

## Presidents Message

by *Becky Hansen*



### *Who Are Your Customers?*

"Every company's greatest assets are its customers, because without customers there is no company." –Erwin Frand

Those of us in the healthcare industry who work in the office setting more than in the "front-lines" with the direct caregivers often do not have direct contact with our patients, residents,

clients, etc. Not having that interaction may cause us to neglect our customer service skills as we might assume that we have no "customers".

Look around you. Who do you interact with each day? Is there someone you work for or someone who works for you? Does anyone depend on you or are you dependent on anyone?

Everyone has customers whether they are external or internal. Customer service must be a total company effort. It cannot be the frontline staff alone who deals with the outside customers who use our services. Those staff members need the support of everyone in the organization. Wouldn't you agree that if you are not working directly with the outside customer, you are probably working with someone who is? Everyone within the organization has an impact on the outside customer—either positive or negative.

How do we maintain that positive impact on our customers—both internal and external? Think about the following:

**Internal customer:** What attitude do you bring to work in the morning when you arrive? Will people want to be around you—what tone do you set? Every day we leave a "first impression" with our internal customers. Is it a positive impression? How much time does it take to smile and greet your co-workers and staff each day?

**External customer:** You encounter a visitor in the hallway who appears to be looking for someone or something in particular. Do you politely say "hello" and continue on your way because you have so many projects to do that day? Or do you stop and inquire if he/she needs assistance and then walk with them to that location or to find that person? Customers should be the reason for work not an interruption to work. Take the extra step to be helpful—people will notice and will tell others. We are very often judged by what we do—not by what we say.

So how do we apply this customer service philosophy in our local HFMA chapter? Do we, as leaders, strive to supply and meet our customers (chapter members) wants and needs? Do you, as chapter members, seek out the new members and interact with them to leave a positive "first

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impression"? Do we take the time to say "thank you" to our sponsors and presenters for the extra effort they put forth to provide us with resources for excellent educational sessions?

HFMA is based on volunteerism. These volunteers have careers, families, and many other responsibilities in their lives, yet they believe in and want the local chapter to succeed so they take that extra step and get involved to "serve". It takes each and every one of these volunteers, as well as the chapter membership as a whole, to make the chapter a success.

There are a variety of ways we "serve" each other within our HFMA chapter:

- o As I mentioned above, our sponsors are always there with the resources we need to provide educational sessions.
- o Our consultants are willing to share their knowledge to serve the needs of our facilities.
- o The chapter leadership is willing to give of their time to meet the chapter requirements and organize educational opportunities for the membership.
- o The member facilities are willing to share their resources and their staff to attend the educational sessions and support the chapter.

I'd like to reference the quote at the beginning of the article one more time. "Every company's greatest assets are its customers, because without customers there is no company."  
 –Erwin Frand

We are all customers, as well as providers of customer service, to each other—we are also the assets of the ND HFMA chapter. What do we have without the other?

I found this definition of what customer service should be: "Excellent customer service (is) the ability of an organization to constantly and consistently exceed the customer's expectations."

I am very pleased and extremely fortunate to have the opportunity to work with chapter leadership, sponsorship, and membership who strive to meet and exceed their customer's expectations. Thanks for listening . . .

*Becky Hansen*



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## HEALTH BENEFIT COSTS TO REMAIN AT 8% THROUGH 2008, PREDICT EMPLOYERS

Employers expect health benefit cost increases to stay at 8% in 2007 and continue at that rate through 2008, according to an annual survey of 573 large employers conducted by Watson Wyatt Worldwide and the National Business Group on Health. While costs remain high, they have also become more predictable with 82% of employers saying their healthcare costs came in at or below budget in 2006. Employers continue to invest in on-site medical clinics (23%), on-site pharmacies (14%), call-in medical help lines (78%), and employee health appraisals (72%) in efforts to control those costs. In addition, 42% are implementing programs that focus on reducing obesity among employees.

The New York Times reports on a growing trend of employers providing free prescription drugs to

their employees to help them manage chronic illnesses such as diabetes, asthma, and depression before they escalate into costly complications and hospitalizations. The idea of increasing costs through free drugs is in stark contrast to the healthcare cost-cutting measures employers have been using in the past. Employers are realizing that cost-shifting to employees goes only so far, according to the article, and they may be hoping they can avoid government interference in their health benefits by focusing on prevention measures. Among the companies offering free drug programs are Marriott International, Pitney Bowes, Mohawk Industries, Eastman Chemical, and the state of Maine.

## CONSUMER PRICE INDEX FOR MEDICAL CARE IS 4.3% HIGHER THAN LAST YEAR

The Consumer Price Index increased 0.3% in January, before seasonal adjustment, and was 2.1% higher than it was a year ago, according to the Bureau of Labor Statistics. Seasonally adjusted, the index for all items with the exception of food and energy advanced 0.3% in January, following a 0.1% rise in December. An increase in the index for medical care accounted for about 60% of the acceleration.

Medical care costs rose 0.8% in January and are 4.3% higher than a year ago. The index for medical care commodities--prescription and nonprescription drugs and medical supplies--increased 0.6%. The index for medical care services advanced 0.9%. And the indexes for professional services and for hospital and related services increased 0.8% and 0.6%, respectively.

## MEDICARE TO PROVIDE BENEFICIARIES WITH INFORMATION ON PHYSICIAN PERFORMANCE

The Centers for Medicare and Medicaid Services, through one of its quality improvement organizations, has subcontracted with four regional collaboratives in Indiana, Massachusetts, Minnesota, and Wisconsin to provide Medicare beneficiaries with physician performance data.

The information is intended to be used as an aid to beneficiaries in choosing physicians and to help physicians improve their quality through performance data. The Better Quality Information to

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Improve Care for Medicare Beneficiaries Project is part of HHS Secretary Mike Leavitt's Value-Driven Health Care Initiative, which is based on four cornerstones announced in President Bush's Executive Order issued August 2006 and includes transparency of healthcare quality.

The quality measures to be used in the BQI project have been adopted by the AQA, and Medicare claims data will be aggregated with claims data from other payers, including employers, health insurance plans, and in some cases Medicaid programs, to produce more accurate measures of the quality of services being provided by physicians. CMS plans to announce two additional BQI subcontractors in the near future.

#### **TRANSPARENCY CAN IMPROVE HOSPITAL PERFORMANCE: STUDY**

Hospitals and other providers would benefit from more transparent price and quality information as a feedback loop for improved performance and for identifying the most efficient and effective referrals, according to a new report from The Commonwealth Fund. The report examines some of the controversies surrounding transparency reporting, such as the accuracy of price information and outcomes, and how patients, employers, providers, and payers will use the data to make decisions.

The report also summarizes some of the lessons already learned about public reporting of prices, which are that the manner in which data are presented is crucial in how they are used in decision making; collaboration between providers and payers and among private and public sectors has produced the most successful public reporting and transparency efforts; state and local reporting initiatives have proven to be successful because of their manageable scale; and using automated systems to collect data is essential to remove an onerous burden on providers. Momentum for transparency will undoubtedly increase, since advocates can point to improved quality performance as a direct result of public reporting.

#### **IRS OUTLINES GOVERNANCE PRACTICES FOR NOT-FOR-PROFITS**

The Internal Revenue Service has issued nine voluntary "good governance practices" for tax-exempt organizations. The guidelines are directed at governing boards to help them understand their roles and responsibilities.

The IRS advises boards to have expertise in "accounting, finance, compensation, and ethics," and for large governing boards to establish advisory committees so that no duties get overlooked.

Some of the specific practices outlined by the IRS include establishing a clear mission statement that the board of directors adopts; developing a code of ethics and a whistleblower policy to communicate to employees that the institution has ethical integrity and will not tolerate financial impropriety; determining what constitutes a conflict of interest among directors and staff and developing a policy that such conflicts must be disclosed; ensuring that fundraising materials are accurate and truthful; and evaluating director compensation to ensure it is reasonable.

#### **U.S. HOSPITALS POST QUALITY GAINS FOR 2006**

U.S. hospitals posted substantial quality gains last year, according to an annual report from the federal Agency for Healthcare Research and Quality. Based on reviews of 42 core quality measures, quality of care improved by 7.8% in hospitals, compared with an overall quality increase of 3.1% in the U.S. healthcare system.

Specific areas of hospital improvement include care for heart attack patients, up 15%; care for pneumonia patients, up 11.7%; and prevention of postoperative complications, up 7.3%. AHRQ officials attributed hospitals' quality improvements to quality improvement organizations that contract with CMS to work with hospitals to provide appropriate and timely care.

Despite these improvements, AHRQ's 2006 National Healthcare Disparities Report shows that Americans, particularly blacks, Hispanics, and the poor, aren't receiving adequate screenings to prevent cancer, heart disease, diabetes, and other health problems.

# Bismarck Meeting February 1st Reimbursement Institute



Speaker, Josh Sundquist, "Life is Beautiful" on top of table ready to "ski"



Past presidents present at Installation Banquet



Sandy Teubner and Lori Kudrna-Blees drawing winners



Incoming president, Mike Schumacher, with his "big" gavel



Incoming officers and board present at installation banquet



Mike Schumacher presenting Becky Hansen with President's plaque

## Facility Spotlight

(If you have interest in providing an update of things happening at your facility, please provide this to Amy at [ahornbache@primecare.org](mailto:ahornbache@primecare.org))

### MEDCENTER ONE INTRODUCES NEW WALK-IN CLINIC

Recognizing the need for convenient healthcare, Medcenter One recently opened Medcenter One Walk-in Clinic North in north Bismarck near Home Depot. Designed to maximize convenience for today's busy families, the clinic is a no-appointment-necessary clinic open 8 a.m.-9 p.m. Monday thru Friday and 10 a.m.-4 p.m. Saturdays, Sundays and holidays.

"Providing a new convenience clinic is a response to what our customers have requested: clinics that accommodate the lives of busy people," said Jim Cooper, Medcenter One CEO and president. "Today's families are busier than ever. Many households operate as two-income families, making it inconvenient to accommodate a doctor's appointment for minor aches and pains. The concept of a convenience-driven clinic is a new trend across the United States. Medcenter One is proud to bring this innovative service to Bismarck."

The new clinic features family practice physicians Drs. Donald Kosiak and Joel Blanchard.

In addition to the new north location, Medcenter One offers two walk-in clinics in downtown Bismarck: an adult walk-in clinic and a pediatric walk-in clinic just for children.

The clinics are intended to serve people who want immediate care for symptoms like sore throats, earaches, sinus infections and minor injuries including strains and sprains and small cuts. For more severe symptoms and injuries, such as chest pain, active bleeding and head injuries, patients are encouraged to call 911 or visit Medcenter One's Emergency and Trauma Center at 300 N. Seventh St.

## HFMA "OFFICER SPOTLIGHT"

*Lori Kudrna-Blees, Treasurer*

**What is your current job/position?** *Hospital Revenue Cycle Director for Medcenter One*

**What are the responsibilities of your position?** *Responsible for the overall operations for the hospital's admitting, medical record, billing, patient accounts, and switchboard departments. I also serve as Medcenter One's Privacy Officer.*

**How long have you been at your current position?** *I have been in this current position since February 2002, but have been with Medcenter One since March 1996.*

**What was your very first job in healthcare?** *My first job in healthcare was as a medical record clerk performing microfilming tasks when I was in high school. I worked at West River Regional Medical Center in Hettinger, ND.*

**What other healthcare-related positions have you held?** *After college, I went back to West River Regional Medical Center and worked in a variety of areas within the medical records and business office areas. I was a transcriptionist, a coder, assistant medical records supervisor, and then the patient accounts/billing supervisor.*

**What do you like best about your current job?** *Every day is a new challenge. I have the opportunity to work on a variety of tasks with many wonderful people.*

**What are your hobbies?** *I enjoy home decorating and watching my children at their various sporting events.*

**What has been your proudest moment (personally or professionally)?** *My proudest moments personally would be becoming a wife to my husband Paul and as a mother to my two sons, Jordan and Brett.*

**What has been the best advice you have ever received?** *The best advice I have ever received was from my wonderful grandmother. Her advice was, "What you want and what you get, are two different things."*

**Why did you join HFMA?** *I have always been impressed with the educational offerings and with the networking opportunities provided.*

**What are your favorite foods?** *Mexican*

**Share with us one of your favorite quotes.** *Abraham Lincoln "Most people are about as happy as they make up their minds to be."*

**How did you first become involved with HFMA? Committee? Director? Officer?** *I first became involved with HFMA back in 1993.*

**What is your current role with the North Dakota Chapter of HFMA?** *I am presently on the Board of Directors and will serve as the treasurer for the upcoming year.*

**What have been the personal and/or professional benefits you've realized from your HFMA involvement?** *On top of all the educational benefits, I have developed some wonderful friendships!*

## *New Members!!*

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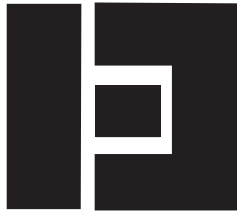
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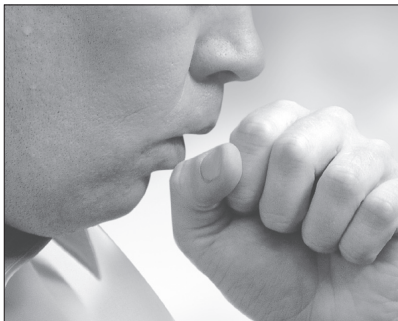
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