**Upcoming Events**

September 21, 2012 — Physician and Payor Landscape—Zions Bank Founders Room

November 16, 2012—Joint Meeting with AAHAM—Transformation of Healthcare

January 25, 2013—CEO Forum—St. Marks Hospital

March 13-15 St. George-HFMA/AAHAM Alliance Meeting

May 17—Golf Tournament and Officer Installation—Thanksgiving Point

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“I often wonder what it is that brings one man success in life, and what it is that brings mediocrity or failure to his brother. The difference can't be in mental capacity; there is not the difference in our mentalities indicated by the difference in performance. In short, I have reached the conclusion that some men succeed because they cheerfully pay the price of success, and others, tho they may claim ambition and a desire to succeed, are unwilling to pay that price.

And the price is...

To use all your courage to force yourself to concentrate on the problem in hand, to think of it deeply and constantly, to study it from all angles, and to plan.

To have a high and sustained determination to put over what you plan to accomplish, not if circumstances be favorable to its accomplishment, but in spite of all adverse circumstances which may arise—and nothing worthwhile has ever been accomplished without some obstacles having been overcome.

To refuse to believe that there are any circumstances sufficiently strong to defeat you in the accomplishment of your purpose.

Hard? I should say so. That's why so many men never attempt to acquire success, answer the siren call of the rut and remain on the beaten paths that are for beaten men. Nothing worthwhile has ever been achieved without constant endeavor, some pain and constant application of the lash of ambition.

That's the price of success as I see it. And I believe every man should ask himself: Am I willing to endure the pain of this struggle for the comforts and the rewards and the glory that go with achievement? Or shall I accept the uneasy and inadequate contentment that comes with mediocrity? Am I willing to pay the Price of Success? And the time to begin paying is now.”

– Joseph French Johnson
Medicare’s Readmission Policy – Are You Re-Evaluating Your Revenue Objectives?

By Jeanne Landy, Account Executive Emdeon

Patient readmissions are already a thorn in the side for hospitals and, thanks to healthcare reform, could have the potential to cut even deeper. The law requires the Centers for Medicare and Medicaid Services (CMS) to penalize hospitals with high readmission rates beginning in Fiscal Year (FY) 2013. To be fair, readmissions are a real financial quandary for Medicare. Approximately 18 percent of hospital patients are readmitted within 30 days of discharge every year, according to the Medicare Payment Advisory Commission, accounting for $15 billion in spending.

While many readmissions are indeed appropriate, research indicates that rates are unusually high following certain procedures and services and by all accounts, preventable in certain cases. The commission, which advised Congress on many of the healthcare reform legislation’s finer points, said that up to three-quarters of readmissions are potentially preventable. For these reasons, CMS will cut up to one percent of reimbursements to hospitals that have above-average 30-day readmission rates for patients with heart failure, heart attack or pneumonia.

What Does This Mean to You?

Have you dusted off your calculator and run the numbers to determine what the Medicare readmission policy could cost your organization? The Agency for Healthcare Research and Quality did and projects that 60 percent of qualifying acute-care facilities—about 2,300 in all—would see their payments reduced between $10,000 and $500,000 based on their current readmission rates.

The research also shows that the average penalty would be approximately 0.30 percent of inpatient payments—or roughly $88,000 per facility. Unfortunately, averages—and the provision itself—do not take into account disproportionate readmission rates at hospitals that serve higher numbers of low-income and indigent patients, a population that is more chronically ill and often can’t, or won’t, follow through with their ongoing care plans. According to a 2010 Thomson Reuters study, a hospital with 250 heart failure patients and a readmission rate 20 percent higher than average would lose $250,000 in Medicare pay.
Unlike other healthcare reform provisions that allow for increased reimbursements for healthcare organizations that demonstrate improved outcomes, the Medicare readmission rules do not reward hospitals for lowering readmission rates, which has some pundits wondering just how effective the program will be. But if the potential penalties don’t send a chill up your spine just yet, wait until 2014 when they rise to a three percent risk-adjusted maximum and cover more conditions, including many related to vascular surgeries.

**What Can You Do?**

There are many actions healthcare organizations can take to improve their readmission rates. Among them, caregivers can improve follow-up procedures to ensure the patient is complying with ongoing care plans, including taking prescribed medications and receiving regular evaluations. Steps should also be taken to facilitate care hand-offs by improving communications with specialists and the patient’s primary care physician.

These types of activities are often influenced by revised policies such as regular nurse case manager follow-up for the ongoing treatment of acute coronary syndrome, the effective use of Information Technology (IT) solutions that can assist with reconciling medications to avoid dangerous drug interactions and for tracking ongoing patient care through automated workflows. Both healthcare IT and policy change initiatives, amongst others initiatives, are hallmarks of emerging patient-centered care initiatives.

High readmission rates are a thorn that is not easily removed and could possibly cause even more pain. There will always be unpreventable readmissions for certain patients, but the rate of avoidable cases is simply too high in many areas of the country and changes can be made to help reduce such occurrences. The reality is that hospitals that don’t make the proper adjustments today will face significant revenue cycle challenges in the future.

*By Jeanne Landy*

*Account Executive*

*Emdeon*

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*Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system. For more information, contact Jeanne Landy, Account Executive for Institutional and Large Providers at Emdeon at jlandy@emdeon.com or visit Emdeon [online](#) to discover more.*
Inner Fire:
The truly great use of adversity as fuel

By Don Yaeger

Dick and Rick Hoyt are a father-son team who together compete almost every weekend in some back-breaking marathon. And if they’re not in a marathon, they are in a triathlon – some of them daunting Ironman-length events which are a combination of 26.2 miles of running, 112 miles of biking and 2.4 miles of swimming. Together they have climbed mountains, and once trekked 3,735 miles across America.

It’s a remarkable record of exertion and discipline – all the more so when you consider that Rick can’t walk or talk.

For more than 30 years, 70-year-old Dick has pushed and pulled his son across the country and over hundreds of finish lines. When Dick runs, he pushes Rick in a wheelchair. When Dick cycles, Rick is in a seat on the front of the bike. And when Dick swims, he pulls Rick in an inflatable dinghy.

Rick’s fight started at birth when he was diagnosed with cerebral palsy. “The doctors told us that Rick would be a vegetable for the rest of his life,” Dick told me while working together on Team Hoyt’s autobiography, released this spring. “They told us to forget him. Put him in an institution. On our way home, my wife and I cried.” But the Hoyt’s refused to abandon Rick and, much to the surprise of doctors and others around him, Rick responded. “When you looked in his eyes and he was looking right at you, you could tell there was a lot going on up there,” said Dick.

At 12-years-old Rick proved doctors wrong when he found his voice through a computer called the Hope Machine. Soon after, Rick learned of a five-mile charity race for an athlete from his school that had been paralyzed in an accident. Through his computer, Rick told his father he wanted to show his support. Dick doubted that he, a self-described “porker,” could run five miles while pushing Rick in a wheelchair, but he gave it a shot.

“That first race almost killed me,” Dick remembers. But none of that mattered when Rick typed out, “Dad, when we were running it feels like I’m not paralyzed anymore.”

That was all Dick needed to hear. The sentence changed their lives. And it changed the lives of countless others, too. “Team Hoyt” was born and their story, captured on YouTube and in the media, has inspired tens of thousands of others.

Today the duo is embraced by all who meet or even hear of them, but it wasn’t always that way. In the beginning, Dick remembers, “Nobody wanted Rick in a road race. Everybody looked at us, nobody talked to us, nobody wanted to have anything to do with us.” Even the Boston Marathon, which Team Hoyt competes in every year, wouldn’t let them compete until they completed a qualifying race in record time.

Continued...
But Dick never gave up. His motivation is singular and selfless. He is determined to give his son a better life, a life that transcends the limitations of his body.

“He is not just my arms and legs,” writes Rick. “He's my inspiration, the person who allows me to live my life to the fullest and inspire others to do the same.”

To learn more about Team Hoyt, visit their website at www.TeamHoyt.com. To order a copy of their new book, Devoted, go to http://www.donyaeger.com/index.php?page=devoted.

**Tips from the Great Ones**

Dick and Rick Hoyt are living proof that the power of adversity, when harnessed, can fuel limitless internal strength.

Adversity is one of the most potent forces in life. One that can bring out the best or the worst – build you up or tear you down. Ultimately, it’s up to you.

Every person faces all kinds of adversity every day, whether it’s internal – like depression, poor health or insomnia – or external – like a natural disaster, canceled flight or speeding ticket.

When you come face to face with these setbacks, you must use your resources to create opportunities. Your problems have no mind of their own – so outsmart them. Think of one hardship that has been weighing on your mind lately and take it head on. Stop procrastinating and making excuses. The idea is to tackle adversity proactively, not just when you are forced to, because this is what gives you the advantage.

Your reaction to adversity shapes your character, clarifies your priorities and defines your path. And, as in Dick and Rick’s case, it can fuel your greatness.

*Don Yaeger is a nationally acclaimed inspirational speaker, New York Times best-selling author and longtime associate editor of Sports Illustrated. He speaks on the subject of Greatness, taking lessons from the world of sports and translating them to business and professional audiences. He can be reached through his Web site: www.donyaeger.com.*
Member Spotlight
Jacqueline G. Coult

Jacqueline G. Coult, CHBC is a senior consultant and owner/president of Valley Technology, LLC

Job/Department/Company I work for:

Valley Technology, LLC – is a firm specializing in healthcare management solutions. Jacqueline is an experienced administrator and certified healthcare business consultant with over 26 years of experience in strategic planning, entrepreneurial business start-ups, business plans, accounting, financial investments, inventory management, contract development and negotiations, personnel management, and marketing. Her consulting experience includes over 300 practices of all sizes and specialties.

Education:

University of Utah - Bachelor’s degree in Business Management
Salt Lake Community College - Associate degree in Business/Industry and Associate degree in Science/Biology

What I like most about my Job:

Watch success right before your eyes and the passion our healthcare provider’s posses

I joined HFMA:

To gain knowledge, look for additional resources and networking opportunities

My family includes:

Husband of 27 years and two beautiful children

If I'm not at work, you'll find me: Traveling the world

Pets: We love dogs but wish I had a horse

Hobbies:

I love traveling and gardening! We are also outdoor enthusiasts; water skiing, snow skiing, hiking, riding my bike, fishing and swimming

My proudest moment was:

Bringing my children into this world and graduating from the U of U

The best advice I ever received: Don’t buy on credit!!

My favorite food is: Mexican Food

A person may be surprised to know that:

I love gazing into my telescope and seeing the moons around Jupiter or the rings on Saturn
Fostering Hospital-Physician Collegiality

An interview with Joyce Zimowski

Joyce Zimowski is known as a CPA who sees beyond the numbers. For years, she has advocated financial-clinical collaboration around performance improvement and budgeting. Now she’s teaming up with a physician to expand Unity Medical Group.

Amid all the uncertainty about the future of healthcare delivery, one thing is clear: Successful health systems will be those that have effective working relationships with physicians. That is why Unity Health, a one-hospital system in Rochester, N.Y., recently underwent a major reorganization and why Joyce Zimowski jumped at the opportunity to be part of the greatly expanded Unity Medical Group.

Zimowski, FHFMA, CPA, a financial leader and former HFMA chair, has served as Unity Hospital’s senior vice president since 2006. She successfully worked with clinical department leaders to set goals, create work plans to achieve these goals, and measure performance.

In her new position as senior vice president and COO of the medical group, she will help bring together an increasing number of employed physicians who have been working in various departments within the system. “What we’re doing with the physician group is probably the most important thing that we are doing in this reorganization,” she says. “We are really elevating the importance of physicians within the organization.”

Positioning for the Future

Unity Health has many elements needed to deliver well-coordinated patient care: a 300-bed hospital, a for-profit laboratory, a wide range of outpatient services, rehabilitation and inpatient psychiatric services, adult daycare, senior housing, and three nursing homes.

At the moment, system leaders have no plans to pursue the accountable care model, but they want to be positioned to thrive regardless of what economic model takes hold in the Rochester market. That means giving physicians more responsibility and authority to improve the way care is delivered.

Unity Medical Group, which was previously limited to 75 employed primary care physicians, is expanding to include 100 additional employed physicians. This includes hospital-based intensivists, hospitalists, and emergency physicians as well as specialists in various fields.

One goal of the reorganization is to foster closer relationships among Unity physicians. “We want Dr. Jones, an internist in one of our primary care offices, to think about sending his patients to his colleague, Dr. Smith, who is an emergency department physician, as opposed to Dr. Jones thinking, ‘I’m sending this patient over to the emergency department at Unity Hospital,’” says Zimowski.

The expanded medical group also helps Unity develop a succession plan for several top administrators who will retire in the foreseeable future. “The reorganization is opening up opportunities for physician leaders, as well as some other staff who we believe have potential to be leaders,” she says.

Standard Treatment Plans

Zimowski is serving as the top administrator for Unity Medical Group in partnership with a physician who also has the senior vice president title. “He’s got the vision and the credibility with the physicians; I need to be the doer who coalesces the right group of people to get things done,” she says.

Some tasks will be administrative, such as creating a standard compensation and benefit structure for physicians and a leadership training program. But the most important job will be creating a culture in which physicians have more power to influence change.

Currently, a patient’s treatment plan in the hospital is not coordinated with his or her care in the nursing home or the outpatient clinic. “We should have physicians around the table deciding how we’re going to treat that patient in the office, in the hospital, and in the nursing home,” says Zimowski. “What do we want to happen if the patient goes back to home care and then back into the physician’s office?”

While the fee-for-service payment model does not currently reward care coordination among providers, Unity Health intends to be ready when the incentives emerge. “We are going to be well-positioned so that financially we will be able to benefit from that,” she says. “More important, patients are going to see a huge difference between the way we treat them and the way others in town treat them. That’s what we’re looking for—the competitive advantage.”

Joyce Zimowski is senior vice president and COO of Unity Medical Group, Unity Health System, Rochester, N.Y. (JZimowski@unityhealth.org). Publication Date: Friday, May 25, 2012
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Announcements:
If you have any announcements or contributions to the newsletter, please contact McCall Chandler at mccall.chandler@imail.org.

Volunteer Opportunity:
If you are interested in participating on a board of a non-affiliated organization—The Utah Society for Environmental Education—please contact Craig Barlow at 801-442-3102.
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