



# HealthCents

June 7, 2010  
Volume 57 Issue 1

Chapter Web site: [www.hfmaemc.org](http://www.hfmaemc.org)

## President's Message

By: *Maria Abrahamsen, JD*

Greetings!

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May 31, Memorial Day, is the official beginning of summer, and the end of the 2009-2010 HFMA program year. Congratulations to Elyse Berry and all the volunteers who worked with her to create a great year! **The Chapter scored 100%** on all of the benchmarks used by HFMA National to measure the accomplishments of chapters. The criteria measured included member satisfaction, average educational hours per member, and total chapter membership. We all have benefitted from and appreciate the enthusiasm and hard work that Elyse brought to the Chapter Presidency.

The Chapter Board and committee chairs met for a half-day planning session in mid-May to chart the course for the upcoming program year. There was a lot of energy and sharing of good ideas. We have studied the responses to the 2010 members satisfaction surveys and during June we will finalize the educational calendar for the program year. We have set the following 2010-2011 strategic objectives for the Chapter:

1. Collaborate with one or more other health care organizations to offer joint educational programming.
2. Identify up to three organizations in Eastern Michigan that appear to be "under-represented" in HFMA relative to their size. Identify and implement a strategy to increase participation in the Chapter by these organizations.
3. Continue our current initiative to enhance CFO participation in the Chapter.
4. Continue the community service activities begun in 2009.

**Please send me your ideas.** (mabrahamsen@dykema.com or 248-203-0818) Let me know if there is a topic or speaker you would like us to include in our educational offerings. We'd love to hear your ideas for social events, the Chapter web site and newsletter, and any and all other aspects of Chapter operations.

Have a great summer.

Regards,

Maria



## Up Front - Editor's Letter

*By: Jo Ann Roberts*

*Beaumont Hospital*

[jroberts@beaumonthospital.com](mailto:jroberts@beaumonthospital.com)

As a newsletter co-chair, I was invited to attend the Leadership Training Conference (LTC) in Phoenix during the week of April 19, 2010. Because I have co-chaired for the past three years since joining HFMA, this was my third time attending this conference. Some of the newsletter sessions are repetitious, but I believe that each year actually builds upon the previous year. The first year that I attended, I recall being completely overwhelmed with the prospect of co-chairing the newsletter committee. The leadership training conference actually served as both a training session and a guide for setting expectations and parameters for the process of publishing a chapter newsletter. Fortunately, this year I found myself assisting other members who were in the same state of panic that I was in three years ago. I was excited to be able to provide support and guidance to a newly-assigned committee chair from the Tennessee chapter who had no idea of what he had been recruited to do as a newsletter chair.

In addition to attending the educational sessions specific to your committee, LTC also schedules allocated time for the chapter officers to set goals for the upcoming year which are later shared with the other committee chairs during a local mini LTC session. Another advantage for attending this offsite conference is for the opportunity to step away from daily responsibilities and brainstorm new ideas with your peers. (Not to mention that you are enhancing your creative side while enjoying a sunny 85-degree day in Phoenix).

My greatest take-away from LTC this year was the feeling that we are part of a much larger support system. Since I felt more like a veteran rather than a rookie, I was able to contribute and share ideas with the other newsletter chairs. One of the assignments was to share and critique other chapter newsletters. At first I was a little intimidated, but soon discovered that everyone was there to offer positive feedback and suggestions to enhance future newsletter publications. Because of the challenge with remembering everyone's first name, we referred to each other by our state name. All I can say is that Arkansas and Kansas publish a great newsletter. Ohio and Pennsylvania were very complimentary of our newsletter. It was quite enjoyable to interact with newsletter chairs from other locations.

Supporting each other is what I feel this organization is about. When we attend conferences, member meetings, and social outings, we provide ourselves with an opportunity to network and learn best practices. Furthermore, we can share ideas with others who understand and experience the same challenges in the world of healthcare finance.

I wish to thank the chapter officers for providing me with this wonderful opportunity to experience this year's LTC!

### CALL FOR ARTICLES

Do you have a best practice in your field? Have you overcome a challenging business issue? Share your knowledge with your fellow HFMA members. Please submit articles to Maryanne VanHaitisma [mvanhait@dmc.org](mailto:mvanhait@dmc.org) or Jo Ann Roberts [JRoberts@beaumonthospitals.com](mailto:JRoberts@beaumonthospitals.com). Next HealthCents deadline August 20, 2010.

## Ambulatory Surgery Centers: The Implications of New Market Trends for Hospitals

*By: Bryan Burgett, Vice President*  
Kaufman, Hall & Associates, Inc.

Historically, hospitals and health systems have related to ambulatory surgery centers (ASCs) in one of three ways: as competitors for surgical services; as components of the organization itself, often as hospital-physician joint ventures; or, in markets with multiple ASCs, as both competitors and partners. Recent changes in the ASC industry will provide increased opportunities for hospitals to acquire competing ASCs and will also likely alter the rationale for pursuing and operating hospital-physician joint venture ASCs.

### **The End of the Boom?**

Reflecting the migration of surgery away from acute care hospitals, the rate of visits to freestanding ASCs grew approximately 300 percent from 1996 to 2006 (“Ambulatory Surgery in the United States, 2006,” Jan. 28, 2009). Since 2000, the number of ASCs in the country increased to more than 5,300 from 3,000. Financial incentives for income through equity ownership, quality, convenience, patient preferences, and other benefits have been the compelling forces behind the ASC boom, which has been driven largely by physicians. ASCs now constitute a health services sector that generates revenues of \$13<sup>+</sup> billion per year.

There are signs, however, that the ASC industry is becoming a victim of its own success in two respects: (1) The increased number of ASCs makes it more difficult for hospitals to find physician partners for ambulatory ventures; and (2) as ASCs consume more healthcare dollars, payors are increasing their focus on managing costs. Competition for physician partners is particularly intense in highly-saturated markets, such as Texas, California, and Florida. In mature markets, it can be challenging for hospitals to find physicians who provide high ambulatory surgical volume but are not already ASC investors. ASC physician investors are usually subject to non-competition agreements.

On the payment front, ASCs face a number of challenges. Medicare’s new payment system reimburses ASCs at an average of 65 percent of hospital reimbursement for identical outpatient procedures. Some specialties, notably orthopedics, general surgery, and ENT, actually experienced improved reimbursement rates, but two high-volume ASC specialties—gastroenterology and pain management—experienced substantial payment reductions.

More problematic is the increasing challenge to ASCs that pursue “out-of-network strategies” with commercial and managed care payors. In the past, as long as an ASC charged less than a competing hospital, private insurers were content to pay its charges in full. But as ASCs multiplied and case volumes swelled, commercial insurers began to manage cost. As a result, out of-network ASCs have been forced to contract with managed care payors at diminished rates or, in some cases, have lost volume to in-network providers.

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### **Current Economic Environment**

With increased competition and lower payment, ASC operating margins are likely to start declining (if they have not already done so) from the levels seen during the boom. Certainly this will vary market- to-market depending upon the underlying reimbursement and regulatory environments. For example, certificate-of-need states pose barriers to entry that would tend to help incumbent players.

Larger events are also at play. Given a weakened U.S. economy, many ASCs are likely to experience softer volumes as consumers defer elective surgeries. Hospitals already are reporting softer outpatient volumes for discretionary surgeries (*Moody's Investors Service*, "U.S. Healthcare: Negative Industry Outlooks Reflect Weakening Economy," Dec. 2008.).

The diminution of financial and real estate assets in 2008 certainly affected physicians along with everyone else. Where physicians expect to see material capital gains, potential changes to the capital gains tax rate may provide an incentive for divestiture of mature ASCs. Due to these factors and downward pressure on physician incomes, more physicians may wish to unwind or "cash out" investments in ASCs – and are likely to see hospitals and health systems as potential buyers. The numbers of new ASC projects generated by physicians may decrease for the same reasons and physicians are, again, likely to look to hospitals to participate as capital partners in those ventures that do go forward.

Due to their own liquidity and overall financial challenges, however, hospitals must be extremely cautious in approaching all types of ASC transactions, whether acquisition-, development-, or divestiture-related.

### **ASC Acquisition Opportunities**

In joint venturing with an existing physician-owned ASC, a hospital would be making a financial investment not unlike any other acquirer. Typically there are few financial synergies a hospital can offer an ASC by virtue of its ownership, so it is largely a passive investor. In assessing the opportunities, hospitals must understand these key factors:

- *Physician partners as the drivers of revenue.* Historical volumes, organic growth, physician ages, utilization of other facilities, the strength of a practice/groups, and referral sources are all important.
- *Current and possible changes in reimbursement.* Existing "out-of-network" arrangements constitute the most critical area of focus.
- *Governance and control.* If the hospital does not have a controlling interest, it should establish "reserve" powers that secure its consent over material decisions.
- *The duration and extent of physician non-competition agreements.*

While joint ventures may offer strategic benefits through greater physician alignment and cooperation, the financial decision should be based on the venture's ability to achieve a positive net present value. The NPV analysis quantifies a venture's potential return on investment based on high-level projections of volume, payment assumptions, and operational and other costs.

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Opportunities to acquire 100 percent ownership of an existing ASC represent a special case, in that hospitals may be able to “repurchase” surgical volumes that had been lost to the ASC. Generally, such an acquisition presents two options:

1. Convert the ASC to an outpatient department and realize a greater reimbursement level.
2. Close the ASC and reabsorb the surgical volumes in existing hospital-owned operating rooms.

Although there are many strategic, regulatory, and operational issues to address, the largest consideration is the successful negotiation of non-competition agreements with the physician owners. Agreement duration and geographic extent must provide sufficient license protection for the hospital. A financially based “go” or “no-go” decision centers on the present value of the resulting cash flows from the captured surgical volumes, as measured over the life of the non-competition agreements, compared to the price to acquire 100 percent ownership of the ASC.

### **ASC Development Opportunities**

Hospital executives must carefully plan for and evaluate ASC development opportunities. Preliminary planning revolves around an evaluation of the business and financial issues, which must occur within the organization’s overall assessment of capital investment opportunities.

ASCs cannot be successful without strong physician engagement and practices at the ASC, but attracting or choosing the right physicians can be challenging, as described earlier. The choice of partners is a strategic one. Hospitals with strong specialty and subspecialty programs, such as spine surgery, oncologic procedures, and bariatric programs, will find it easier to establish distinctive ambulatory surgical services. Physician partners who are at the forefront of new procedures will help assure an ASC’s market share. Focus on one to three subspecialties provides a high return on capital equipment and maintains an efficient and focused nursing staff. It generally is preferable to have fewer owners who can bring high volumes rather than broad-based participation across a medical staff.

Because of the reimbursement differential between hospitals and ASCs, a development opportunity involving the “relocation” of hospital outpatient cases to an ASC will rarely make economic sense for a hospital. However, there are two considerations that may mitigate the negative financial impact of a joint venture ASC.

First, the ASC investment opportunity may provide a means to attract additional volume from “splitter” physicians that formerly provided services at multiple facilities and even from physicians using competitor facilities. New physician relationships may eventually lead to greater inpatient volume.

Second, if a hospital’s surgical department has a volume backlog that it cannot fill without

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major capital investment in the hospital itself, the relocation of certain ambulatory surgical cases to an ASC may make economic sense.

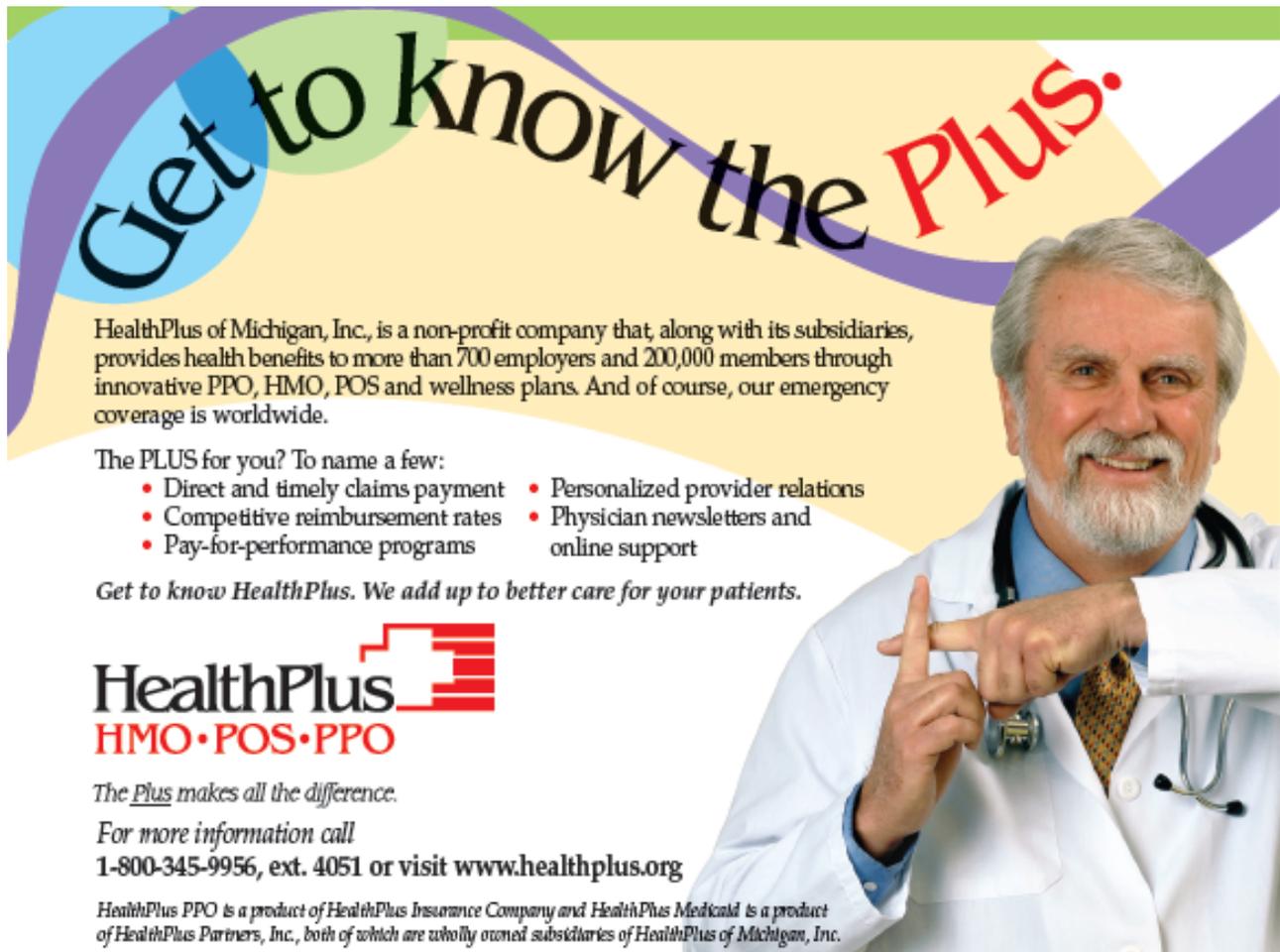
**ASC Divestiture Opportunities**

With ASCs already in operation under the hospital's umbrella, hospital leaders must evaluate whether the ASC joint venture is still offering financial and strategic benefits. Given the changes in the industry, it is likely that many of these legacy ventures may be experiencing flat growth and diminished margins. The facilities themselves may be in need of replacement or substantial capital improvements.

Furthermore, the rapidly growing trend toward physician employment by hospitals in many markets suggests greater hospital control of patient referrals in the future. In a market with a strong base of hospital-employed primary care physicians, the rationale for a continued ASC joint venture is questionable when the surgeons who own the ASC are reliant on the hospital's employed physicians for referrals.

Given these factors, a hospital should weigh the value of the ASC as a stand-alone entity versus the net present value of buying out the physician owners and relocating case volumes to a hospital-owned facility.

For more information, contact Bryan Burgett at 847.441.8780 or [bburgett@kaufmanhall.com](mailto:bburgett@kaufmanhall.com).



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## Membership Committee News

By: Michael Berryman & Jeana Hobart

### Welcome New Members

New members of the Eastern Michigan Chapter are an important part of the Chapter's continued success. Please take a moment to contact our new members and share your experiences about our Chapter. We value their membership and encourage them to become active on chapter committees.

**Rosalind Y. Whitlock**, Senior Reimbursement Analyst  
St. John Health System  
[Rosalind.whitlock@stjohn.org](mailto:Rosalind.whitlock@stjohn.org)

**Debbie Bommarito**, Senior Financial Analyst  
William Beaumont Hospital Corporation  
[dbommarito@beaumont-hospitals.com](mailto:dbommarito@beaumont-hospitals.com)

**Andrew McMechan**, Senior Financial Analyst  
St. John Health System  
[andrew.mcmechan@stjohn.org](mailto:andrew.mcmechan@stjohn.org)

**Deborah J. Evans**, Managing Partner  
Quality Nutrition Services  
[evans120@earthlink.net](mailto:evans120@earthlink.net)

**Brandi Shepard**  
[brandiyshepard@yahoo.com](mailto:brandiyshepard@yahoo.com)

**Maryanne Adam**, Financial Analyst  
St. John Health System  
[maryanne.adam@stjohn.org](mailto:maryanne.adam@stjohn.org)

**Denise M. Johnson**, Executive Director, Enhanced Revenue Cycle  
PHNS  
[denise.johnson@phns.com](mailto:denise.johnson@phns.com)

**Robert L. Skoczek**, Account Executive  
Aon Risk Services  
[robert.skoczek@aon.com](mailto:robert.skoczek@aon.com)

**Andrew K. Zukowski**, Director of Finance  
University of Michigan  
[andzuk@umich.edu](mailto:andzuk@umich.edu)

**Angi Chapman**, Manager of Finance  
University of Michigan  
[juliegon@umich.edu](mailto:juliegon@umich.edu)

**Brianne Dzwonek**  
University of Michigan  
[dzwonekb@umich.edu](mailto:dzwonekb@umich.edu)

**Jeffrey Rowe**, Associate  
St. John Health System  
[jeffreydrowe@gmail.com](mailto:jeffreydrowe@gmail.com)

**Dorothea White**  
[Deewhite2@hotmail.com](mailto:Deewhite2@hotmail.com)

**Asad Malik**, Vice President of Finance  
Henry Ford West Bloomfield Hospital  
[amalik3@hfhs.org](mailto:amalik3@hfhs.org)

**Annette M. Corbin**, Accounting Manager  
Mercy Memorial Hospital System  
[Annette.corbin@mercymemorial.org](mailto:Annette.corbin@mercymemorial.org)

**Laura Archbold**, Senior Process Excellence Consultant  
Trinity Health  
[archboll@trinity-health.org](mailto:archboll@trinity-health.org)

**Zeshanhn Humayun**  
Henry Ford West Bloomfield Hospital  
[zhumayu1@hfhs.org](mailto:zhumayu1@hfhs.org)

**Melissa N. Karolak**, Senior Financial Analyst  
St. Mary Mercy Hospital  
[karolakm@trinity-health.org](mailto:karolakm@trinity-health.org)

**Carol L. Glick**, Director Facilities Support  
Providence Park Hospital  
[Carol.glick@stjohn.org](mailto:Carol.glick@stjohn.org)

**Heather Raschke**, CPA  
UHY LLP  
[hraschke@uhy-is.com](mailto:hraschke@uhy-is.com)

**Kim C. Greenspan**, Healthcare Marketing Consultant  
Plante & Moran, PLLC  
[kim.greenspan@plantemor.com](mailto:kim.greenspan@plantemor.com)

#### Transferred in from other chapters:

**Matthew Westcott**, Senior Manager  
Plante & Moran, PLLC  
[matt.westocc@plantemor.com](mailto:matt.westocc@plantemor.com)

**Stephen M. Early**, Director Central Operations  
Trinity Health  
[earlysm@trinity-health.org](mailto:earlysm@trinity-health.org)



## **HFMA Night at Comerica Park**

**The Detroit Tigers vs. the Texas Rangers**

**DATE: Tuesday, July 20, 2010**

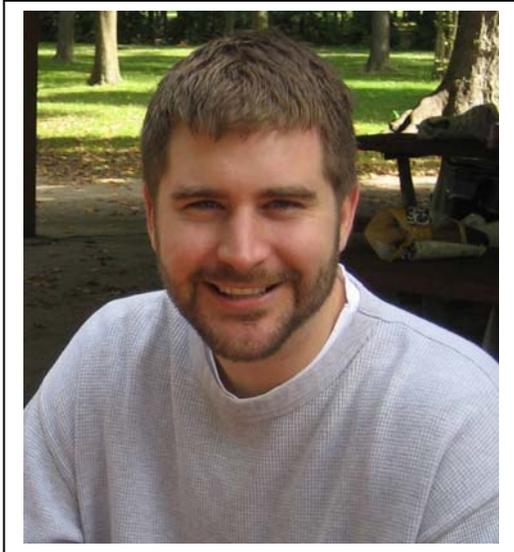
**TIME: 7:05 pm start**

**50 tickets will be available soon, on a first come-first serve basis.  
Networking session at Nemo's in the back room starting at 5:00  
(includes a shuttle ticket to the ball park from Nemo's).**

**An email will be sent when tickets are available for purchase.**



## Newsletter Committee Member Profile – Bob Murray



Organization Works for: **William Beaumont Hospital for Ambulatory Division**

Title: **Business Manager**

HFMA Member Since: **October 2009**

Years in Current Position: **1 Year, 10 Months**

Joined HFMA because: **I wanted to gain more knowledge about the healthcare industry and network with other healthcare professionals in the metro Detroit area.**

“Get to Know You” questions

1. Top 3 songs on your iPod? **“You and Me” by Dave Matthews Band, “True Love” by Phil Wickham, “Armistice” by Mute Math, “It Beats 4 U” by My Morning Jacket, and “In All Things” by Danny Cox (couldn’t keep it to 3!)**
2. If I had time, I would like to learn: **How to speak fluently in Hungarian**
3. If I had time, I would like to travel to: **Hawaii**
4. Three things you’ll always find in my fridge: **Orange juice, ketchup, fat free Lactaid milk**
5. You would be surprised to know: **I spent 3 weeks in India when I was 20 yrs old**
6. Restaurant we might bump into you: **Priya Indian Cuisine**
7. Last book read: **The Seven Habits of Highly Effective People**

## Member Profile – Maria Lockhart



Organization Works for: **Mount Clemens Regional Medical Center**

Title: **Senior Financial Analyst**

HFMA Member Since: **1991**

Years in Current Position: **10**

Joined HFMA because: **To gain accounting healthcare knowledge**

“Get to Know You” questions:

1. If I had time, I would like to travel to: **Europe**
2. Favorite midnight snack: **Cereal**
3. Greatest career achievement: **When I received my Masters in Finance**
4. Proudest moment: **When my children were born**
5. Restaurant we might bump into you: **Mexican Village**
6. Dream automobile: **2010 Corvette Z06**
7. Someday I hope to: **See the USA in a nice RV**

## The Current

By: *Bob Murray*

*Beaumont Hospital*

[Bob.Murray@beaumont Hospitals.com](mailto:Bob.Murray@beaumont Hospitals.com)

In the last edition of *The Current*, we dove into the world of social media, discussing the Facebook phenomenon and the differences/similarities among other sites such as MySpace, Twitter, and YouTube. At the end of that article, I mentioned digging into LinkedIn and discussing how this site is using the social media platform to impact our corporate environment. Without further delay...

*USA Today* published an article on December 31, 2008, written by Jon Swartz. In the article, the (then) newly appointed CEO of LinkedIn, Reid Hoffman (also the website's founder) said it best when he stated, "LinkedIn is the office, Facebook is the barbecue in the backyard, and MySpace is the bar." It's clear that advertisers, consumers, and professionals are flocking to these social media sites as we gain more understanding of the role each site plays in our current economic and social environments. In the same *USA Today* article, it was stated that LinkedIn membership was at 33 million users, a dramatic 300% increase from the 8 million member roster from only 2 years earlier. LinkedIn's own website boasts of 65 million members across the globe as of April 8, 2010. As we might recall from my prior article in February of this year, Facebook's membership is 350 million strong and Myspace holds 68 million accounts in the U.S. alone. Still, LinkedIn is quickly becoming more than just social media for the business professional.

Let's pause for a second and recall the fourth quarter of 2008. By December, our country's (world's?) economic structure was collapsing, and some analysts wondered if we'd ever recover. By the end of September and early October 2008, companies were beginning to realize the chaotic effects of Wall Street's financial tailspin. Tailspin isn't the right word. How about meltdown...like, Chernobyl. Anyway, in Swartz's December 2008 *USA Today* article, he mentioned a surge in LinkedIn's activities among members between the months of September and December of that same year. These activities included member-to-member recommendations (up 14%), connections (increase of 11%), and distributed invitations (up 10%). Overall page views saw an increase of 9% between September and December 2008. LinkedIn quickly became a key resource in millions of people's efforts to find job placement in a changing economic landscape.

But what exactly *is* LinkedIn? What do we do with it?

LinkedIn is definitely more than just posting a resume on Monster.com. By the site's own definition, LinkedIn is "the world's largest professional network, helping people find and share opportunities every day." Yes, using the site begins with creating a profile. In my opinion, the best thing to do is to watch LinkedIn's two-minute introductory video found at <http://press.linkedin.com/about> and from there, head over to LinkedIn.com. After creating a profile, you'll have the option of searching for current email contacts that have already signed up. Once you find a handful of those folks, let the networking begin! LinkedIn even offers suggestions on how to make your site more efficient in terms of "profile completeness" (see attached excerpt on page 12 from my own LinkedIn page). Apparently, at only 80% profile completeness, I have some work of my own to do!

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Now this could sound a bit ominous and overwhelming. It doesn't have to be. You may or may not know that Mike Berryman (Board member of our own HFMA – Eastern Michigan Chapter) is the resident LinkedIn expert (and you thought it was me!). He oversees the HFMA – Eastern Michigan Chapter group page on LinkedIn and was kind enough to chat with me on this topic.

In general, Mike's thoughts on the site revolved around the idea that LinkedIn can be like any other resource you've tried to use in that *you get out of it what you want*. Is it replacing your Rolodex? Will it be the site you first visit after meeting with a vendor or potential job candidate to check up on their credentials? Is your profile link the single source of information on your new business card? Or is it like the fishing rod that you bait up and cast out, waiting to see what happens? It can be any or all of those options.

Is LinkedIn similar to other job-related sites like Monster.com? Are recruiters looking at these profiles on LinkedIn?

In May 2009, marketwire.com posted an article in which it described the results of a survey conducted by Jobvite Social Recruitment. Over 440 Human Resource professionals in a variety of industries (albeit 33% were in the technology sector) completed the survey. Results of the survey not only indicated that 80% of companies were using social media for recruitment, but also showed that 95% of these companies were using LinkedIn to do so. Additionally, 76% of the respondents stated that they used LinkedIn to research candidates. In a more recent article from *USA Today*, Career Network Ministry was highlighted in a piece called, "Today's Job Seekers Add 'Social' to Networking." CNM focuses on helping displaced workers brush up their job-seeking skills. In a 50-page handbook of advice, one of major recommendations is to "create a profile on LinkedIn." A lead volunteer for CNM, Robert Mendez, stated, "In the old days, the saying was, 'It's not what you know, but who you know.' In today's Internet age, it's not who you know, it's who *they* know" (emphasis added).

CNNMoney.com posted an article from *Fortune* on March 25, 2010 titled, "How LinkedIn Will Fire up Your Career." Author Jessi Hempel begins the article by sharing a conversation held with Accenture's head of global recruiting, John Campagnino. To summarize, Hempel states, "To get [Campagnino's] attention...you'd better be on the web. To put a sharper point on it: If you don't have a profile on LinkedIn, you're nowhere." This is pretty strong language, but Campagnino describes his plan to make as many as 40% of future hires over the next few years through social media. And if that doesn't raise your eyebrow, you might be surprised to

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know that Oracle's current CEO, Jeff Epstein, was found online through LinkedIn in 2008. Furthermore, Annie Shanklin Jones (head of IBM's U.S. recruitment) states, "LinkedIn is the most important social-media site for reaching prospective hires." Accenture, Oracle, IBM...all Fortune 500 companies. Did you know that every single Fortune 500 company is represented on LinkedIn? If you're interested in more from this article, I highly suggest bouncing over to it when time allows (and of course, after you finish reading this lovely article in its entirety).

In summary, it appears that LinkedIn is changing the recruitment game a bit. By combining traditional job/resume websites with the social media platform, LinkedIn represents a three-dimensional approach to the "old" way of networking. This is exactly one of Mike Berryman's final comments to me in our phone conversation. Mike shared with me that he recently heard another variation of the age-old phrase mentioned earlier. "These days, it's not who you know, it's *what you know* about who you know." Mike also mentioned that of the 600 +/- members of our Eastern MI Chapter, only 60 members belong to LinkedIn. Could increased usage of and participation of LinkedIn help with our networking efforts? We seem to think so. Does it seem like joining LinkedIn is a good idea anyway? Every indication seems to point towards "yes." But for everyone reading this article, the goal is not to force anyone to use a site or a system just for the sake of using it. As Mike explained to me, "Networking is a big piece of HFMA," and LinkedIn is a great resource to enhance our networking abilities throughout the Chapter and beyond. So with that said, Mike has made an offer. The first twenty-five HFMA members to read this article and join our HFMA – Eastern Michigan Chapter LinkedIn group (<http://www.linkedin.com/groups?gid=1930095&sharedKey=>) will be entered into a drawing for one free pass at the annual HFMA Eastern Michigan Chapter Golf Outing this summer (if you have problems finding the site, feel free to send Mike a LinkedIn message after you join and he'll send an invite to you for the group page). If anything, it gives you an excuse to test-drive the site and see what you think. And ultimately, as LinkedIn's intro video states, "...since signing up is free, LinkedIn just might be the best investment you'll ever make in your career."

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**HFMA****Annual Golf Outing****Thursday, June 10, 2010**

**Tanglewood Golf Club  
53503 West Ten Mile Road  
South Lyon, MI 48178  
(248) 486-3355**

**<http://www.tanglewoodthelion.com>**



**18 HOLES OF GOLF WITH CART –  
SCRAMBLE FORMAT**



**HOLE-IN-ONE & OTHER CONTESTS AND PRIZES**



**BEER AND POP ON THE COURSE**

**AGENDA:**

**9:00 – 11:00 AM**

**Continental Breakfast**

**Free Practice Range**

**10:30 Shotgun Start**

**Burger and Dogs at the Turn**

**5:00 PM**

**New York Strip Dinner**

**Open Bar – After Golf till 7:00 PM**

**After Dinner – Prizes and Raffle**

**50/50 Tickets Through Out the Day**

**Name:** \_\_\_\_\_

**New Reduced Rate!!!**

**Organization:** \_\_\_\_\_

**Golf and Dinner - \$120.00**

**Phone:** \_\_\_\_\_

**Dinner/Drinks Only - \$40.00**

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**Foursome Names:**

**Total Cost:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

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## Keeping Our Balance & Margin in Stormy Seas

By: *Maria Abrahamsen*

*Dykema*

[MAbrahamsen@dykema.com](mailto:MAbrahamsen@dykema.com)

Richard A Swenson, M.D., an international speaker, presented on the topic of preserving a “margin” in work-life balance at the May 25 member meeting. Dr. Swenson was both entertaining and insightful. Highlights of his presentation:

- We live in a historically unprecedented age of “aggressive progress.” Our society is accustomed to the notion that progress will occur and that it will improve our lives. However, this is a relatively new outlook.
- The unexpected pain of progress is that the pace of modern life is accelerating at a rate that exceeds the physical, emotional, intellectual, financial and time limits of humans. We are overwhelmed by a volume of information that exceeds our ability to process it.
- The volume of change and its quick pace result in a sense of imbalance. The consequences of progress are also stress, change, speed, intensity, overload and complexity. For example, there has been more change since 1900 than in all recorded history prior to 1900, and the acceleration of change appears to continue.
- Our responses to the demands of progress include mistakes, decline in healthiness of lifestyle, disorganization or frustration with the volume of information and demands, exhaustion, and depression. These result from sustained overload, which Dr. Swenson defines as “A state of chronic overage that leads to dysfunction in at least one important area where life requires a ‘decent minimum’.”
- Dr. Swenson advocates for maintaining person “margin,” i.e. a reserve such that our capacity to cope exceeds the load we carry. This is not the same as laziness or withdrawal, but rather margin results from steps that preserve our ability to function effectively. This demands that we constantly define our priorities and control our commitments.
- Institutions (as well as individuals) affect margin in work-life balance. The challenge for an institution is to encourage its staff to maintain margin while not sacrificing excellence. Overall institutional effectiveness can be increased if staff are not functioning on overload.
- Dr. Swenson described a number of different aspects of personal margin. Margin in emotional energy is enhanced by finding opportunities for rest, service, social support, connection with nature, laughter and musical outlets. Margin in physical energy is challenged by a gradual decrease in the average number of hours of sleep, reduced exercise, and poorer nutrition – trends which society and individuals must attempt to reverse in order to create personal margin. One of the greatest challenges is maintaining margin in time. Ironically, the development of labor-saving devices has not resulted in relaxation – individuals must make efforts to slow their pace, periodically “disconnect” from our technology-driven culture and plan free time in order to decompress. Finally, margin in finance requires living within one’s means and spending to address needs rather than impulses.

# Induction of New Board Members & Chapter Awards given at May 25, 2010 Member Meeting (pictures taken by Sherrie White)



**New Board Members** (l to r): Christina Wong, Rhonda Main, Tina Wood, Mike Marulli, Amy Vandecar, Mark McIntosh (President-Elect), Maria Abrahamsen (President)



**William Lubaway Award - Outstanding Committee Chairs**  
**Financial Accounting & Reporting**  
Stephanie Bono & Amy Dodd



**Lawrence C. Redoutey**  
Mary Whitbread



**Follmer Bronze Award** (l to r):  
Rhonda Main, R. Paul Henchey, Jeana Hobart, Timothy Meier



**William Lubaway Award - Outstanding Committee Chairs**  
**Placement Committee**  
Kim Hauschild



**Reeves Silver Award** (l to r):  
Christina Wong, Kristine Nelson, Elyse Berry, Mark McIntosh



**Muncie Gold Award**  
Tina Wood



**Medal of Honor Recipients** (l to r)  
Mary Whitbread, Kristi Nagengast, Marina Houghton



**New Member of the Year**  
Michael Berryman

Some award winners were unable to attend the ceremony. Turn to page 19 for a listing of all the award winners.

## Congratulations!! Annual Award Recipients from May 25, 2010

### **Bronze Award Winners**

R. Paul Henchey  
Jeana J. Hobart  
Rhonda I. Main  
Timothy J. Meier, CHFP  
Karen E. Mineau, CPA

### **Silver Awards**

Donna M. Kopinski, CPA  
James J. Kopp  
Mark A. McIntosh  
Kristine E. Nelson  
Christina M. Wong  
Elyse A. Berry, FHFMA (2004)

### **Gold Awards**

Douglas C. Banks, FHFMA, CPA, CIA  
Stephen R. Collard  
Jeffrey B. Ewald, CPA  
David K. Livingston, FHFMA  
Tina L. Wood

### **Thomas F. McNulty**

Cynthia Long

### **Lawrence C. Redoutey**

Mary Whitbread

### **Medal of Honor**

Marina Houghton  
Mary Whitbread  
Kristi Nagengast

### **William Lubaway Award - Outstanding Committee Chairs**

#### **Financial Accounting & Reporting**

Stephanie Bono & Amy Dodd

### **William Lubaway Award - Outstanding Committee Chairs**

#### **Placement Committee**

Kim Hauschild

### **New Member of the Year**

Michael Berryman  
Carl St. Amour

### **CHFP Certification**

Colleen Lidwell

### **Fellow Certification**

Maya Mohan

## Parting Remarks

By: *Elyse Berry, FHFMA*  
*HFMA-EMC Past-President*  
 Hurley Medical Center  
[EBerry1@hurleymc.com](mailto:EBerry1@hurleymc.com)

It's hard to believe a year has passed since my chapter presidency began. What a year! As I began the year with some trepidation, I thought we have so much to do. Throughout the year, however, it became evident that the fine volunteers of the Eastern Michigan Chapter were always there committed to the Chapter success. To the credit of the officers, committee chairs & members, and Susan Stokes, our administrator, I am pleased to report a perfect 100% for Chapter performance under the HFMA national requirements for the 2009-2010 year.

Here is the Chapter Report Card:

REQUIREMENT	GOAL	CHAPTER PERFORMANCE	POINTS	TARGET MET	
EDUCATION HOURS	8323.2	9504.5	20		
EDUCATION HOURS PER MEMBER	13.6	15.5			
MEMBERSHIP	596	629	20		
MEMBER SATISFACTION	≥49%	≥54%	15		
CERTIFICATION EXAMS TAKEN	8	9	10		
SEAMLESS SYSTEM OF SERVICE: MEMBER DIRECTORY CHAPTER ANNUAL REPORT	2	2	10		
DAYS CASH ON HAND	≥150 TO ≤600	273.7	5		
ON TIME REPORTING: CHAPTER ACTIVITY CHAPTER EDUCATION CHAPTER NEWSLETTERS	11 ALL 5 ISSUES	11 ALL 5 ISSUES	5 10 5		
TOTAL POINTS			100		100

In addition to making a perfect score on our national requirements, we also advanced each of our strategic

Please see **Remarks** on Page 21

Remarks from Page 20

goals for the year:

- “Making it Count” in our community through two successful charity collections for Gleaners and the local Ronald McDonald Houses.
- Responding to the needs and creating greater involvement of the Chief Financial Officers of area hospitals.
- Involving younger members in Chapter activities.

We also received word the Chapter will receive the following awards:

**Helen M. Yerger Awards:**

- Education – Healthcare Finance 101 Class
- Expanding Sponsorship Base
- Multi Chapter Webinar Program
- Multi Chapter 56<sup>th</sup> Annual Fall Conference

**John M. Stagl Siver Award for Excellence for Education**

**Award of Excellence for Membership Growth and Retention Gold**

Congratulations to all of you for these fine accomplishments!

In closing, I want to thank the Chapter members and officers for all the support this past year. I will be forever grateful for the privilege and honor to having served as President of the Eastern Michigan Chapter. I wish Maria and her team best of luck as they embark on the new chapter year.

Regards,

*Elyse*



Maria presents the President's Award to Elyse



HFMA members and guests listen to Terry Moore at the May 25, 2010 Member Meeting

Thank you to our 2009–2010 Annual Chapter Sponsors!  
We hope you will consider being a sponsor for 2010–2011. Contact Susan Stokes if you would be interested in continuing your sponsorship at [susan-stokes@comcast.net](mailto:susan-stokes@comcast.net)

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Chapter website [www.hfmaemc.org](http://www.hfmaemc.org)

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