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Articles, Interviews and Statistics for the Healthcare Executive

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Health Care Reform's Big Impact on HR

By Judd H. Lees
Williams Kastner

By KoKo Huang
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Few people have read all 3,000-plus pages of the recently enacted Patient Protection & Affordable Care Act (Act) and the ensuing Health Care and Education Reconciliation Act of 2010, but no one doubts the compliance headaches these contentious pieces of legislation will present for human resource personnel for years to come. This article discusses the broad brushstroke requirements under the health care legislation which will go into effect on various dates over the next several years, and provides guidance for HR personnel to both understand and prepare for the changes ahead.

Grandfathered Plans. At the outset, it should be noted that in order to deliver on presidential promises made during the health care debate, the Act provides for no changes for enrollees in group health plans or health insurance in effect on the March enactment date, with some minor exceptions. The same grandfathering applies to plans provided by union collective bargaining agreements in effect in March 2010.

Immediate Changes to Employer Health Care Plans. Several changes effective as of June 23, 2010 are directed at the nature of the health insurance offered by employers who self-insure or participate in group health plans. Group plans offering dependent coverage must continue coverage to children up to the age of 26 even if they are married, and must not exclude participants under age 19 with pre-existing conditions. In addition, the Act eliminates lifetime or annual limits on the dollar value of benefits as well as the ability to re-

Please see> Reform, P4

Inside This Issue

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LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to dpeel@wahcnews.com.

Letter from the Publisher and Editor

Dear Reader,

In February 2010, the Facebook social networking web site surpassed 400 million users. Incredibly, this was an increase of 225 million in just one year!

The Washington Healthcare News recently integrated our web site into the Facebook platform, joining 250,000 web sites that have already done so. You can connect with us on Facebook by visiting www.wahcnews.com, clicking on the blue "join us on Facebook" icon and then selecting *Like* at the top of the page.

Why join us on Facebook? There are several reasons:

- Our "Discussions" page allows immediate engagement in dialog with other healthcare leaders based on topics you create or choose.
- You can choose to be notified when our content changes.
- We provide links to healthcare management articles beyond those presented on the Washington Healthcare News web site.
- We will be enhancing our Facebook page on an ongoing basis. We hope to offer our job board and Consultant Marketplace at some point in 2010.

We look forward to seeing you on Facebook!

David Peel, Publisher and Editor

A Common Sense Approach to Employee Benefits

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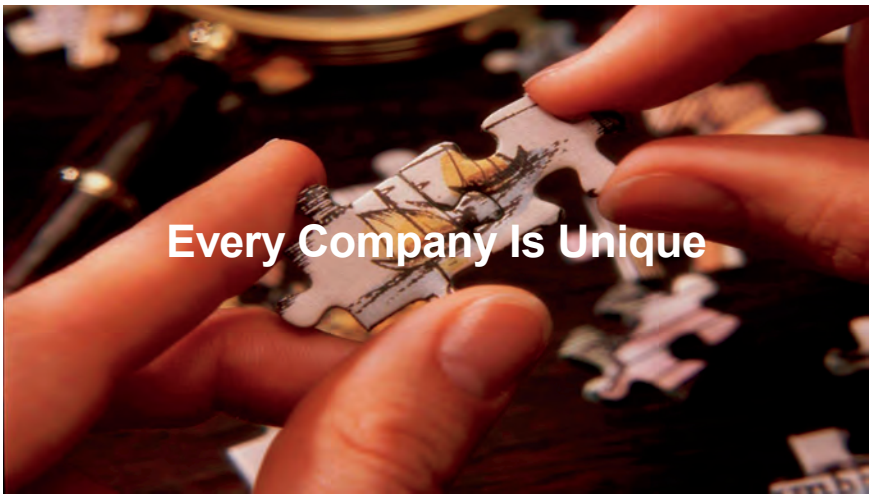

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< Reform, from P1

scind participant coverage except in cases of fraud or an intentional misrepresentation. Other changes include application of nondiscrimination rules which previously applied only to self-insured group health plans. New private plans will also have to fully cover preventative care services without co-payments. By 2010, group health plans and insurers must prepare and distribute a standard summary explanation of benefits and, by 2014, must offer at least an "essential health benefits" package which includes ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use, prescription drugs, rehabilitative services and devices, laboratory services, preventative and wellness care, and pediatric services.

Early Retiree Benefits. Another change which will take place on June 23, 2010 is the establishment of a temporary reinsurance program for early retirees receiving health insurance coverage from former employers until Medicare kicks in. Since the new state-created health insurance exchanges discussed below will not come into existence until 2014, this voluntary reinsurance program will reimburse participating employers 80 percent of their per-employee costs between $15,000 and $90,000 a year in order to entice employers to offer health insurance to retirees between the ages of 55 and 64.

State-created Exchanges. The primary vehicle for opening up health care to the estimated 32 million people who are currently uninsured will be the establishment of American Health Benefit Exchanges by states in 2014. These exchanges must include Small Business Health Options Programs or "SHOPs" to assist small-group market employers to provide qualified health plans to their employees.

Free Rider Penalties. The piece of the legislation drawing the most attention is the mandate that, by 2014, employers with more than 50 full-time employees (FTEs) provide health insurance coverage or face a so-called "free-rider" penalty of $2,000 per full-time employee (although the penalty is reduced by 30 FTEs). "Full-time employees" are those working an average of at least 30 hours per week; part-time hours are aggregated on a monthly basis and divided by 120 to determine FTEs. Qualifying employer health insurance coverage must be "affordable" and provide coverage of medical expenses with an actuarial value of 60 percent. "Afford-

able" coverage is defined as that costing no more than 9.5 percent of the employee's modified gross income.

Major Employers. By January 1, 2014, employers with more than 200 FTEs offering more than one health plan will be required to automatically enroll any new full-time employees in one of the plans and offer these employees notice and the opportunity to opt out. This opt out written notice must contain clear language describing employee options in state-created health care exchanges as well as eligibility for a premium tax credit.

Small Business Tax Credit. Small employers with 25 or fewer FTEs with annual average wages of $50,000 or less will receive a tax credit to purchase health insurance for their employees. A qualifying employer must contribute at least 50 percent of the total premium cost of a qualified plan in order to be eligible for a tax credit of up to 35 percent of the employee's premium. A full credit will be available to smaller employers with 10 or fewer employees who have annual average wages of $25,000 or less.

Free-choice Vouchers. The legislation also requires that employers offer free-choice vouchers beginning in 2014 to low-income employees in order to allow them to purchase health insurance coverage through one of the state exchanges. Employees will qualify for the vouchers if their income is four times below the federal poverty level. The dollar value of the free-choice vouchers must equal what the employer would have paid to cover these low-wage employees under the most generous group plan option. Concern has been voiced that vouchers will drive up health care premiums by pushing younger, healthier employees to opt out in order to purchase cheaper insurance through the regulated exchanges.

HSA and FSA Changes. By 2011, employers will need to disclose the value of the health care benefits provided on employee W-2 forms. Employees enrolled in popular Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) will no longer be eligible for reimbursement for the purchase of nonprescription over-the-counter drugs. In addition, the tax on nonqualified medical expense distributions from HSAs will increase from 10 to 20 percent effective 2011. By 2013, annual contributions to health FSAs will be capped at $2,500.

Whistleblower Protection. As

Please see> Reform, P6

< Reform, from P5

employers and, more importantly, their HR personnel stumble through the various requirements under the health care legislation, they should be aware that employees have been incentivized to ensure employer compliance with the health care legislation. The law prohibits discrimination or retaliation by an employer against an employee who (1) reports or is about to report possible employer violations of the Act; (2) testifies about or assists authorities with an investigation under the health care legislation; or (3) objects to or refuses to participate in any activity, policy, practice or assigned task he or she reasonably believes to violate the health care legislation or any rule or regulation under it. The employee need only demonstrate that the protected conduct was a "contributing factor" in the adverse action by the employer. The employer, in turn, must prove "by clear and convincing evidence that it would have taken the same adverse action in the absence of the protected conduct."

As a result, HR personnel will be carefully monitored not only by the government but by employees as they steer through the myriad requirements of the new health care legislation. Whether the health care legislation will achieve its ultimate goal of extending health care coverage to those who are currently not covered and, more importantly, make it more affordable, will be anybody's guess. However one thing is certain. The employee benefit aspects of the HR job description suddenly got a lot more complicated. It's time to ask for that well-deserved raise.

Judd H. Lees is a Member in the Seattle office of Williams Kastner. He has 30 years of experience practicing labor and employment law, and currently serves as Chair of the firm's Labor & Employment Practice Group. Judd represents both unionized and nonunionized employers in the private and public sector, including clients in the construction, manufacturing and the transportation industries before federal and state agencies, including the Department of Labor, National Labor Relations Board and the Washington State Department of Labor and Industries.

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The New Excise Tax Penalties: Compliance is Your Best Defense

By Susan Smith, SPHR
Director, Human Resources & Compliance
Healthcare Management Administrators

Those of us who work in the group health benefits arena are quite familiar with the many federal laws regulating employer sponsored group health plans – COBRA, mental health parity, HIPAA, GINA, the Newborns' and Mothers' Health Protection Act, and Michelle's Law, to name a few. Each places requirements on the group health plan to provide coverage or continue coverage, or provide notice, special enrollment rights or protection from discrimination due to genetic information or the presence of a health factor. Compliance failure with any of these laws' highly specific requirements carries a per person, per day penalty burden for non-compliance instances. However, historically no mechanism has existed for the reporting or payment of a non-compliance penalty, other than as the result of a lawsuit or an IRS or DOL audit. Until now.

On September 8, 2009, the IRS issued final regulations that became effective for tax years beginning January 1, 2010, regarding new employer sponsored group health plan reporting obligations. Annually, every group health plan must determine if any non-compliance incidents reportable under the federal mandates occurred. If so, the party responsible for the non-compliance – be it TPA, HMO, insurance company or plan sponsor/employer – must self-report each non-compliance instance and proactively pay the associated penalties (26 CFR part 54, sections 4980b and 4980d). The reporting entity must use the new IRS reporting form 8928 (created specifically for this purpose) and file it at the same time as their other federal tax forms.

Reportable non-compliance incidents subject to excise tax penalty include failure to:

- Satisfy COBRA continuation coverage requirements;
- Comply with HIPAA limitations on pre-existing condition exclusions, certificates of creditable coverage, or special enrollment rights;
- Provide coverage for the mandated minimum length of hospital stays in connection with childbirth for mothers and newborns;
- Provide parity in mental health benefits and substance use disorder benefits ;
- Make comparable HSA contributions for all participating employees;
- Exercise non-discrimination regarding eligibility to enroll or premium contributions as required due to genetic information or health factors.

Each incident of non-compliance costs $100 per affected person per day, or if more than one person is affected by the failure, $200 per day. For instance, if a family doesn't receive their COBRA election notice in a timely manner, the excise tax penalty is $200 per family member, per number of days of non-compliance. On a wry note, the IRS does indicate the maximum penalty in any one year for a TPA, HMO or insurance company is $2 million USD.

What about waivers? Under the new reporting regulations, the possibility of a partial or full waiver exists in the following instances:

- If the plan did not, and by exercising reasonable diligence would not have known of the non-compliance.
- If the non-compliance was due to reasonable cause and not willful neglect, and the failure was fully corrected and the affected persons "made whole" within 30 days of discovery.
- If the excise tax would be excessive relative to the nature of the non-compliance.

Unfortunately, as of this writing, there is no guidance on how a plan would apply for the waiver, and the IRS reporting form 8928 does not include the option to provide an explanation for the non-compliance.

While the new reporting requirements are too detailed to elaborate

on in this article, the basics are here. To protect your plan, start a proactive discussion with your broker or Third Party Administrator to identify and address any potential problem areas. If you're an HMA client, be at ease. We'll be working with you to ensure your plans are fully compliant so the excise tax penalty is avoided.

Five Preventive Next Steps

1. Self-funded? Work with your broker or TPA to identify each new reporting requirement mandate and how it applies to your plan.
2. Ensure your plan document not only accurately reflects the mandated coverage or requirements, but also is administered accordingly.
3. Develop an Action Plan to address steps that help ensure continued compliance, identify time lines to meet each mandate, and guide your plan's administration.
4. Implement strong audit procedures to assure near-immediate identification of all failures.
5. Develop policies and procedures that assure corrective action for discovered failures occurs within the 30 day correction window. Document carefully! Show what you discovered and when, as well as the remediation steps.

Susan Smith has over 25 years experience in the employee benefits field, and is the Director of Human Resources and Compliance at HMA, a third party benefits administrator based in Bellevue, WA. She and her team are responsible for HMA's legal and legislative compliance, and they also assist HMA clients with Plan compliance questions and issues. HMA currently administers over 600 benefits plans and offers self-insured employers a full complement of benefit products and services. Contact: 800.869.7093, or proposals@accesstpa.com.

Social Media: New Opportunities and Headaches

By Leslie Bottomly
Partner
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By Kathy Feldman
Partner
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New technology and social media opportunities have opened a Pandora's Box for employers and HR professionals. At work and at home, employees can access e-mail, the Internet, and social networking sites such as Twitter and Facebook, allowing them to work more efficiently and communicate more broadly. But it also creates a range of legal, moral and ethical dilemmas for employers as they strive to balance the legitimate need to know what is happening in the workplace with employee rights to privacy.

Can You Fire Someone Because of Online Conduct?

Given the prevalence of online activity, employers routinely discover objectionable conduct or communications by their employees on Twitter, blog postings, or Facebook pages. A worker may express dissatisfaction with work, pay, a manager or coworkers, post unprofessional photographs or reference getting drunk or being hung over at work. Perhaps more disconcerting is an employee disclosing confidential employer information.

For private (non governmental) and non-union employers who have engaged employees on an at-will basis, the default presumption is that an employee can be terminated for any reason or no reason, and certainly for disparaging the employer or its products, goofing off at work, being drunk at work, or for similar activities frequently tweeted or blogged about. However, there are exceptions to this general rule.

For example, in union and non-union workplaces, an employer may not interfere with an employee's right to organize under the National Labor Relations Act, may not retaliate against a whistleblower or because the employee asserts his or her employment-related rights (for example, asking to be paid overtime) and may not discriminate against an employee because of his or her race, religion, age or other protected status.

Any time an online posting touches upon these potential risk factors, the employer must evaluate the risk before terminating or disciplining the employee. Although an objectionable and disrespectful tweet may not initially appear to implicate these concerns, closer consideration might show that the employee postings touch upon potentially protected issues.

For example, an employee may, in a moment of frustration, post that "my manager sucks and my company sucks. The room I work in is too cold, and they are so cheap they don't even pay us for the time it takes to get into our uniforms once we get to work. Me and my co-workers are signing a petition to complain." A posting such as this should be analyzed to determine whether the employee may have a claim as a whistleblower or under the applicable wage and

Please see> Social, P12

healthcare marketing reform

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< Social, from P10

hour laws or under the union-organizing laws (the National Labor Relations Act).

Vetting Job Applicants On Line

Employers also must be careful in accessing job applicants' online communications. Viewing personal web pages or blog posts to learn of a potential employee's judgment or reputation may seem like a way to avoid hiring mistakes, but it puts employers at risk of exposure to information about an applicant's protected class.

It would not be unusual to learn from a candidate's blog or Facebook page, for example, that the candidate is a minority (which may not be obvious from having met the individual), a union activist, of a particular religion, planning to have children, has a disability or has filed workers' compensation claims. Even if the employer does not base its hiring decision on these criteria, which would be illegal, simply learning such information renders the employer more vulnerable to discrimination claims.

Employers are struggling with how to articulate fair and uniform standards by which to evaluate online information about job candidates. An employer may take steps to screen the hiring decision-maker from protected class information embedded in social media. Employers can do this by outsourcing the task to a third party with instructions to screen out protected class information (or instructions to just provide information on limited criteria, *e.g.*, evidence of illegal activity).

As an alternative, the employer can designate a "neutral" individual internally to research the candidate's social networking information, screen out protected class information, and provide the remaining data to the decision-maker.

Employers who use social networking as a screening tool should consider developing a policy on this practice in order to ensure consistent treatment and respond to discrimination claims. Such a policy should articulate the legitimate business reasons for the inquiry, describe the criteria that will be considered, and articulate information that will be disregarded if learned during the process.

Develop a Social Media Policy

Although social media policies are in the news, relatively few companies actually have implemented them. A recent Ethics and Workplace Survey by Deloitte LLP showed that only 17 percent of employers have policies in place to examine and minimize potential risks to reputation related to use of social media. At the same time, almost half of employees surveyed stated that they regularly visit one or more social media sites four or more times per week. More than 53 percent of employees stated that "social networking pages are none of an employer's business."

A social media policy (and/or related training) can help educate employees on why it sometimes is the employer's business to know what an employee is doing or saying online. Well thought-out policies and procedures may pay off by saving the employer time and expense of unwanted litigation in the future.

Leslie Bottomly (Portland, OR) and Kathy Feldman (Seattle, WA) are partners in Ater Wynne LLP's Labor and Employment Group. Contact them at lgb@aterwynne.com or klf@aterwynne.com.

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Your Best HR Tool: Employment Practices Liability Insurance

By Janet Jay
Agency Sales & Service Representative
Physicians Insurance Agency

Times are tough, and it's difficult to find a job. So, when you terminated that employee last month, she may be looking for any reason to come after you and put a few bucks in her pocket. Luckily, you have a good Employment Practices Liability (EPL) policy to help guide you – and to provide coverage in case there is a claim.

What does an EPL policy cover, and why do I need it? All EPL policies cover for employment-related claims. Covered claims can include allegations such as harassment, wrongful termination, hostile work environment, failure to hire or promote, wrongful demotion, negligent evaluation, deprivation of career opportunity, retaliation, wrongful discipline, etc. An EPL policy provides coverage and security for a business owner in the event of an employment claim.

What special features should I look for?

- *Definition of insured:* Does your policy cover only claims brought against the entity, or does it also include those brought against your employees, directors and officers, or even the independent contractor who is working exclusively for you?
- *Third-party coverage:* This coverage can protect you from a covered cause of action filed by any non-employee, including an outside vendor (such as the delivery or cleaning person) who is working in your office.
- *Coverage for state-approved peer review claims:* If you've filed and received state approval on your peer review plan, this coverage can protect you if one of your healthcare providers files suit against your group in response to action you've taken within the guidelines of your peer review plan.
- *Wage and Hour Defense Option:* This feature provides coverage for claims alleging violation of a federal, state, or local wage and hour law or regulation. Such allegations could include failure to provide mandatory breaks or to pay for overtime hours worked.
- *Human Resource Toolkit:* This is an invaluable resource provided by some EPL policies that can help you navigate through routine human resources events such as hiring, granting time off, taking disciplinary action, and terminating an employee, while keeping you informed of federal and state laws. Additionally, you can find online training programs for you and your staff on a variety of human resource topics.
- *Access to Live Support:* Do you have a question that needs an immediate answer or that you can't find in the human resources toolkit? Having access to live support can save you time and money on attorney fees when you need to know what to do in an unusual situation.

Can you give an example EPL claim scenario? A newly hired Clinical Director of Occupational Therapy at a rehab facility was demoted after just a few months' employment because of her inability to get along with doctors and staff. A new therapist position was created especially to accommodate her, but this was not satisfactory, and her performance did not improve. She was counseled repeatedly for her resistance to or outright refusal to utilize the recommended therapies and splinting procedures. She was then made a "floater" at various rehab facilities but at once began generating complaints from doctors and nursing staff at each location for her poor attitude and working habits. Fi-

nally, she was given an "Immediate Action Needed" written warning regarding her refusal to follow doctor's orders and was counseled that one more complaint would result in termination – and it did. The therapist immediately filed a lawsuit alleging wrongful termination for her having refused to provide "unnecessary" patient services that might have constituted "Medicare fraud." Insurance covered $86,775 in defense costs.

Are you looking for an EPL policy for your group? Physicians Insurance Agency offers a packaged EPL policy that can provide all of the above features and is tailored specifically to the needs of the medical office. For specific terms and exclusions, it's important to refer to your actual policy. For more information and an EPL application, contact Janet Jay at (206) 343-7300 or 1-800-962-1398.

Is There Really a Nursing Shortage in Washington State?

By Linda Tieman RN MN FACHE
Executive Director
Washington Center for Nursing

The current economic conditions have altered many working nurses' plans to retire or reduce work hours. In 2007, approximately 80 of our nurse educators indicated that they planned to retire in the next year; few have done so. Employers report that vacancy rates for RN positions are lower than in many years. Hiring of new RN grads this June is projected to be better than in 2009 but still low. Is it time to finally focus on issues other than the nursing shortage?

Not so fast! All of our schools of nursing continue to report being full and unable to accept more qualified applicants for the pre-licensure programs. Our best data tell us that approximately 750 more individuals might have been admitted if we had capacity; our supply and demand research indicated that simply to keep up with expected demand, we should have added 400 new positions this past Fall to our nursing schools in Washington.[1] Organizations are clamoring for nurse managers, and Chief Nurse Executive turnover is high. The average age of WA's RN is 48.5 (46 nationally), and the average faculty member is over 50. Schools cannot recruit or retain faculty due to workload and compensation disparities. Our overall state unemployment hovers around 9.5%. The recent nursing workforce shortage and that ahead, is caused by demographic changes, unlike shortages of the past. Healthcare organizations that have done their own workforce analyses know that RNs in the Operating Room comprise the oldest segment of their RN workforce and will retire first. As the economy improves, others will follow, or at least reduce work hours.

The forecast from our state Forecasting Division is chilling: the percentage of our population over 65 will continue to grow dramatically, with the elderly population composing 20% of our total population by 2030.[2] Also, 2010 is the year that the proportion of our national population turning 65 escalates dramatically, making more individuals automatically eligible for Medicare.

It's been reported that the average Medicare patient has 3-5 comorbidities and takes 5-10 medications. Older patients have more, longer office visits, more hospital admissions with longer lengths-of-stay, and more needs for support (read "more nursing care in all settings" and "more career opportunity").

What's been done to date?

- The Master Plan for Nursing Education in Washington State is focused on ensuring that we have an educational system that provides a futuristic nursing education for increasingly complex needs, so that our population has the required care.
- The Rural Outreach Nursing Education program (RONE), bringing nursing education to incumbent rural healthcare employees, accepted its second class in January, and a third is planned.
- A preliminary analysis of faculty workload was completed, providing baseline information for making changes to the educator role.
- Transition-to-Practice planning guides for organizations that do not yet have programs for new graduates are being developed.
- Community College nurse educators are working to minimize unnecessary variation in pre-requisites, thus streamlin-

ing students' experience.

- Washington's Campaign to Champion Nursing in America team[3] is learning about other states' successes redesigning nursing education and bringing that info to Washington.
- Regional meetings of stakeholders will be sponsored by WCN in the second half of 2010 to find agreement on the knowledge, skills and attributes nurses need at graduation and throughout their careers.
- Diversity in the nursing student and nursing faculty populations is receiving additional focus from WCN.
- Incumbent worker education is expanding.

All of this work is focused on the future of Washington's health. Is there a nursing shortage in Washington, now? The economic downturn has tipped the scales towards the supply side. But as our economy warms up, the older population increases, and healthcare reform impact is realized, an imbalance to the demand side will occur, quickly. Educational funding, innovative curricula, public-private partnerships, and support for students are critical to our state's health and prosperity.

Linda Tieman is the Executive Director of the Washington Center for Nursing in Seattle, WA. The mission of the Washington Center for Nursing is to contribute to the health and wellness of Washington State by ensuring that there is an adequate nursing workforce to meet the current and the future healthcare needs of our population. She can be reached at 206-787-1200.

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[1]"Washington State Registered Nurse Supply & Demand Projections:2006-2025" Skillman et al. WWAMI Center for Health Workforce Studies. June 2007.

[2]"Forecast of the State Population" November 2009 Forecast. Office of Financial Management Forecasting Division, State of Washington. Pp8-9.

[3]The CCNA is a collaboration of the Robert Wood Johnson Foundation & AARP, focused on transforming Nursing Education in America and includes the following individuals: Gladys Campbell, NWONE; Karen Heys, Everett CC; Anne Hirsch, WSU; John Lederer, HECB; Andrea McCook, WCN; Paula Meyer, NCQAC; Eleni Papadakis, WTECB; Dixie Simmons, SBCTC; Diane Sosne, SEIU Healthcare 1199 NW; Charleen Tachibana, Virginia Mason Medical Center; Barbara Trehearne, Group Health Cooperative; Sally Watkins, WSNA; Linda Tieman WCN (Lead).

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PROVIDENCE Health & Services

Executive Medical Director

The Children's Hospital at Providence in Anchorage, AK is recruiting for an experienced physician leader to serve as its new Executive Medical Director. Position is responsible for the overall operational, financial and business effectiveness of The Children's Hospital at Providence. Accountabilities include: formulate strategy, implement strategic plans, develop and ensure attainment of operating goals and objectives consistent with the strategic objectives and policies established by PAMC and TCHAP. Will oversee recruitment of physicians to TCHAP and manage $130 million facility expansion project that will kick off in 2010. Excellent compensation package, including relocation assistance. Amazing quality of life in Alaska's largest and most modern city.

Requirements:

Advanced graduate training in health or business administration: at least five years of experience in health care; and at least five years of high-level leadership experience. Must be a board-certified Pediatrician or Pediatric Subspecialist physician (M.D. or D.O.).

Contact:

Cindy McCasker
(503) 216-5469 Direct (866) 504-8178 Toll Free
Cindy.mccasker@providence.org

Founded in 1936, The Vancouver Clinic is a multi-specialty clinic located in Vancouver Washington, just north of Portland Oregon. The Clinic is a privately held, physician-owned clinic, with over 700 staff members and 190 providers. The Clinic is one of the region's principal health care providers, offering extensive services to our patients. We are currently seeking the following key positions.

Clinic Manager

We are looking for an energetic, experienced professional to lead a team of staff providing compassionate medical care. Must have excellent communication and problem solving skills. The manager will work through supervisory staff to oversee the daily operations of specialty departments such as ENT, Orthopedics, Podiatry, Surgery, urology and our Special Procedures Suite. The successful candidate will have approximately 5 years of previous medical experience, preferably in an ambulatory care setting. Prefer those with a Bachelors degree or equivalent combination of education and experience.

RN-Supervisor-Oncology/Infusion

We are seeking a Nurse Supervisor to provide the best for our patients and leadership for our staff. Prefer those who are Certified Oncology with clinical leadership experience. Must thrive in a fast-paced environment, be detail oriented, and be able to handle sensitive situations with diplomacy and tact. We offer a competitive wage and benefits package.

Clinical Operations Specialist - RN

Would you enjoy a position where you will serve as a resource and facilitator to identify clinical improvement opportunities and subsequent process improvements? Do you enjoy educating others? Be our site clinical educator and trainer for new and existing staff and assure standardization of care and the clinical environment. Looking for nurse with experience leading quality and safety initiatives and ability to manage multiple projects in varying stages.

The Vancouver Clinic

To apply for any of these positions visit www.tvc.org or call 360-397-3273 for information.

Career Opportunities

SOUTHERN COOS
Hospital & Health Center

Admitting Manager

Southern Coos Hospital on the beautiful south coast of Oregon has an opening for an Admitting Manager. This is a new position and will provide the successful candidate an opportunity to help us consolidate our patient admitting resources to improve training, performance monitoring, collections, and customer service. This position is responsible for supervision and coordination of all operational activities within the Admitting Departments, which includes the Patient Service Coordinator and switchboard / pbx functions. This would involve point of service collections, compliance, medical necessity, authorizations & referrals and a good understanding of all insurance regulations. Excellent people and communication skills are needed to coordinate the admitting process with physician, nursing & other hospital staff. This position recruits, orients, trains, evaluates and monitors on the job performance of department personnel. This is a "working management" position and the manager is expected to work in any area of the department in addition to supervisory functions.

Educational Requirements/Qualifications:

Bachelor's Degree required. Certified Healthcare Financial Professional (CHFP) is a plus. Minimum 5 years experience with increasing responsibilities in a healthcare admitting, patient accounting, or other related medical environment. Demonstrates proficiency in Microsoft Office (Outlook, Word and Excel) applications is required. Must be familiar with Federal HIPAA and EMTALA regulations and patient confidentiality requirements. Knowledge of procedures of third party payers and fiscal intermediaries and compliance rules and regulations is required. Proactively prioritizes needs and effectively manages resources. Communicates clearly and concisely. Oversees the development, deployment and direction of complex programs and processes. Guides staff toward desired outcomes, setting high performance standards and delivering quality service

This is a full time position of 40 hours a week with competitive benefits. For more information go to **www.southerncoos.org**. or email **lhellman@southerncoos.org** or call 541.347.4515. EOE.

Daughters of Charity Health System

CARE Project Manager

The Daughters of Charity Health System will launch a nursing initiative to reduce sepsis mortality rates by 25% annually. DCHS is seeking a results-oriented experienced CARE Project Manager who will be responsible for guiding staff nurses through a pre-established leadership development program. He/she will also work closely with project consultants that are national experts in leadership development. The initial project is the development of nursing councils focused on early recognition of sepsis and reduction of sepsis mortality. The ultimate goal is to develop front line nurses as change agents for quality. This position will be primarily located at St Francis Medical Center and St Vincent Medical Center in the Los Angeles area and may include telephonic and occasional site visits to DCHS San Francisco Bay Area Hospitals. This is a dynamic new position that is funded for 30 months.

Requirements: Degree in nursing required. Equivalent experience is 5 or more years in a health care project management role. Experience in quality improvement and/or project management desired. Comfort level with clinical data/data management and Microsoft Excel.

Additional Roles and Responsibilities available for review at **www.dochs.org/careers**

To apply or learn more, contact Nancy Carragee, RN MS, Director, Quality at 650-917-4521.

We offer excellent salary ($114 to $190 annually depending on skills, education, and relevant experience).

UW Physicians
UW Medicine

Practice Advisor

UW Physicians seeks to fill its Practice Advisor position reporting to the Director of Physician Services and Performance Improvement.

The Practice Advisor interfaces with UW Physicians' key partners to provide professional benchmarking, analysis and performance management strategies as they relates to member physicians' practices.

Collaborating in enterprise-wide quality and performance improvement initiatives, the Practice Advisor is a liaison between UW Physicians and individual clinical departments.

Qualifications:

Bachelor degree required, preferably in business, mathematics, industrial engineering, health administration, or other relevant process-oriented or analytical discipline; Master's degree in business or health administration preferred; Two years experience working with physician billing and reimbursement and/or medical clinic management; Professional medical coding certification helpful, Professional billing software experience and Epic knowledge preferred; Knowledge of ICD-9 and medical documentation requirements including Teaching Physician guidelines; Knowledge of professional billing/revenue cycle management.

A detailed job description available at website.

Application Process:

Please submit cover letter and resume. To apply, visit website:

http://uwmedicine.washington.edu/Global/Employment/UW-Physicians/Pages/default.aspx

UW Physicians. Equal Opportunity Employer M/F/D/V

PAIN Physician in Portland, Oregon

Unique opportunity for a board certified physician with experience in the non-invasive management of chronic pain.

Join our multidisciplinary team of professionals in a free-standing medical rehabilitation clinic where our emphasis is on functional return to work, home and community. We are CARF accredited and located in SW Portland with convenient access to abundant public transportation, freeways, acres of parks and the thriving downtown core.

Please contact: Kathy de Domingo
503.292.0765
progrehab.com

PRA

PeaceHealth

Dedicated to Exceptional Medicine and Compassionate Care

Located in Southwest Washington State, PeaceHealth's St. John Medical Center includes a 200-bed acute care medical center and PeaceHealth Medical Group, a 100+ clinician multi-specialty practice. We are a mission and values-oriented faith-based nonprofit healthcare system.

We want to share our excitement with you! We offer a competitive salary and comprehensive benefits package. For a complete job description and online application, visit:
www.peacehealth.org/careers

Curious seekers contact:
DTroyer@peacehealth.org,
360-636-4106.

Regional Director, Contracts

Primary financial negotiator for revenue contracts needed. Develop and implement contracting strategy. Requires min. 5 years related experience in the **healthcare finance industry in a contracting capacity**.

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