is to market best-of-breed, competitively priced products and services offered through THA-endorsed vendors that benefit hospitals' quality, service and bottom line. Each issue of *Sharing* spotlights a different category of services. This issue, the spotlight is on insurance program/retirement services.

## Ameritas Group

Dental coverage is the most sought-after employee benefit after a group medical plan, and eye care coverage is becoming increasingly popular. Ameritas Group is known as an industry leader in customer service, client retention and product innovation. Its Dental Rewards program, which allows covered individuals to roll over a portion of their unused annual maximum from year to year, is an example of such innovation. Dental Rewards is included at no additional cost in all proposals for Texas hospitals. Ameritas provides dental and eye care plans that are fully insured, self-funded, voluntary or employer-paid. Texas hospitals also can utilize Ameritas' state-of-the-art online administration system in real time at no additional cost.

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## COBRAGuard Inc.

COBRAGuard is THA-endorsed for COBRA administration and compliance using COBRATrak, its proprietary Web-based system. COBRAGuard is a certified COBRA administrator and serves more than 3,000 organizations nationwide. COBRAGuard stands behind its service with a 100 percent compliance guarantee. COBRATrak helps you control COBRA risks and liabilities through automated, outsourced administration; prevent adverse claims; save time and money; and avoid COBRA-related hassles.

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## HealthCare Benefits Inc.

Income protection programs in the event of disability are becoming an increasingly important part of hospitals' efforts to recruit and retain health care employees. HealthCare Benefits, through the HealthCare Benefits Trust, can provide unique plan designs, options and analyses. This includes the RN Recruitment Benefit, which provides an incremental financial benefit to health care employers for agency, overtime, recruitment or other expenses in the event of an RN going on long-term disability. HealthCare Benefits also assists hospitals in developing benefits integrated with sick leave and paid-time-off programs.

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## InsMed Insurance Agency Inc.

InsMed Insurance Agency Inc. is endorsed for its executive disability insurance program. This program allows hospital executives to apply for portable individual insurance policies that can more completely protect an executive's income. Strengths of this offering include the ability to provide up to \$20,000/month of coverage; to coordinate with group benefits up to \$25,000/month; to use as a cost-containment vehicle to fund contractual salary continuation obligations; to offer discounted and gender-neutral fixed rates without any participation requirements; to waive medical underwriting requirements if purchased by an institution for at least six executives; to tailor the contract provisions to meet personal needs; and to maintain coverage if the employee terminates employment without regard to health status or the future employer's benefit package.

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## Milliman

Founded in 1947, Milliman is one of the largest independent providers of retirement programs in the United States with offices in 48 principal cities in the U.S. and worldwide. In 2006, its Dallas office collaborated with the Texas Hospital Association to develop the THA Participant-Directed Retirement Program. Milliman provides services for more than 4,000 retirement plans, representing in excess of 2 million participants. According to annual defined contribution plan studies by Boston Research Group, Milliman consistently ranks #1 in overall client satisfaction among service providers. Texas hospitals may receive a complimentary review of their retirement plan based on comparative industry practices and services.

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## National Benefits Group of America Inc.

National Benefits Group is THA's endorsed provider of voluntary benefits programs. NBG markets a portfolio of products, including whole life, universal life, short-term disability, long-term disability, critical illness coverage, cancer insurance and accident plans. NBG partners with companies like Boston Mutual Life, ING Employee Benefits and Humana KMG America. NBG has extensive experience in working with hospitals in Florida, Texas and across the United States.

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## Next Generation Enrollment Inc.

Next Generation Enrollment offers health care dependent audits. The process verifies that spouses and children enrolled in a group medical plan meet contractual requirements for participation. Typically, 5 to 10 percent of currently covered dependents on a plan are ineligible for coverage. A hospital can remove these individuals from the plan post-audit and save about \$2,500 per dependent per year.

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## RWR Financial Services Inc.

RWR Financial Services Inc. offers long-term care insurance. The coverage is available from two well-known providers, John Hancock and Prudential Financial. Both are rated A+ by A.M. Best. LTCI is one way to meet the financial needs that often result from a long illness, a disability or a cognitive impairment (such as Alzheimer's disease). The THA program discounts make the policies more affordable. Policies can include the partnership option, which was recently adopted by the state of Texas.

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## Texas Hospital Association Retirement Plan

The Texas Hospital Association Retirement Plan is designed to meet the retirement needs of hospitals and health care entities. Sponsored by the Texas Hospital Association, it is one of the largest trade association-managed programs in the United States with more than 17,000 employee participants. A board of participating hospital executives oversees the management of the THA Retirement Plan and has appointed HealthSHARE as plan administrator. A management team of nationally known consultants and professionals supports the system and provides turnkey services for participants. Assets may be invested in diversified equity and fixed-income portfolios, or employees may choose from a closely monitored group of best-in-class investment options.

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## UMR

UMR is the nation's largest third-party administrator of health benefits, providing customized solutions, cost-effective networks and compassionate service for self-funded medical, dental, vision and disability plans. Serving more than 460,000 hospital members, UMR offers flexibility and cost savings necessary to help hospitals design customized employee health plans and meet their unique needs as both employer and health care provider. With customized, multi-tiered plan designs as well as domestic pharmacy revenue initiatives, specialized reporting, flexible care management programs and specially designed fee schedules, UMR helps hospitals manage their overall benefits costs while improving employee health and productivity.

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# Earning while Spending: Paying Monthly Bills Creates New Revenue Stream

BY LAURA TUMA

**Health care administrators struggle every day to make dwindling revenues cover rising expenses. It's not surprising, then, that a program that uses everyday expenses to create revenue elicits great interest. For one Texas health care system, this innovative program will bring in an estimated \$170,000 in one year while cutting costs and freeing up staff.**

HealthSHARE endorses Commerce Bank's electronic Visa® payment system because of its potential to streamline operations and create new revenue for health care facilities. Invoices are paid electronically, and hospitals receive monthly rebates based on the value of the paid invoices.

"This is a program that can work for small hospitals with 25 beds all the way up to health systems with more than 1,000 beds," said Lance Wright, regional sales manager for Commerce Bank. "There are very few financial institutions that offer this product and even fewer that offer our level of support. For example, Commerce has a dedicated team of vendor enrollers to contact vendors, present the different payment options and enroll them in Commerce's electronic Visa payment system, ControlPay Advanced. We know that hospitals are overworked, understaffed and looking for ways to make the most of every revenue opportunity."

## Faster and Smarter

Before enrolling in the program, the eight facilities in Good Shepherd Health System wrote vendors an estimated 6,000 checks a month at a cost of more than \$3,000, not including labor. Since beginning electronic payments last fall, Good Shepherd has conducted more than 1,300 electronic transactions, paid out more than \$5 million, and received more than \$43,000 in rebates. Slightly more than half of Good Shepherd's vendors are enrolled in the program, and even if no more vendors sign on, the health system anticipates collecting \$170,000 in new revenue during the first year of operation.

"I was amazed at how many vendors were immediate takers," said Ed Banos, president and chief executive officer of Good Shepherd Medical Center in Longview. "The reality is that cash is king, and vendors get paid quicker and with fewer complications, so they see savings on their side as well."

Reducing the workload on accounts payable clerks has tangible results for Good Shepherd, which is in the process of consolidating several systemwide activities in its Longview business office. Banos also anticipates re-assigning clerks to tasks that bring more revenue into the system, such as resolving problem bills.

"Over time, we might be able to reallocate staff to other functions, even putting more caregivers at the bedside," he said.

## Dollars, Not Points

Knapp Medical Center in Weslaco has used electronic payments for several years but switched to Commerce Bank's electronic payment solution last summer to take advantage of cash rebates. Knapp has received \$37,000 in rebates since starting the program last summer and expects to earn \$80,000 by the end of June.

"We had used another provider to make vendor payments for two or three years," said Gloria Montalvo, controller. "The biggest difference between the programs is that with our previous provider you earn points, and under Commerce Bank you earn dollars. It's much simpler to put the dollars to work."

Implementing the program also has been much simpler, according to Montalvo. Commerce Bank contacts all vendors to explain the program, enrolls those who are interested, and sets up the payment system. Montalvo estimates that she has invested 32 hours of staff time – including 8 hours of Web site training provided by Commerce Bank – to implement the payment system. The previous program, which did not include training, required 178 hours of staff time to accomplish the same results. Even after all that effort, only about half as many vendors signed up with the old program.

"This program is pretty slick – it takes less of our time, streamlines the payment process, and puts revenue back into the system," said Curtis Haley, chief financial officer at Knapp.

For more information about Commerce Bank, contact Lance Wright at [lance.wright@commercebank.com](mailto:lance.wright@commercebank.com) or 816/234-7094 or go to [www.commercebank.com](http://www.commercebank.com). \*

# Executive Staffing: Unique Fee System Keeps Costs Affordable, Predictable

BY KAREN BRANZ

**When Kathleen Joyce, chief nursing officer at Pampa Regional Medical Center, needed to find an interim quality director quickly, she turned to the Nielsen Healthcare Group for eligible candidates.**

“I’ve worked with the Nielsen Healthcare Group on and off for about 10 years, and I know most of the people there,” she said. “I know they won’t tell me they can do something that they can’t. I appreciate that.”

The staffing firm, which specializes in providing interim managers and executives to the health care industry, credentialed several candidates, including a registered nurse who matched the hospital’s needs. Joyce hired him as her interim quality director. Using her discount through the Texas Hospital Association, she said she paid about half what she had paid other search firms.

“They have a unique fee system. We pay them a finder’s fee when the candidate arrives on site and begins work. Then we don’t pay anything else unless we hire the candidate full-time or the candidate stays more than six months. In that case, we pay them a second fee, and that’s the end of it,” said Joyce. Each of the two fees is usually equal to 8.33 percent of the person’s annualized salary.

“We see our role as being a matchmaker,” said Susan Silver, executive vice president of the Nielsen Healthcare Group. “We search our database and find the best candidates, and then we check to see if the candidates are interested in the position. We present the candidates to the client with references, confirmed degrees, verified licensure and more, and they choose whom they want to interview.”

The unique fee system, she said, was designed to keep the fees predictable for the client. Unlike ongoing fee arrangements, the client knows that, no matter how long the candidate is there, the hospital will pay no more than 16.66 percent of the annualized salary. “The fees have remained the same since Bruce Nielsen started the business in 1991,” she said.

The contract arrangement between the candidate and the hospital is negotiated directly between the two parties, not by the Nielsen Healthcare Group. Joyce appreciates this because it gives hospital executives a chance to see what the candidate’s negotiation skills are like before committing to the arrangement.

“We only use an agency for director level and above, so the person should be able to negotiate effectively. If not, he or she may not have the managerial skills we need,” said Joyce.



Christina Corley, executive director of support services at Lubbock Heart Hospital, used the Nielsen Healthcare Group in 2009 to help her hospital find an interim business services manager and an interim chief nursing officer. She said the THA endorsement of the company provided the backing she needed to confidently recommend the firm for the task. And, like Joyce, she appreciated the simple fee arrangement.

“The fee structure is one of the reasons we will work with Nielsen and not others,” Corley said. “Also, they always seem to be able to take our needs and produce viable candidates.”

The business services manager was able to do all the work they needed done. “He was very self-sufficient and stayed until we felt we didn’t need him anymore. He did not leave any holes,” she said.

The other position was an even better fit. “The chief nursing officer selection turned out so well that it turned into a permanent hire. She joined Lubbock Heart Hospital just a couple of months after coming in on an interim basis. She filled a void that made our team complete,” Corley said. “I don’t have a single complaint about our relationship with Nielsen. I would wholeheartedly recommend them.”

For more information about the Nielsen Healthcare Group, contact Bruce Nielsen or Susan Silver at [nhcg@primary.net](mailto:nhcg@primary.net) or 800/581-8901 or go to [www.nielsenhealthcare.com](http://www.nielsenhealthcare.com).\*

## THIE Web Site Gets Overhaul

If your hospital is shopping for business insurance, the newly redesigned Texas Hospital Insurance Exchange Web site is the first place to look. The new site, [www.thie.com](http://www.thie.com), launched in early February. It features in-depth information on the entire line of THIE hospital-specific insurance products and services, including property, liability, vehicle and workers' compensation coverage, as well as third-party administration and risk management services.

The site also features a robust library of hospital insurance and risk management resources such as policies and procedures, related Web links, forms, laws and regulations. Visitors can view newsletters, case studies and workshop presentations online. Contact information for THIE staff also is available.

"The new Web site is one more step forward in our plans to provide hospital insurance expertise that exceeds that of any other provider," said Deborah Samples, THIE president/chief executive officer. "We view ourselves as a partner – not just a provider – to our clients, and we want this new Web site to become a trusted, go-to source for insurance-related information."

## SquareTwo Financial Healthcare Funding Unveils New Name

Healthcare Funding Solutions LLC, a subsidiary of SquareTwo Financial, formerly known as Collect America, has changed its name to SquareTwo Financial Healthcare Funding. The new name is symbolic of how the company views the value of charged-off assets. SquareTwo helps alleviate its customers of a failing portfolio and give new life to it by returning those assets back to productive use. Ultimately, it's about moving away from square one and restarting in a better place – at square two.

"In my 15 years as the head of this company, I can't recall being so excited

about our future," said Scott Lowery, chairman and chief executive officer of Square-Two Financial. "Never before have charged-off assets meant so much to our customers, and our new branding is a statement of how serious we are about continuing to give new life to their assets."

Since it was founded in 1994, Square-Two Financial has set itself apart from the competition. The company established the industry's first Partners Network, primarily made up of lawyers. It employs a proven process-oriented approach to asset recovery and technology-driven asset modeling and pricing. This allows the company to provide fast, accurate bids to customers and a high probability portfolio recovery rate.

As part of the rebranding effort, the company unveiled a new Web site, [www.squaretwofinancial.com](http://www.squaretwofinancial.com). SquareTwo Financial and its subsidiaries maintain the same list of expansive products and services.

## HomeTown Health LLC Votes nTelagent 2009 Business Partner of the Year

nTelagent Inc., which provides a point-of-service collection solution for the health care industry, was selected as HomeTown Health LLC's "Business Partner of the Year" for 2009. Each year, members of HomeTown Health, an association of hospitals located throughout Georgia, vote to honor one of the group's 50+ business partners with this award.

"As CEO of a rural hospital network, I see firsthand, day after day, how tough things are for both hospitals and their patients. Some would say we've hit a perfect storm, with cash-strapped facilities, budget shortfalls, potential cuts in reimbursement rates and rising numbers of uninsured patients," said Jimmy Lewis, chief executive officer of HomeTown Health. "nTelagent has worked diligently to help our hospitals see some bright spots in this difficult economy."

Within a short amount of time, nTelagent clients can increase collections upfront and overall by thousands of dollars. In addition, hospitals can increase cash on hand, reduce accounts receivable and bad debt, identify missed charity dollars, and know every account is properly handled at the point of service.

nTelagent was presented with the award at HomeTown Health's 2009 Fall Conference and 10th Anniversary Celebration, held Nov. 11-13 in Callaway Gardens, Ga. For more information on nTelagent, go to [www.ntelagent.com](http://www.ntelagent.com).

## Bells International Offers Promotional Items for National Hospital Week

May 9-15 is National Hospital Week. The nation's largest health care event, National Hospital Week celebrates the history, technology and dedicated professionals that make hospitals beacons of confidence and care. Bells International Inc. has created



items to help hospitals promote this occasion. These official themed promotional items may be used in conjunction with events and activities to promote awareness and professional pride both within hospitals and in the public.

The National Hospital Week promotional resources site is operated, serviced and fulfilled by Bells International as a service to the American Hospital Association. Bells International provides event awareness marketing, fulfillment and creative services as well as promotional products and materials for a wide variety of professional and nonprofit organizations. For more information or to download the product guide, go to [www.nationalhospitalweek.com](http://www.nationalhospitalweek.com). \*

# In Case of an Emergency: Simulations Help Hospitals Prepare for the Unexpected

BY KAREN BRANZ

**When Medical Center Hospital in Odessa needed to do an evacuation drill to meet accreditation requirements, Sharon Lloyd, director of emergency preparedness and safety, asked for help from Michael Garvin and his team at Simulation Education Services Inc. She chose Simulation Education Services because a desktop drill on hospital emergency preparedness the company had organized for the Texas J Regional Advisory Council had impressed her.**

“Michael and his team worked with me for a couple of months to create a scenario in which we had to evacuate patients,” said Lloyd. The mock disaster was a tornado that caused a power outage, forcing the hospital to move patients to other areas of the hospital and to other hospitals.

“In the past, we’ve drilled on how to take patients in from disasters or from the smaller hospitals in the region. This gave us chance to see how we would do when they had to take patients from us,” said Lloyd. During the drill, Garvin’s team required that she not participate, but only observe.

“It was hard, but it gave me a chance to see how the nurses would do without my help. Apparently we trained them well because they did fine,” she said. “The nursing staff was very impressed. The nurses came up with several ideas on how we could improve our emergency plans.”

Garvin says his team pays close attention to the requirements of national organizations as well as those of the Texas Department of State Health Services. His team works closely with Scott Lillibridge, M.D., director of the National Center for Emergency Medical Preparedness and Response, to take advantage of new knowledge and training ideas from around the nation.

Simulation Education Services also offers training to the state’s regional advisory councils on trauma and emergency preparedness. Each RAC offers regional interoperable communication exercises to its member hospitals.

Wanda Helgesen, RN, executive director of the BorderRAC, says the RAC used to do table-top exercises at its headquarters but switched to a desktop Webinar drill offered by Simulation Education Services in 2009. During the drill, each hospital’s emergency team gathered in its command center to walk through plans for evacuation and communication with the other hospitals.



“When we did the table-top exercises, the hospitals would send one or at most two people. And it was usually the same people each time, the safety officers, because they couldn’t afford to have staff away for a full day,” Helgesen said. “When we switched to the desktop drill, the hospitals were able to get more of their command groups involved. Each command center had 10 or more people involved.”

The drill tested the hospitals’ ability to deal with a mass chemical exposure. “Michael’s team researched what kinds of chemicals were most likely to cause an emergency in our area, based on local industry and what is transported through here,” Helgesen said. “They did all the documentation and preparation, helped develop the scenario and brought in experts to make it more realistic.”

Linda Row, director of nurses at the Rankin County Hospital District, participated in a Webinar drill through the Texas J RAC. Her facility is a critical access hospital with only 30 people on staff, so sending its emergency team off-site isn’t possible. The Webinar drill allowed all eight members of the team to participate.

“During the drill, we realized that none of us really knew how to use the CB radio, which is our backup communications in case of a power failure. The J RAC sent out a technician to train us after the drill,” she said. The drill also brought to light the fact that not all of the hospitals in the region were using the same color for particular emergency codes, such as yellow for bomb threat. As a result, the hospitals standardized their color-coding system to make communications easier.

For more information about Simulation Education Services, contact Michael Garvin at mgarvin@simulationed.com or 515/321-7000 or go to [www.simulationed.com](http://www.simulationed.com). \*

# No More Juggling: Total Gas Management Service Reduces Costs and Improves Safety

BY JILL M. JOHNSON

**Just a few years ago, Jose Ocegüera, respiratory care supervisor at St. David's North Austin Medical Center, had to juggle supply maintenance duties along with taking care of patients' respiratory needs. As a respiratory therapist, Ocegüera helps patients with breathing difficulties, but he frequently found himself having to interrupt patient care to switch out medical gas cylinders, track down missing inventory or find urgently needed equipment. But once Air Liquide Healthcare took over these tasks through its Total Gas Management program, Ocegüera's load lightened considerably, leaving more time for focused patient care.**

St. David's North Austin Medical Center is a full-service hospital offering comprehensive health care services to the highly populated area of Central Texas and therefore needs efficient, reliable vendor support services to meet its high demand.

"The technicians at Air Liquide provide us with an excellent service by removing all the empty oxygen tanks and refilling all the hospital units with full tanks on a regular basis so they are readily available," said Ocegüera. "They then inventory all the departments for gas needs and physically bring an order sheet to my office so I know what we have in stock and what I need to order for the next week. Instead of playing catch up, we are now several steps ahead of the game."

Air Liquide Healthcare is the world leader in gases for industry, health and the environment. The company offers innovative solutions based on constantly enhanced technologies. "Air Liquide Healthcare is more than medical oxygen," said Troy Fowler, director of medical gas services. "We offer every gas used by every department or facility in the health care market, from surgery centers and long-term acute care hospitals throughout the state of Texas to world-class research facilities and the largest hospital group. Air Liquide Healthcare is always ready to supply great service and a top-notch product line."

With Air Liquide's Total Gas Management service, hospitals can be assured that they will have the right cylinder when they need it, where they need it, eliminating shortages and excessive cylinder inventory. "Our many satisfied customers across the United States have found this service takes a lot of work and cost concerns off their shoulders," said Fowler. "With a highly trained

on-site medical gases technician dedicated to managing and optimizing a hospital's entire medical gas cylinder inventory, we can guarantee supply chain management that will offer significant savings and improvements in safety compared to the current method of cylinder management."

According to Ocegüera, there have been numerous occasions when Air Liquide has helped St. David's North Austin Medical Center by delivering on short notice when supplies ran low. The company also delivers after-hours and on weekends.

"Recently, Air Liquide assisted me with a total facility shutdown for oxygen and air that occurred on the weekend. They provided a number of large oxygen and air tanks to support our medical gas systems during the shutdown and helped bring the tanks from the parking lot to different areas of the hospital," said Ocegüera. "Air Liquide has definitely provided an excellent service for St. David's North Austin Medical Center, and I can't say enough about the quality of its staff."

In addition to providing health care organizations with cylinder management services, Air Liquide Healthcare has additional expertise in the sales and service of bulk liquid oxygen across the state of Texas. The company continues to innovate by offering a wide array of therapeutic and calibration gases to go along with a full line of mechanical and liquid nitrogen freezers and service.

For more information about Air Liquide Healthcare, contact Troy Fowler at [troy.fowler@airliquide.com](mailto:troy.fowler@airliquide.com) or 512/417-9803 or go to [www.us.airliquidehealthcare.com](http://www.us.airliquidehealthcare.com). \*



# The Virtual Job Hunt: Matchmaking Made Easy through Online Recruiting

BY SHARON REYNOLDS

**A**ccording to the U.S. Bureau of Labor Statistics, health care will generate more jobs over the next decade than any other industry. Randy Stone, vice president of recruiting at St. David's HealthCare, one of the largest hospital systems in Austin, is poised and ready for the challenge of finding the best and brightest workers in order to build and maintain the system's health care team.

## The Role of the Internet

Stone says the modern-day business of human resources has changed drastically in the last 20 years due to the emergence of the Internet as one of the most critical tools in the great job hunt. Gone are the days when job seekers scoured want ads in local newspapers or postings on cafeteria bulletin boards and submitted resumes on crisp linen paper. In those days, hiring managers received a stack of resumes and personally looked through each one to select candidates for further review.

Today, the vast majority of businesses use the Internet to begin the recruiting process. Most companies require applicants to apply online and receive hundreds of applications from job seekers across the country who found the listing through job boards and electronic posting sites. One of the biggest challenges for human resources professionals searching for health care workers is the overwhelming task of reviewing the large volume of applications received. Many candidates are seasoned and highly qualified health professionals, but most aren't qualified and may not even be in the health care field. Hiring professionals no longer have the time to review resumes one by one to search for the best fit.

## Matchmaking Made Easy

Last year, while beginning a search to fill a hospital administrator position, Stone turned to HEALTHeCAREERS, the nation's largest health care-specific online resource for both employers and job seekers. HEALTHeCAREERS offers unique and valuable components that set it apart in the human resources industry: a health care niche and partnership with more than 120 professional health care associations across the country.

Stone's experience with HEALTHeCAREERS was positive, and since then, St. David's has remained a satisfied client.

"HEALTHeCAREERS is one of many parts that make up our overall staffing solution at St. David's," said Stone. "I specifically chose HEALTHeCAREERS because of its large following of health care administrators and its access to numerous health care associations."

## Benefits to Clients

For clients searching for qualified job candidates, the advantages of using HEALTHeCAREERS are great. Once a job is posted with the network, the information is cross-posted on multiple sites, including those of professional organizations. Clients therefore receive increased exposure, and their postings can be found easily through Internet searches. The site sees a continual flow of new candidates, and users complete more than 48,000 applications per month.

"The greatest thing about what we do is our health care niche," said Gary Seaberg, regional director at HEALTHeCAREERS. "We eliminate candidates who aren't qualified, which is a huge frustration for clients when they're looking to fill specific needs."

To become an endorsed company of the Texas Hospital Association, HEALTHeCAREERS went through a lengthy approval process. Stone appreciates the assurance of a THA endorsement. "Our rep goes out of his way in terms of service and response," he said. "We receive notifications when candidates apply to postings, so we work more efficiently by spending less time placing ads and making phone calls."

Stone is happy with the return on investment. "When we've hired people specifically through the HEALTHeCAREERS site, we spend one-third of what we'd pay for a search agency," he said.

## Benefits to Job Seekers

HEALTHeCAREERS offers free services to job seekers, including site registration, profile setup and resume creation. The network matches them with jobs that fit their criteria, and they receive job alerts from interested clients. Another great benefit is the "Conference Connection" through which job candidate and hiring professional interviews are facilitated at professional conferences where both will be in attendance.

"HEALTHeCAREERS is a candidate traffic builder that's in multiple places to reach candidates wherever they are," Seaberg said. "The fact that candidates are members of professional associations gives them immediate credibility as highly qualified candidates. Our site is a win-win for both clients and job seekers."

For more information about HEALTHeCAREERS, contact Gary Seaberg at [gary.seaberg@healthcareers.com](mailto:gary.seaberg@healthcareers.com) or 214/256-4811 or go to [www.healthcareers.com](http://www.healthcareers.com). \*

## Survey: Physicians Generate \$1.5 Million Annually for Their Affiliated Hospitals

While physicians are the primary providers of medical care at the nation's hospitals, a new survey suggests they also are key drivers of hospital revenue. According to the survey, a single physician generates an average \$1,543,788 a year in net revenue on behalf of his or her affiliated hospital.

Conducted by Merritt Hawkins & Associates, a national physician search firm, the survey asked hospital chief financial officers to quantify how much revenue physicians in 17 specialties generated for their hospitals in the last 12 months. This included both net inpatient and outpatient revenue derived from patient referrals, tests and procedures performed in the hospital.

Neurosurgeons topped the list of specialists examined in the survey. According to survey data, a single, full-time neurosurgeon generates an average of \$2,815,650 a year on behalf of his or her affiliated hospital. Other high-revenue-generating specialists include invasive cardiologists (\$2,240,366 a year), orthopedic surgeons (\$2,117,764 a year), general surgeons (\$2,112,492 a year) and hematologists/oncologists (\$1,485,627 a year). Primary care physicians also generate substantial revenue for hospitals, the survey indicates. A general internist generates \$1,678,341 a year on average for his or her affiliated hospital, a family physician \$1,622,832 a year, and a pediatrician \$856,154 a year.

The survey was mailed to hospital CFOs nationwide and is based on data submitted by 114 facilities. Complete survey results are available at [www.merrithawkins.com](http://www.merrithawkins.com).

## Hospital Equipment Spending Starts to Rise

According to the *Wall Street Journal*, U.S. hospitals are starting to purchase expensive capital equipment such as imaging machines and robotic surgical systems once again. The newspaper reached this conclusion based on strong fourth-quarter sales for surgical-robot maker Intuitive Surgical Inc. and improvements for GE Healthcare.

Since 2008, hospitals have limited spending due to increases in uninsured patients and deferred elective surgery. Although capital equipment spending seems to have stabilized and may be improving, experts caution that signs are tentative so far.

## Over 40 Percent of Nurses to Alter Career Path, Survey Shows

Nearly one-third of registered nurses surveyed last month say they will not be working in their current job a year from now, and close to half say they plan to alter their career path in the next one to three years in a way that would either take them out of the nursing field entirely or reduce their contribution to direct patient care by working fewer hours or choosing a less demanding role. Driving part of the decision to potentially change career paths or jobs is the fact that nearly half of those surveyed say their job is affecting their health.

These are among key findings from the *2010 Survey of Registered Nurses: Job Satisfaction and Career Plans*, conducted by AMN Healthcare. The survey, which collected data from 1,399 respondents, was conducted during a period of economic recession and in the course of an ongoing national debate over health care reform. The survey reflects how RNs may have altered their career plans due to the recession, how they might respond to an economic recovery, and whether they believe health care reform will address the nurse shortage.

On the health care reform issue, only 6 percent of the respondents are very confident that reform will provide a mechanism for ensuring an adequate supply of nurses. This comes at a time when industry data indicates the nation will face a shortage of 260,000 RNs by 2025, and Bureau of Labor Statistics shortage numbers are even higher.

A complete breakdown of survey results is available at [www.amnhealthcare.com](http://www.amnhealthcare.com).

## Employer Health Care Costs Jump 7.3% in 2009, According to Study

Average health care costs for U.S. employers increased 7.3 percent in 2009, according to a recent study conducted by Thomson Reuters. The year-over-year increase topped the 2008 rate of 6.1 percent and occurred in a year when the U.S. inflation rate was negative.

The study analyzed insurance claims data for 144 small, medium-sized and large companies that provided health benefits to 9.5 million individuals from 2007 to 2009. Data for the study was derived from the Thomson Reuters MarketScan® Commercial Claims and Expenditures Database.

The study found that employer costs outpaced overall health care spending. Average health care costs for employers in the study rose 7.3 percent while overall U.S. health care spending (which includes Medicare, Medicaid and other payers) grew at a more modest 4.8 percent, according to National Health Expenditures data from the Centers for Medicare & Medicaid Services Office of the Actuary.

Smaller employers were hit the hardest, the study found. Among small employers (fewer than 5,000 employees), health care costs increased 9.8 percent in 2009, nearly double the 5 percent rate seen in 2008. Medium-sized employers (5,000 to 50,000 employees) saw cost increases accelerate from 6.5 percent in 2008 to 10 percent in 2009. Among large companies (more than 50,000 employees) costs rose 5 percent in 2009 – a decrease from the 5.8 percent recorded in 2008.

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

# Hidden Savings:

## Consumption and Utilization Analysis Helps Control Costs

BY MELISSA GASKILL

**When Management Dynamics Inc. came calling at Uvalde Memorial Hospital, Valerie J. Lopez, chief financial officer, didn't think the firm would find much room for improvement.**

"According to our benchmarks, our percentage of supply cost compared with net revenue was excellent," Lopez said. "Compared to our peers, we were doing great."

The firm offered to review three months of purchasing data for potential savings at no charge, so Lopez figured she had nothing to lose. The initial report projected \$325,000 in savings for the 66-bed community hospital.

MDI is endorsed by the Texas Hospital Association for its Product Acquisition Consumption and Evaluation Review program. Based on the firm's 70 most recent projects, PACER has saved clients an average of 7 percent, or \$12,000 to \$15,000 per occupied bed.

"A hospital typically has two ways to reduce costs, either in payroll or supplies," said Gail Terrell, vice president of sales and marketing. "PACER is consumption- and utilization-based. We don't just look at pricing – we look at what they are consuming and using."

After a kick-off meeting at Uvalde Memorial with all the department directors followed by individual meetings, MDI presented Lopez with a list of measurable savings opportunities. The firm returned several times to oversee the active operational part of the project.

"MDI provides updated reports on what has been implemented and the annualized projected savings for each as it was implemented," Lopez said.

That ongoing contact is important, she added.

"There is so much going on that I don't want any balls to be dropped," she said. "We go over where a department is, what suggestions were made, which ones have been implemented, and which ones we're having difficulty with and whether we can ask them for help on those."

Lopez just completed a report showing that the hospital has realized \$253,000 in savings as of the middle of February.

Those savings came from purchasing from recommended vendors, changing utilization practices, standardizing operations, changing contracts and monitoring invoices. Directors now are trained to audit contracts, review invoices and sample prices to ensure they are accurate. Lopez has no doubt the hospital will reach or exceed the initial \$325,000 projection.

MDI offers an initial, no-charge mini-analysis to all THA members, Terrell says. The mini-analysis looks at a hospital's annual supply expense, including everything from med-surg to pharmacy, food service and any other non-salary expenses.

"A hospital provides the data, and we evaluate it at no charge in an effort to identify the potential for supply savings as well as return on investment, which is typically 6-to-1 to 8-to-1. We'll do an evaluation for any facility and advise whether there is potential for us to help them or not," Terrell said. "We have never failed to meet a savings goal."

Other firms offer cost-reduction services, but, Terrell says, as an independent firm, MDI offers complete objectivity. "There are firms that offer such services that are owned by a

group purchasing organization or share an affiliation and so, in my mind, can't give a truly objective evaluation. We have no stake in making a recommendation," she said.

Lopez found MDI staff to be professional and easy to work with. "When you ask clinical people to change from what they're used to doing, you have to approach it in the right way, and they did. Not one director ever came to me and said there was anything they didn't appreciate," she said. "Many of them have said it was a real learning experience and that, as directors, they have a better understanding of controlling costs, as well as contracts, negotiations, due diligence and finding products that offer quality service at a good price."

For more information about Management Dynamics Inc., contact Richard Nolan at [rnolan@management-dynamics.com](mailto:rnolan@management-dynamics.com) or 770/953-9553 or go to [www.management-dynamics.com](http://www.management-dynamics.com). \*



**Staff from Uvalde Memorial Hospital found ways to save money with the help of Management Dynamics Inc. From left to right: Valerie Lopez, chief financial officer; Ann Martinez, operating room director; Cynthia Hite, chief nursing officer; and Anita Gutierrez, materials management director.**

## THA Endorses Five New Companies

The Texas Hospital Association recently endorsed five new companies: **Carrier Corporation** (physical plant services); **COBRAGuard Inc.** (COBRA administration and compliance); **Curbside Hospitality Inc.** (concierge/valet/parking services); **GroupOne Services Inc.** (job applicant background screening); and **HealthCare Strategies Inc.** (insurance cost-management solutions). For more information on these or any other THA-endorsed companies, go to [www.healthshare-tha.com](http://www.healthshare-tha.com) or call 800/252-9404.

## Sharing Receives Most Improved Publication Award

Sharing, the quarterly publication of HealthSHARE, received the first-place Gold Award for Most Improved Magazine or Journal in *Association TRENDS*' 2009 All-Media Contest. *Association TRENDS* is the national newsletter for association executives and suppliers, spotlighting the latest news, information and trends in association management.

"We are honored to receive this award for the revamped *Sharing*," said Jim Dixon, HealthSHARE president and chief executive officer. "In the last 12 months, HealthSHARE underwent a major rebranding initiative, along with an intensified marketing focus, on the heels of 2008 organizational changes. We are proud to see that our efforts have been recognized."

In September, a new and vastly different *Sharing* was unveiled to Texas hospitals. The newsletter transformed from a

monthly, single-color brochure format to a full-color 16-page quarterly magazine format. The new *Sharing* features six best practices case studies showing how individual hospitals have impacted their bottom line by partnering with a Texas Hospital Association-endorsed company.

The *TRENDS* All-Media Contest is an annual competition held exclusively for associations, recognizing the most creative and effective communication vehicles developed in the industry during the year. The 2009 competition included more than 425 entries in 26 categories of association communications.

*Sharing* was honored at the 31st Annual Salute to Association Excellence on Feb. 23 in Washington, D.C. The winning entry was on display at the event, along with the other winners. This year's All-Media Contest winners also were highlighted in the January 21 issue of *TRENDS*. Additionally, the *Sharing* revamp was featured in a case study within the same issue. \*

## THA-Endorsed Companies Provide Support to THA's 2010 Leadership Conference

Many Texas Hospital Association-endorsed companies lent their support to THA's 2010 Leadership Conference, held Feb. 17-18 at the Renaissance Austin Hotel. The following THA-endorsed companies were sponsors:

### Diamond Amerinet



Jack Bennett, senior director at Amerinet, middle, receives an award for Amerinet's Diamond-level sponsorship of the Texas Hospital Association's 2010 Leadership Conference from Brian Stevens, vice president of HealthSHARE/THA, left, and Jim Dixon, president and chief executive officer of HealthSHARE.

### Emerald

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Press Ganey Associates Inc.  
Priority Power Management  
SquareTwo Financial Healthcare Funding  
Total Productivity Track

### Arbor

Air Liquide Healthcare  
Amazon Coding  
AMN Healthcare

### CampbellWilson

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Carrier Corporation  
Concerro Inc.  
ConnectiMED Networks by Power Station LLC  
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Mike Payne, 800/252-9404

**Texas Hospital Association Insurance Programs**

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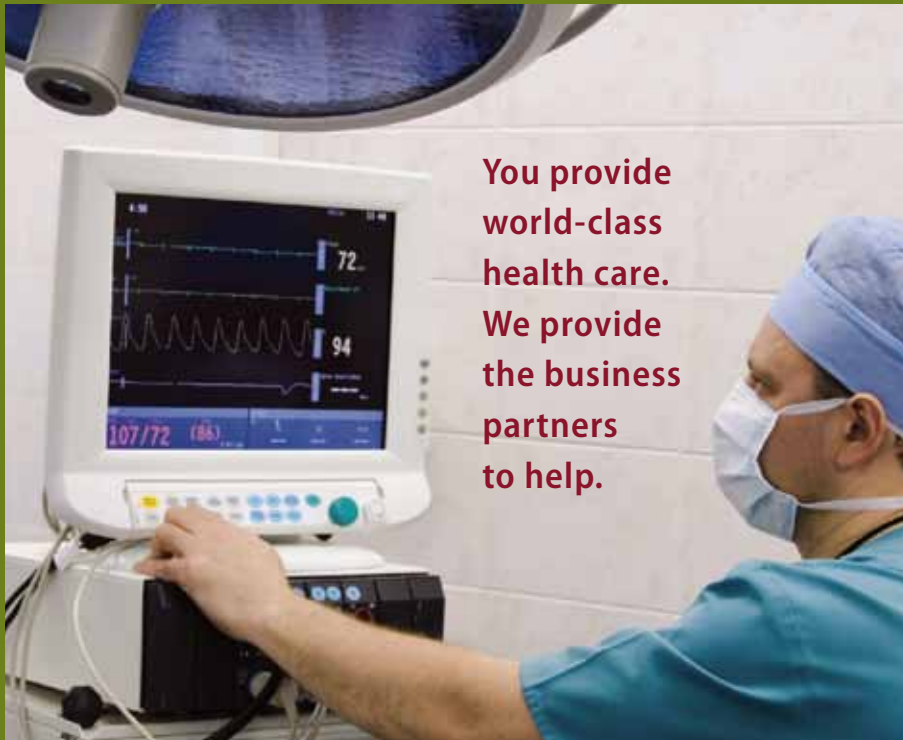


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