hfma Eastern Michigan Chapter
healthcare financial management association

HealthCents

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Chapter Web site: www.hfmaemc.org

President's Message

By: Mark A. McIntosh

Inside This Issue

Believe to Achieve

The Chapter officers and new board members for the upcoming HFMA Chapter year were installed May 25th at the MSU Education Center on a miserable cool and stormy afternoon. Five days later we celebrated Memorial Day and the beginning of the 2011-2012 HFMA year with temperatures in the 90's…you gotta love Michigan weather!

I am excited to be working with this year's Chapter officers - Sue Dimic (President-Elect), Amy Vandecar (Secretary), Mike Berryman (Treasurer), Sara McGlynn (Asst Treasurer), and of course, Susan Stokes, the Chapter's Administrative Assistant. I couldn't imagine trying to balance all the HFMA work Susan does for the Chapter into our already crazy work schedules. I also want to welcome two new Board members, Michael Klett and Luke Meert, and thank Mel Armbruster and Rob Carlesimo, whose terms as Directors have ended, for their service to the Chapter.

Before I talk about the upcoming year, I also want to thank and congratulate Maria Abrahamsen for her leadership during the past year. Thanks to Maria's leadership and the efforts of the various committees and volunteers, the Chapter scored a perfect 100% on the National HFMA Chapter scorecard for the 2nd straight year. Although I am now nervous, as she leaves a tough act to follow, it was a pleasure working with Maria during her years as an Officer.

The upcoming year should be an exciting one for the Chapter. We will celebrate the 60th Anniversary of the Chapter and are in the process of planning a celebration at one of the fall member meetings. Other plans for the upcoming year include upgrades to the Chapter website, increase our use of LinkedIn, continued partnerships with other professional organizations, improve our CFO involvement, and increase our student and university involvement.

As you can see, we will be busy and are always looking for more volunteers. We have several new committee chairs this year and would welcome additional committee members. If you are interested in getting involved, please feel free to contact me, Susan Stokes or any of the committee chairs.

I hope everyone has a safe and enjoyable summer, but don't forget about HFMA. I hope to see many of you at the golf outing on June 13th or at our annual Tiger game outing on July 19th.

Talk to you soon.

Mark

As We Begin A New Membership Year

By: Jo Ann Roberts
Co-Editor
JRoberts@beaumonthospitals.com

We are upon a new membership year and I would like to welcome Michelle Giurlanda and Sherrie White as our new co-editors for the Eastern Michigan Chapter. Sherrie has supported the newsletter committee as one of our photographers, as well as serving as an active member of the Social Activities Committee. Many of you may know Michelle for her work on the Accounting and Finance Committee. After completing their leadership training both Michelle and Sherrie are enthusiastic and energized to assume their new roles.

This is my last note as co-editor and I would like to take this opportunity to thank the readers, along with all of the previous HFMA officers who have supported me as co-editor. I have had the privilege to work with a wonderful team: Susan Stokes (our committee "glue" who makes it all possible), Maryanne Vanhaitsma (our most experienced co-editor), Jason Pulis, Rodica Gabor, Sherrie White and Bob Murray.

Serving as co-editor has been such a rewarding experience. This role allowed me to participate with the chapter leaders in the leadership training conferences (in some fabulous cities). The team also encouraged my involvement in setting goals and objectives for our chapter. If you haven't already, I encourage you to consider serving on one our chapter's many committees. I guarantee you will be connected with a great group of caring professionals.

Lastly, what I find to be so true is that:
"*People rarely succeed unless they have fun in what they are doing." Dale Carnegie*.

I have worked hard, experienced growth and have had fun serving as co-editor for the past four years.

Thank you,
Jo Ann Roberts

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 Michelle Giurlanda mgiurlanda@beaumonthospitals.com or Sherrie White slwhite@beuamonthospitals.com Next HealthCents deadline **August 17, 2011.**

Selective Attributes of a Good CFO, or Things That You May Not Find in a Google Search

By: Steve Fehlinger
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Do a Google-search and find listings of attributes of a good CFO. The results are generally from a Fortune 500 company perspective. Does this really matter? Do CFO attributes vary with company size and ownership? Having served as a CFO at several hospitals, what follows is my rendition of favorable attributes that I have observed or strived to practice over the years.

Ability to thoroughly understand the revenue cycle - Clearly, one would expect that a CFO would have a thorough understanding of closing the books, managing cash, and reporting financial operating results to leadership and the board. However, the estimate of net revenues and net accounts receivable is complex and may not be understood at a level to thoroughly mitigate unnecessary risk. Financial reporting risk can be reduced by valuing accounts receivable through adoption of a balance sheet approach or quarterly accounts receivable testing, but problems can still arise from inaccurate evaluations. As such, a working knowledge of all aspects of the process is paramount. Further, it is critical to use the knowledge gleaned from a reimbursement model in order to make sound financial decisions as circumstances change. Without a thorough knowledge of the process, opportunities can go unrecognized.

Mentoring, supporting, and developing the team – This may seem pretty basic, but when poor audit results or financial misstatements occur this is often the case. At times the CFO may micromanage operations to ensure adequate financial reporting but this is a disservice to the finance team as well as the organization. The finance team is short-changed in professional development and the CFO is less available to meet the c-suite needs of the organization. It takes a lot of people to make an organization successful. Teaching, mentoring, developing is how successful individuals perform well and move up the career ladder.

Do not forget what it is like to be in the trenches and walk-the-talk – Beyond developing the team, instilling a culture of trust and mutual respect is essential. This means respecting other's time by planning ahead to avoid requesting things at the last minute or making changes at the last minute. This also means framing a request for a report or document in such a way that allows the person to understand the level of accuracy or support that is necessary to fulfill the task. This also means taking the initiative to understand what is involved to meet a request.

Unyielding integrity – This goes to the heart of the role of a CFO and compromise of principles can lead to an untimely fading of one's career. Loosening interpretations of rules and regulations to inappropriately favor the Organization or an individual may provide a short-term gain at the price of long-term career prospects. Similarly, withholding information to auditors, or legal counsel and the like is never acceptable.

Share and articulate the vision – This relates in part to developing both the team and engendering a favorable organizational culture by sending a clear understandable message that is congruous with the mission and vision of the CEO and board. Times are financially challenging and this is not expected to change. The message from the CFO should articulate how the organization should position itself and

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how the finance department can assist in this endeavor. How this message is conveyed is equally important. The message should be clear and speak to the level of the audience. A "doom and gloom" portrayal of a message or downplaying operational challenges and risks is not helpful.

Organizational integration of finance – The CFO should promote the value of the finance area and the resources they offer to the organization. At the same time, the CFO should engage and empower the finance staff to integrate and support the operational departments of the facility. Strive to teach, train, and educate others where appropriate. If the finance staff is not getting out of their offices to serve and aid the departments of the organization, the CFO is remiss in his/her duties. This education includes the board, finance committee, and leadership as well as department managers.

Share the bad news (as well as the good news) – The CFO does not own the bad news nor are they solely responsible for poor results. As such, poor financial results should be conveyed timely and in appropriate detail together with a plan for corrective action where necessary.

Wasteful waiting – This is an aspect of the third point above, but is so important that I have listed it separately. Oftentimes, leaders contribute to lost productivity through their own actions. Tor Dahl, economist, consultant and associate professor in public health at the University of Minnesota, tells us that "waiting" is the antithesis of productivity. When you are waiting, nothing productive is being accomplished. How often does the CFO (or any other manager for that matter) keep a subordinate waiting for approval, review, or the necessary bit of information to proceed? Unfortunately, probably all too often! Similarly, being a bottleneck contributes to waiting by having to review everything and/or making inconsequential or trivial changes. In moving things forward, "done is better than perfect," is a viable productivity mantra that is applicable in many instances.

Integration with the CEO – The CFO has to be a confidant and invaluable resource to the CEO. Bringing a problem to the CEO absent alternatives for resolution is not job-sustaining. Even strong-willed confident CEOs expect suggestions and answers, not "what do you want to do about this?" For example, earlier in my career as a controller, whenever possible I strived to bring to the CFO three options to resolve an issue or problem and then recommended one of the suggestions. That habit has worked well and continues to do so.

Embrace change, keep current, and take measured risk – As we all know, the only thing constant is change. Effective CFOs embrace change and convey change in a positive light. With change, keeping current in one's skill set is a necessity for survival in order to make continuous improvement for the organization. Finally, in order to move agendas forward, an element of risk-taking is necessary and healthy. Unfortunately, fear of failure or an overdeveloped dose of skepticism may cause a CFO to become risk averse to their detriment. As the world changes, countermeasures must be deployed to overcome increased cost and reduced payments. Decisive, measured, and planned initiatives are necessary elements for survival of the organization -- and the CFO.

Closing comment - When you are brought in as the interim CFO, often but not always, a problem contributed to the untimely departure of the incumbent. Most CFOs know and generally adhere to the above comments otherwise they would not have attained the position. Unfortunately, due to a demanding schedule and significant challenges, things can go off track. Hopefully, some takeaways from the above observations and suggestions will be helpful for those who aspire to the challenging but rewarding position of CFO.

The Current – Mobile Technology + Healthcare = ~~The Future~~ Now!

By: Bob Murray
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If you've never heard the word mHealth, it is my pleasure to introduce this addition to your vocabulary. In all honesty, I only learned the word earlier this morning. mHealth is shorthand for Mobile Health, the result of Healthcare's collision with the ever-advancing technologies of the Mobile industry. There's even an annual summit! The third annual mHealth Summit is scheduled for December 5-7 of this year, located in the Washington D.C. area. Last year's summit had more than 2,400 attendees and more than 150 speakers from across the globe. Keynote speakers included Bill Gates, Ted Turner, and Aneesh Chopra (U.S. CTO, The White House)[1]. While visiting the mHealth Summit website (http://www.mhealthsummit.org/), I watched a short video titled, "What Is mHealth?" The responses included words/phrases like, "Revolutionary," "…the next step from eHealth…" and "…improving access dramatically to health services." Rob McCray, President and CEO of the Wireless Life Sciences Alliance stated, "People are mobile, and wireless brings mobility. So it's not about the mobility, it's about connectivity." What does that mean to me? As the technology I use on a daily basis continues to adapt to my lifestyle (meetings, classes, activities, events, etc.), these same devices can now connect me to one of the (if not the most) important areas of my life…my physical health.

On the heels of Ford's announcement of the built-in heart rate monitor car seat and the anticipation of the new iPhone 5 (suggested to release in September 2011), it's clear to me that we value our advances in technology. Value isn't a strong enough word. We become psycho over our advances in technology. That's actually a medical phrase. To be clearer, we are a nation that not only was built on creating advancement in technology but also *enjoys*, nay, becomes increasingly giddy with each new invention. In other words, the geniuses who invented Nintendo didn't just value the creation of the gaming console for advancement purposes, I have a feeling they really really liked playing video games too!

Ford's press release states that 6 sensors located on the surface of the backrest will assist in detecting electrical impulses through various layers of clothing. While cotton clothing (up to ten layers) is no problem, wool is giving the sensors some trouble in reading the impulses (seriously, who likes wool clothing anyway?). But in general, Ford is reporting accuracy readings "…for up to 98% of the time behind the wheel."[2] Earlier this month, a May 19th New York Time blog entry titled "The Sensors Are Coming!" (http://bits.blogs.nytimes.com/2011/05/19/the-sensors-are-coming/) spoke of the next generation of mobile phones and the sensors that will make "…your current mobile phone…look pretty dumb." Suggestions of heart monitors, perspiration detection (really?), and humidity sensors will be included in these next-generation models.[3] But can advances in the mobile industry truly have a financial impact, or greater yet, an impact to the quality of patient care? The response seems to be YES.

Jenn Riggle, an associate vice president and social media leader of the Health Practice at CRT/tanaka states in a May 18th article that mobile applications have the potential to reduce hospital readmissions, one of the major goals of healthcare reform and accountable care.[4] Ms. Riggle suggests that

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applications on mobile devices will have the ability to track many of the metrics that will be benchmarked for reimbursement. Initial readmission rates will include those for congestive heart failure, heart attack, and pneumonia, all of which could be potentially monitored remotely via mobile device. In her article, she cites current devices already in play that can provide blood pressure and heart-rate data to patients. This data can even be exported to spreadsheet if desired. The Cleveland Clinic has already introduced four mobile phone applications ("apps") for iPhone users. The apps are (1) a mobile version of ClevelandClinic.org, (2) a wellness tip-of-the-day, (3) a stress meditations app, and (4) an exercise-encouragement application called Let's Move It.[5]

As highlighted in the Spring-Summer 2011 HFMA Leadership Special Report, the Visiting Nurse Association (VNA) of Greater Philadelphia is on the doorstep of this mobile technology. Currently the VNA is engaged in telemonitoring of patients with heart failure and chronic obstructive pulmonary disease (COPD). As stated in the report, these two diagnoses can "…generate the most readmissions." The study noted that with "extremely high" patient satisfaction came a large decrease in readmission rates. With heart failure patients, the typical 45% 30-day hospital readmission rate dropped to 35% after 6 months and 25% within one year of implementing the telemonitoring program.[6] But telemonitoring still requires the patient to physically operate the medical equipment that provides data to the medical team. Electronic questionnaires and phone conversations are also included in the program. Industry trends suggest that the next step in this program would move towards sensor-based electronic data transmittal through mobile devices, eliminating the need for the patient's data-input.

Newsweek reported in May of 2010 that devices such as wireless pacemakers will be the future of the mHealth landscape.[7] As the aging population increases, the demand for routine and regular check-ups will become more and more difficult to accommodate. Mobile devices, WI-FI networks, and willing participants will be key to meeting these demands. The Cellular Telecommunications Industry Association (CTIA) stated in a November 2010 press release that "Innovative wireless technology is reshaping the healthcare landscape in America and around the world….experts say the savings would amount to $21.1 billion per year by reducing emergency care, hospitalization, and nursing home costs."[8]

As industry experts try to forecast and speculate as to the true impact on healthcare and reform efforts, everyone seems to agree that the major mHealth issue involves liability. In Jenn Riggle's May 18th article, she states, "If someone buys a health app and experiences a major health issue as a results of using the app, who is liable – the app store, the developer, the carrier, or all of the above?" There is no real answer to this question. In the meantime, some analysts are suggesting that these technologies will focus on non-critical applications for now. Overall, the landscape is still changing and the technology is still being developed (and redeveloped, and redeveloped…)

As our cell phones transform from providing vocal communication to web browsing and data processing, the capacity to address these healthcare-related issues continues to grow. With healthcare reform comes the need for increased quality of patient care at reduced costs. Stakeholders in the healthcare and mobile industries will continue to see their worlds collide as our nation struggles to address the healthcare demands facing our economy. As with most technology-related issues, we can

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only sit back and let the experts "do their thing." How do we use mobile technology to increase our quality of care and reduce costs? I hear there's an app for that…or at least there will be.

1 http://www.mhealthsummit.org/about_2010.php
2 http://mobihealthnews.com/11014/ford-research-unveils-heart-rate-monitor-seats/
3 http://bits.blogs.nytimes.com/2011/05/19/the-sensors-are-coming/
4 http://www.hospitalimpact.org/index.php/2011/05/18/are_mobile_apps_the_key_to_reducing_hosp
5 http://www.hfma.org/Publications/Leadership-Publication/Archives/Special-Reports/Spring-Summer-2011/Case-Study--Mobilizing-for-Mobile-Patients/
6 http://www.hfma.org/Publications/Leadership-Publication/Archives/Special-Reports/Spring-Summer-2011/Case-Study--Keeping-Patients-at-Home/
7 http://www.newsweek.com/blogs/techtonic-shifts/2010/06/24/report-shows-wireless-healthcare-market-is-booming.print.html
8 http://www.ctia.org/media/press/body.cfm/prid/2031

Membership Committee News

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.

Timothy C. Gutwald, Attorney
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Transferred In from another chapter

Faraz S. Ahmed, Director of Business Operations
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Free HFMA Webinars for HFMA Members

HFMA's Webinars offer you an easy way to get the information you need on pressing healthcare finance topics. From the comfort of your office, you can participate in a Webinar and find the strategies and tools you need to help your organization achieve success.

HFMA National Webinars

June

Top Issues That Leave You Open to RAC Take-Backs

Tuesday, June 14: After this webinar, you will be able to use a self-assessment tool that identifies an organization's risk of RAC and other payer take-backs, and understand how to correct each issue.

Best Practices for Planning in the Post-Reform Era

Thursday, June 16: After this webinar, you will be able to structure actuals and plan data in formats that are meaningful to non-financial managers; facilitate group planning sessions that focus on the important drivers of revenue and spending; update financial plans in real time using state-of-the-art planning techniques such as scenario analysis; engender spirited cooperation and sharing of best practices amongst planning team members; help non-financial managers better understand their contributions to business goals and objectives.

Preparing for Success in the Bundled Payment Era

Tuesday, June 21: After this webinar, you will be able to identify how Medicare Ace Shared Savings and incentives work with a hospital's participating physician specialists; determine which quality performance analytic tools are the best case based on experience, and show how: a) physician value index can be used for physician alignment and gain-sharing incentive payments; b) patient population risk analysis tools can help in standardizing evidence-based care to minimize acute care admissions.

Evaluating ePayables Opportunities

Wednesday, June 22: After this webinar, you will be able to understand the landscape and recent trends in ePayable solutions; identify the advantages and disadvantages of ePayment methods; leverage strategies for evaluating ePayment opportunities and providers; understand strategies for maximizing vendor participation.

JULY

Best Practices for Agile Planning in the Post-Reform Era: Three Core Issues

Thursday, July 21: After this webinar, you will be able to set up best practice models to analyze financial impacts of payer mix; construct financial models that link clinical drivers to variable revenues and costs; set up scenarios to test alternate assumptions about post-reform impacts; structure your own real-time agile planning sessions amongst clinical managers and finance.

Waste Not, Want Not

By: Victoria Bergmans, MBA, CHFP
Healthcare Financial & Revenue Cycle Consultant – HFMA Austin Texas member
victoria@austin.rr.com

Are the people, processes and technology that make up your revenue cycle functions ready to take on healthcare reform? As we are all aware, the Patient Protection and Affordable Care Act includes a mandate that will require 30 to 40 million, currently uninsured individuals, to obtain health insurance coverage. With approximately 95% of the U.S. population covered by private or government administered health insurance in 2015, the revenue cycle will be strained with the anticipated growth and expansion of healthcare demand. At the same time, healthcare delivery systems will be adapting to health insurance exchanges, payment reform initiatives, increased regulation and the transition to ICD-10-CM. It is now more critical than ever to examine and identify less than optimal revenue cycle workflows. Efficient infrastructure and processes, to ensure timely submission of a clean claim, which is paid in full on the first transmission, will be crucial for cash flow.

Lean Manufacturing (Lean) is the perfect tool to actively engage team members to seek out and eliminate waste in the revenue cycle workflow. Lean is often mischaracterized as being a cost reduction strategy when, in actuality, it is a continuous process improvement system, that quite often reduces cost. I was exposed early in my career to the ideas of Dr. W. Edwards Deming, an American statistician and quality guru, whose principles became the foundation of the Toyota Production System (TPS) or Lean. Having attended graduate school in western Michigan, the headquarters for worldwide furniture manufacturers, Steelcase and Haworth, I had the opportunity to gain first hand insight into process improvement methodologies. As a Practice Administrator working in the healthcare sector, I had no idea how much value stream mapping and measurement of outcomes, in the manufacturing sector, would influence my approach to providing financial leadership to healthcare entities.

The main objective of TPS /Lean is to provide the best possible service to the customer through the elimination of all forms of waste. Let's start out by defining waste as anything that adds cost or time without adding value. Defining value is a little more difficult, so for the sake of simplicity, we will use the TPS definition of value, which is defined as something the customer is willing to pay for. The first step in eliminating waste from the revenue cycle is to develop a process map of how the current process really flows, starting with patient access through account resolution. Once you have a true depiction of the current process, each activity in the current process is identified as a value adding task or non-value adding task. There will be some non-value adding tasks that are necessary to meet business or regulatory requirements but do not add value. For example, submitting claims electronically through a clearinghouse is a necessary part of the revenue cycle but does not add value to the customer. Sending paper claims directly to the payor, when electronic submission is an option, does not add value to the customer or to the practice and would be considered waste.

So what exactly constitutes waste? Waste is identified as a non-value added task, not necessary for business or regulatory reasons. Lean philosophy breaks waste down into 8 categories. Once team members understand the 8 categories of waste, they can begin to identify and eliminate waste from the revenue cycle workflow.

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The 8 categories of waste are:

• OVERPRODUCTION	• OVERPROCESSING
• WAITING	• UNNECESSARY INVENTORY
• EXCESS MOTION	• DEFECTS/ERRORS/RE-WORKS
• TRANSPORT	• UNDERUTILIZED PEOPLE

- **Overproduction** refers to producing work or providing a service before it is required or requested. Examples of overproduction include redundant work, such as entering repetitive information on forms, printing extra copies of documents, and multiple team members performing the same task due to lack of clear ownership of the function.

- **Waiting** includes anything that interrupts the workflow and causes a delay in the next processing step. Examples include patients waiting to see the provider, insufficient number of software licenses and waiting for charges to be entered in the EPM/EMR. Backlogs and bottlenecks in the process are usually associated with waiting.

- **Excess Motion** is any movement that does not add value or reverses the process flow. Examples include patient registrars walking to the copy machine to make copies of patient information, looking for misplaced documents and inconsistent changing between computer screens when inputting data in EPM/EMR.

- **Transport** waste in the revenue cycle involves less than optimal flow of data and people. Examples include re-entering data between incompatible systems (EPM and clearinghouse), work being passed back and forth for clarification and outdated procedures/lack of clarity.

- **Overprocessing** waste occurs when more steps than necessary, to add value to the customer, are included in the process. Examples include excessive paperwork, gathering irrelevant information and submitting duplicate claims to the payor.

- **Unnecessary Inventory** includes the usual inventory items, as well as inefficient use of time. Examples include outdated forms/manuals, unnecessary e-mail/paperwork, and work in progress (outstanding encounters and discharged but not final billed claims).

- **Defects/Errors /Re-works** are mistakes that were not corrected at the source and require additional attention. Examples include not obtaining the correct patient demographic information, not setting up payors in the clearinghouse and submitting claims to the incorrect payor.

- **Underutilized People** are defined as not using team member skills to their potential. Lean work teams are seen as a resource to be developed and well trained in their functions (1). Examples of underutilization include the supervisor correcting patient insurance information in EPM, management not including the team members responsible for a task when evaluating process improvements opportunities and supervisor not training team members to use the functionality of EPM.

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Teamwork and a common focus are essential elements to streamlining your revenue cycle workflow. Lean helps you look at your revenue cycle workflow from a holistic point of view, as opposed to individual steps. By mapping out your current process, you are able to see the interaction between all activities and identify where insufficient processes result in delays, duplication of efforts and errors or "waste." Applying Lean to your revenue cycle workflow will eliminate waste, which will accelerate cash conversion and liquidation of accounts receivable.

References

1. Dibia, I. and Onuh, S. (2010). "Lean Revolution and the Human Resource Aspects." Proceedings of the World Congress on Engineering 2010 Vol III WCE 2010, June 30 - July 2, 2010, London, U.K.

Committee Chair Profile- Peter Stewart, FHFMA, CPA

Organization: **Health Alliance Plan**

Title: **Manager Auditing Services**

HFMA Member Since: **September 1, 1982**

Years in current position: **10 years**

Joined HFMA : I was new to Healthcare and thought it would be a good organization to make contacts and friends with in the industry**. I was right.**

“Get to Know You” questions:

1. Top 3 songs on your iPod? **Need You Now by Lady Antebellum, Somewhere With You by Kenny Chesney, and The Weather Is Here, Wish You Were Beautiful by Jimmy Buffett**
2. Greatest indulgence? **I joined Edgewood Country Club in August of 2009**
3. Three things you'll always find in my fridge: **Miller Beer (there's a shocker!), Salami and Tabasco Sauce**
4. Proudest moment: **When my daughter was born**
5. Restaurant we might bump into you: **Buffalo Wild Wings in Novi**
6. Person I would like to meet: **Jimmy Buffett**
7. Someday I hope to: **Shoot a hole in one, bowl a 300 game and hit a Royal Flush in video poker**

Thank you for an awesome 2010-11 Year! HFMA Annual Chapter Sponsors we look forward to working with you again in 2011-12.

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