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An Ounce of Prevention How Continuous Monitoring (CM) solutions can save your healthcare business money – and perhaps save a few lives along the way

By Sumit Nijhawan



One of the cornerstones of quality healthcare is continuous monitoring of a patient's vital signs. Automated controls constantly provide readouts that illuminate risk indicators. Not only does it show what's happening in real time; it also triggers instant alarms when any vital sign strays outside safe parameters.

So, why, when it comes to dealing with the integrity of the business information that drives the healthcare system, are providers and insurers reluctant to take a lesson from operations in their own industry? According to a recent report on MSNBC.com, one in five health insurance claims are wrongly handled. Avoiding such errors and inefficiencies could save up to \$15.5 billion annually in administrative costs – money that could be used to improve (and bring down the cost of) patient care.

Unfortunately, the industry continues to rely on costly, time-consuming manual controls and auditing processes to verify information and operational efficiency. Failing to build automation into continuous monitoring of the business operations of healthcare is akin to hospitals and care centers throwing out all that expensive equipment in favor of nurses taking vital signs with mercury thermometers and writing notes on paper charts.

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Mission Critical: Physician Engagement In The Age of ACOs

By Henry Ross and Rochell Pierce



Hospitals and physicians have made strange bed-fellows over the years, and it's no wonder. Their respective cultures and needs couldn't be more different. Physicians, whether in a solo practice or large groups, tend to function more as individuals; whereas hospitals and health systems function more as an enterprise.

Regardless of operating style both physicians and hospitals are in the midst of a sweeping payment reform that is impacting both of their business models. Traditionally physicians, for the most part, have been reimbursed by "fee for service." Since the advent of DRGs (diagnosis related groups), hospitals, by and large, have been pushed more toward bundled payments by both Medicare and private payers.

With the introduction of the Patient Protection and Affordable Care Act (PPACA) in March of last year, we are now seeing both groups being moved to reimbursement models based on quality of outcomes and shared savings. At the forefront of this movement

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Artists Among Us — Lee Kim Translates Her World Through Creative Words and Eyes

By Christopher Cussat

Some people are born artists and others realize their creative spirit along life's journey. Lee Kim nicely fits both of these profiles. This gifted lawyer, poet, and photographer continues to find and redefine herself as a person and artist while she moves through the world with inspired eyes that lovingly acknowledge the past, imaginatively capture the present, and with hopefulness, look toward the future.



Photo by Stan Franzos
Lee Kim

Lee is currently an attorney with Tucker Arensberg, P.C. and is licensed to practice in Pennsylvania and Washington, D.C. She is also registered to practice before the United States Patent and Trademark Office (USPTO) as a patent attorney. Prior to her law school education, Lee worked in radiology informatics within the health information technology (HIT) field.

In relation to the healthcare industry, Lee acts as outside legal counsel for the Pennsylvania Regional Extension & Assistance Center for HIT, East/PA REACH EAST and Pennsylvania Regional Extension & Assistance Center



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for HIT, West/PA REACH WEST—through the Pittsburgh Regional Health Initiative to offer Certified Electronic Health Record (EHR) solutions to health care
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