

# Cooperative Connections

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## Looking Ahead

<b>January 7</b>	THC Board Meeting
<b>January 8</b>	Peer Group Meetings CFO/IT 10:00 am to 3:00 pm
<b>January 15</b>	Peer Group Meeting Marketing 10:00 am TO 1:00 pm
<b>January 20</b>	Peer Group Meeting Foundation 1:00 pm—4:00 pm
<b>January 22</b>	Peer Group Meetings HR 10:00 am to 1:00 pm Education 1:00 pm to 4:00 pm
<b>January 28</b>	Business Series 10:00 am to 12:00 pm

### HealthCare Reform... The Basics

One goal of The Hospital Cooperative is to provide information on various topics, which are timely and relevant to the membership. In keeping with this, THC staff has put together a summary of some of the key elements of the proposed Healthcare Reform Bills that may have an impact on your hospitals and communities. Although pieces of the legislation are changing rapidly, many of the facts and details have remained constant. Here is a brief summary of some of the important points we have identified from current proposals:



#### A few Basic Facts...

- Individuals and companies can elect to maintain their current insurance
- Medicare and Medicaid will be expanded to cover more of the population
- Everyone must elect insurance coverage
- Employers with less than 25 employees or less than \$250,000 in payroll will be exempt
- If an individual or company not exempt under the above, elect to not obtain coverage, there will be a penalty of 2.5% of gross income levied
- Additional funding for community health centers and wellness initiatives will be made available
- Incentives will be made available for efficiency and primary care delivery
- Individuals will not be excluded from coverage due to pre-existing conditions
- House plan is projected to guarantee coverage for 96% of Americans with a cost of \$1 trillion over the next 10 years
- Senate plan is projected to cover 94% of Americans with a cost of \$871 billion over the next 10 years

#### How will this relate to you...The Rural Hospital Aspect



- Law makers addressing rural issues want to increase the number of critical access hospitals and create ways to qualify for extra funding
- \$2 billion of funding will help to continue various programs for rural hospitals
- Coverage will be provided for uninsured and underinsured rural residents
- Additional funding will help to address rural payment disparities
- Rural consumers will be protected from discriminatory practices that make coverage unaffordable
- Bonuses will be provided to reward primary care physicians practicing in shortage areas (current statistics show that only 9% of physicians practice in rural America even though 20% of the population lives in these areas)
- Rural physicians will be paid the same as urban physicians for services provided
- Rural physicians will be rewarded for coordinating specialty and other care for patients
- Supports the development of additional community health centers in rural areas
- Specific training needed in rural areas will be developed for primary care physicians
- Rewards physicians who provide efficient care
- Potential penalties to be imposed for readmissions deemed to be in "excess"
- Potential limitations and enhanced reporting of financial interests for physician self-referral and physician-owned hospitals
- Provides rural hospitals additional funding to cover lab costs
- Expands access to mental health services in rural areas
- \$15 billion over 5 years will be provided for grants to deliver community preventative services and to help reduce health disparities
- Expands access to lower-price drugs for rural hospitals through the 340B program
- Investments will be made to expand the healthcare workforce in rural and underserved areas through programs such as the National Health Service Corps
- Community health workers will be trained to promote positive health behaviors in medically underserved communities

Changes are sure to occur prior to final passage of any Healthcare Reform Bill. Both the House and Senate Bills do contain many more provisions than we have listed above and we will continue to track those with other partner organizations. If you have questions, please contact us at (208) 239-2162. ●

## Of Note

### Bear Lake Memorial Hospital

**Bear Lake Memorial Hospital** just completed a very successful calendar year. Some of the noteworthy accomplishments include the following:

- Several new surgeries never before performed at BLMH, including knee and hip replacements, laparoscopic hysterectomy, Lap-Band weight loss surgery, limb amputations and lap nissan surgery
- Electronic medical records on all hospital patients
- Implementation of a 5 year master plan to revitalize the hospital and ensure a new hospital within 20 years
- New X-ray equipment courtesy of their Auxiliary and Foundation.
- Addition of two new full time physicians on staff (**Dr. Robinson** and **Dr. Jepsen**) - both of whom are very well received in the community
- Awarded a \$300,000 appropriation from Congress to help remodel the hospital
- Renovation of an ambulance garage into a beautiful, new building housing Medical Records, Human Resources and Payroll
- Doubled volumes in the physical therapy department
- The hospital will make a profit again this year
- Distribution of large Christmas bonuses to employees
- Opening of a successful Fitness Center
- Their Auxiliary has raised \$60,000 to go towards the purchase of their own mammogram machine.

#### What about 2010?

The hospital should be doing in-house mammograms by this time next year. They hope to double the number of Lap-Band weight loss surgeries done in 2009, deliver more babies, and perform more orthopedic cases. Lastly, they plan to start phase one and phase two of the nine phase Hospital makeover in Spring 2010.

### Bingham Memorial Hospital

**Project 60**—Bingham Memorial Hospital was recognized in a recent video by **Governor Butch Otter**, as he addressed Project 60. Project 60 is the Governor's initiative to grow Idaho's economy from \$51 Billion to \$60 Billion. He highlighted businesses that are growing, and outlined what we can do to help move our economy forward.

Visit [www.project60.idaho.gov](http://www.project60.idaho.gov) and see how Bingham Memorial is impacting Idaho's economy, and how we can help move our economy toward this goal.

"Project 60 belongs to all of us and we all need to be champions of this effort," **Governor Otter** said. The videos also include Idaho business leaders who are Project 60 partners explaining why Idaho is such a great place to do business, and how their companies are teaming up with the state to help grow Idaho's economy.

The video journey encourages business and industry leaders to share networking opportunities with their vendors and customers in other states, and invites them to become a partner for Idaho's future.

### Star Valley Medical Center

The year 2009 was another successful year for SVMC. They were in construction for most of the year, which created some logistic problems. However, the anticipated completion of construction had them very excited to see the end results.

The problems were most evident with the temporary kitchen (two trailers). During the summer months, the trailers provided very little cool air, and in the winter months, they had little heat. The water to the trailers froze several times. One of the greatest highlights of the overall construction was when the trailers left the parking lot, never to return.

Star Valley Dietary Staff is now in the new kitchen and cafeteria. SVMC management appreciates the entire department for putting up with less than adequate working conditions for the few months they were in the trailers. Also, they would like to thank the Maintenance Department for keeping the trailers functional. The Laboratory Department is being inconvenienced right now. Unless some unseen issue arises, they should be back in their expanded and renovated space by the latter part of this month.

### Changes at Health Resource and Service Administration (HRSA) - in 2010

In a recent Federal Register notice sent out by **Tom Morris, Associate Administrator for Rural Health Policy**:

"HRSA is making some organizational changes through the creation of the Office of Planning, Analysis and Evaluation (OPAE) that will, I think, greatly strengthen the agency's policy capacity. The primary ORHP takeaway in this announcement is that the Office for the Advancement of Telehealth (OAT) grant programs will be coming to our Office, including the telehealth network grants and the telehealth resource center grants. The motivation for this is **Dr. Wakefield's** belief that these programs, while not solely focused on rural, are still very important rural programs.

Ironically, the telehealth programs started out in ORHP under the direction of **Dr. Dena Puskin** in the early 1990s and are familiar to many of you. I should also add that we will still have the advantage of **Dr. Puskin's** counsel as she will become a senior advisor in OPAE and we look forward to working very closely with her. I've asked **Heather Dimeris, the ORHP Associate Director/Senior Advisor**, to serve as the acting director of OAT as it moves to our Office and we begin our search for a permanent director. The timing of this move is fortuitous for ORHP. In the 2010 President's Budget, we were charged with administering the President's Improving Rural Health Care Initiative. One of the charges in that budget was for ORHP and OAT to expand coordination between the ORHP grant programs with the OAT programs to better serve rural communities. Dena and I had already made plans to do that so the move of the programs to ORHP will build on this in the coming year. We also feel fortunate to be inheriting some very well run programs and strong staff at a time when the budget for these programs is growing. OAT's budget has increased from \$7.5 million to \$11.6 million in 2010."

**Insights—by Jon Smith**

Happy New Year! We have now reached the time of year when we all set our goals and make plans for how things are going to be during the next twelve months and what we are going to do to improve our own health and wealth. Many times, these plans do not last long and then we revert right back to what we know. My suggestion for 2010 is to set your goals high as you have in the past, but make sure that you create smaller attainable opportunities within each goal.

In deciding what you want to achieve in 2010, I believe it will be important to have a mixture of both personal and professional goals. Many of us set a goal to lose weight each year. When we do this, often times we say, “I am going to lose 40 pounds in 2010 and I am going to cut out all bread, junk food, soda pop, anything fried and I will exercise every day.” How often is this successful? Rarely, as I am living proof! Instead, set a goal of losing 10 pounds, cut out soda pop, and exercise three times per week in the first quarter. A good professional goal might be to begin graduate school in January 2010, develop a set calendar for monthly department meetings for the year, or develop a department level strategic plan that is supportive of the overall facility plan and identify indicators that can be tracked monthly to ensure success.

2010 will be a great year. Set your goals high personally, professionally and for your department and facility. Continue to provide quality care for the people of our region. Continue to be an employer of choice for employees. THC staff will be here to support your efforts. We are just an e-mail or telephone call away. Thank you for supporting THC in reaching its goals in 2009. ●

**NEW YEAR. . .NEW YOU  
Muscle Workouts**

What can elasticized resistance bands do for your fitness?

These bands, which resemble jump ropes, can help you do many of the things strength training does, including increasing lean muscle mass, burning calories, reducing body fat, and improving balance.

When using the bands, the resistance comes from pulling and stretching rather than from gravity. Since you can pull them in multiple directions, you can work and-strengthen many joints and muscles. ●



**Cooperative Questions of the Month**

Below are the questions that we received in the past month. If you would like a copy of the answers we received, please e-mail Jamie at [jamiemp@portmed.org](mailto:jamiemp@portmed.org).

- *THC polled the facilities to see what they are paying providers for ER coverage.*
- *What kind of procedures do you have in place for employee grievances and specifically if / how you give feed back to the person submitting the grievance?*
- *What does each of your medical centers have in place for PRN Speech Therapy services?* ●

**Cooperative Connections**

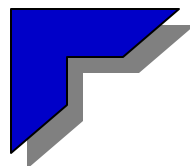
Jamie Pehrson, Editor

**The Hospital Cooperative Executive Board**

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Steve Perry, Vice Chairman	Kim Dahlman	David Rowe
Victoria Alexander-Lane	Jeff Daniels	Norman Stephens
Mike Andrus	Mitch Felchle	Alan Stevenson
Carl Hanson	Todd Winder	

**Staff**

Jon Smith, Executive Director  
 Robert Cuoio, Director of Operations  
 Jamie Pehrson, Administrative Specialist  
 John Zauher, Systems Manager, Cooperative Telehealth Network



**Telehealth Corner**

The Cooperative Telehealth Network (managed by The Hospital Cooperative) has been very instrumental in providing access for mental health services for residents in Idaho and Wyoming. Since 2007, CTN has paid out over \$54,000 of health care claims for self-pay and non self-pay patients. In our program, all patients have been able to access mental health services regardless of their ability to pay. Many current patients do not have sufficient insurance and would not be able to get the help they desperately need. We are proud to be making such a huge impact in our communities.



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### Helpful Links

[www.hospitalcooperative.org](http://www.hospitalcooperative.org)

[www.aha.org](http://www.aha.org)

[www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare](http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare)

[www.ichnllc.org](http://www.ichnllc.org)

[www.idahohospitalcareers.org](http://www.idahohospitalcareers.org)

[www.isu.edu/irh](http://www.isu.edu/irh)

[www.narhc.org](http://www.narhc.org)

[www.nchn.org](http://www.nchn.org)

[www.nrharural.org](http://www.nrharural.org)

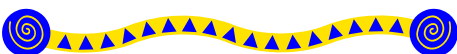
[www.ruralcenter.org](http://www.ruralcenter.org)

[www.ruralhealthweb.org](http://www.ruralhealthweb.org)

[www.teamiha.org](http://www.teamiha.org)

[www.wyhospitals.com](http://www.wyhospitals.com)

[www.yourbrightpath.com](http://www.yourbrightpath.com)



## Spotlight: Southwest Idaho Community Health Network



The Southwest Idaho Community Health Network (SWICHN) was established in 1998 to provide operational and financial efficiencies along with networking and educational opportunities to our provider members through collaborative efforts. The hospital membership has grown from an initial 6 facilities to 12 hospitals across the region. The members include:

- Cascade Medical Center, Cascade, Idaho
- Elmore Medical Center, Mountain Home, Idaho
- Gooding County Memorial Hospital, Gooding, Idaho
- Holy Rosary Medical Center, Ontario, Oregon
- Elks Rehab System, Boise, Idaho
- McCall Memorial Hospital, McCall, Idaho
- St. Luke's Boise and Meridian Medical Centers, Boise and Meridian, Idaho
- St. Luke's Magic Valley Medical Center, Twin Falls, Idaho
- St. Luke's Wood River Medical Center, Ketchum, Idaho
- Syringa General Hospital, Grangeville, Idaho
- Walter Knox Memorial Hospital, Emmett, Idaho
- Weiser Memorial Hospital, Weiser, Idaho

SWICHN hospitals represent over 950 licensed acute care beds and employ over 9,400 people across the region.

The SWICHN Executive Director, Stephen Stoddard, works closely with the SWICHN Board composed of the CFOs of the member hospitals. Steve has established several SWICHN committees to effectively explore and implement various regional projects. These committees include: business office, health information management, human resources, information technology, laboratory, marketing and community relations, pharmacy, and purchasing. Although SWICHN brings tremendous financial value to its membership, the participants are quick to point out the incredible value of consistent SWICHN networking opportunities.

Some of the accomplishments of SWICHN include: establishing and maintaining over 21 cost saving contracts; partnering with ICHN (statewide network), THC and NIRHC for additional cost saving opportunities; organization of a high quality annual education conference for hospital board members, physicians and executives; and the opportunity to face challenges together as a network such as RAC audit preparation and EHR meaningful use standards. SWICHN will continue to serve as an excellent financial, educational and networking resource to its members. **C**



Visit [www.hospitalcooperative.org](http://www.hospitalcooperative.org) to see how we're Connecting Health Care in the Intermountain West