Issue No. 12, 2010 $3.00

Western Pennsylvania
Hospital News & More

25th Anniversary

Dedicated to the spirit of unity, community, and sharing

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Index

What the Doctor Didn't Order

Cancer Be Glammed Helps Women Recover in Comfort and Style

By Mary Ann Miller, APR

"If looking good and clothes and fashion are important to a woman before she's diagnosed, they're going to be very important to help her work through it." –*Charles E. Geyer, Jr., M.D.,* F.A.C.P., Director, Allegheny Cancer Center, Vice Chairman, Human Oncology, Allegheny General Hospital

There's nothing like a cancer diagnosis to turn a woman's world upside. For Lisa Lurie, a diagnosis of invasive ductal breast cancer three years ago launched her and her family into a "cancer-created freefall." With the clock ticking down the two weeks to her surgery for a double mastectomy, Lisa found herself engulfed in urgent doctor's visits, insurance phone calls and as she describes it, "Masterful planning to insure her husband and two young daughters would be car pooled, comforted and fed."

As prepared as Lurie felt prior to surgery, however, it soon became clear that she was unprepared for the day-to-day reality of her life post surgery. "In a very short period of time, I was bald, breastless and bloated from steroids, with skin that looked like it needed a good pressing. It was devastating," she said.

Determined not to let cancer rob her of her self-esteem, Lurie began to search online for useful yet stylish products that would help her deal with her body's new realities. Her good friend, Ellen Weiss Kander, who had previously undergone chemotherapy for a rare blood disorder, offered to search the stores.

Their criteria was simple – find products and clothing Lisa would want to wear or use even if she *wasn't* sick, but that would be helpful in practical ways while she was. These included items such as stylish mastectomy bras and camisoles, pajamas made from moisture-wicking fabric to combat chemo-induced hot flashes, fashionable headscarves and an attractive alternative to sweat pants.

Ellen Kander and Lisa Lurie.

Surprisingly, finding such products proved quite challenging. Lurie and Kander thought that if it was hard for them, it probably was difficult for other

See **GLAMMED** On **Page 19**

Event Management Software Speeds Scheduling, Tracks Resources

By Jennifer O'Connell

While the debate on how best to manage electronic health records rages on, healthcare facilities are quietly reaching a consensus on best scheduling practices when it comes to facilities management.

Efficiency and accuracy are prized by the Harrison Medical Center, a healthcare network that has significantly grown in the last decade, and the Kettering Health Network, a teaching healthcare network in Ohio, that is also expanding its operations. Both hospitals utilize meeting and event scheduling software solutions to keep their facilities running smoothly, while continuing to serve their communities.

Harrison Medical Center has evolved from a small community hospital founded in 1918 to the largest healthcare provider in Washington State's Kitsap and Olympic peninsulas.

The center provides standard medical care, performs 13,000 surgeries a year and acts as a regional hub for specialized care in cardiology, oncology and pediatrics. As one of the primary healthcare providers in the region, Harrison employs more than 2,300 health professionals.

Over the years, the hospital expanded from one busy location to five campuses, caring for over 90,000 patients. As the center's facilities

See **EVENT** On **Page 6**

Broader Adoption of EMR/EHR Systems Anticipated in Next 12 Months

By Todd Thibodeaux

Much of the attention on opportunities for greater use of information technology (IT) in the healthcare industry is focused on expanded use of electronic medical record (EMR) and electronic health record (EHR) systems. Part of the interested is attributed to funding included in the federal economic stimulus package that's targeted at healthcare. Beginning in 2011, qualifying heath care providers will become entitled to payments of as high as $44,000 over a five-year period as incentive to implement meaningful use of electronic health records.

Where does the industry stand today with regard to EMR/EHR usage? And where is it headed? What issues surrounding electronic records keep healthcare professionals up at night?

The U.S. Department of Health and Human Service's National Ambulatory Medical Care Survey (NAMCS) of 1,743 office based physicians found that 35 percent reported using an EMR system in 2007. Most of these users, however, did not meet the criteria for a fully functioning system, meaning they had either partial EMR implementation or partial EMR usage.

Additionally, a 2009 study by the New England Journal of Medicine found that

See **EMR/EHR** On **Page 21**

Rebuilding the Hospital News Brand

Publisher's Note

It's been awhile since I last wrote a Publisher's Note, however if you are following us on Facebook, Twitter, or LinkedIn, you know that I have been more active and engaged with you than ever before.

As we head into the 25th anniversary celebration of *Western Pennsylvania Hospital News,* I have been looking for ways to make our trade newspaper more relevant. Going back to last winter, you may have noticed that our articles have been more informative and educational for a healthcare audience. Over the past year, I saw many organizations reposition their brand and enhance their online presence through social media. I have been focused on working on our brand as well.

I have always stated that Western Pennsylvania is the best place in the country for healthcare and it has been wonderful to be recognized as the trade paper in the industry for all these years. So I have been behind the scenes working closely with our *Hospital News* team to make our brand relevant. It's very difficult for any business owner to step back and reexamine his or her brand. I highly encourage all of you to do this at some point with your own organizations. One question you should ask yourself is "are you taking advantage of social media to engage with your audience?"

Just last week, I read an article about why more health experts are embracing the social web. In the same week, I read how Proctor & Gamble is moving away from commercials during soap operas in favor of social media. I also took some time to review the social media columns written by our assistant to the publisher, Daniel Casciato. By the way, I have to give credit to Dan for helping make us make the transition into social media, and putting our brand front and center in the healthcare community.

When we launched *Western Pennsylvania Hospital News* 25 years ago, no one could ever imagine how social media would change how we interacted with one another—no one could even imagine the power of the Internet back then.

The slogan from our original collateral piece of Hospital News 25 years ago, still holds true today; it's just that we're doing it differently now. Our slogan back then was, "Dedicated to the spirit of unity, community, and sharing." It's interesting that was the core message 25 years ago. We weren't talking about healthcare professionals. We were really talking about the core value of human beings. Up until now, our slogan has been a bit more formal and was more about the business—"the region's healthcare monthly newspaper." But we are now returning to our roots and going back to that original slogan which seems more appropriate these days.

When *Hospital News* was first launched, we were talking about it being your direct link to 30-affiliated area hospitals. That was it. We were very small in comparison to now being global in the Internet Age. Today, *Hospital News* has become a vital source of information for everyone involved in the continuum of care. It's no longer just for physicians and interested business leaders. Recognizing that our brand reaches more people, not just regionally, but globally now, over the past couple years I had to openly admit that my model—like so many other company models—was in need of repair. Adding relevant content was just the first step. I then began taking a closer look at social media.

Although we have been active on Twitter and Facebook over the past year, I decided to give LinkedIn another try. I started my account a year ago but never really did anything with it until about six weeks ago. I was sitting at 40 connections, and as we close out 2010, I'm now closing in on 1,000+ connections. I took the time to look up people who I had crossed paths with in the healthcare community over the past 25 years. It was great to know that they were still there for me and that I'm still there for them. It comes back to that original slogan—"dedicated to the spirit of unity, community, and sharing." That was a strong bond that we built. It's so gratifying to know that bond continues to exist after all of these years.

In addition to using social media more effectively, we just launched an improved version of our website, www.wphospitalnews.com. By using a Wordpress theme, the site is now more interactive. You can engage directly with the authors and comment specifically on each of the articles that we plan to post on a weekly basis. If you have news to share, no longer do you have to wait for the print version. We can post articles immediately now, and we can also tweet about it, mention it on Facebook, and post a message on LinkedIn to our followers. In turn, those connections—all 1,800+ of them through our social media accounts and our 7,500+ email subscribers—can share our stories and yours with their community. And as always, we still reach 40,000+ through the print edition.

Finally, we've extended our brand and this past summer, launched Pittsburgh Better Times, an online lifestyle publication for people who are divorced, widowed, and separated. Check it out at www.PittsburghBetterTimes.com. We've all been making changes to our brands—to make it better and to make it more relevant to our core audience. During 2011, we want to hear from you. We want to report on your stories—on the significant changes your organization has undergone these past 25 years. How have you changed? How are you more relevant today?

Harvey D. Kart
email hdkart@aol.com • phone 770-353-5847

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Are Your OR Expenses Putting Your Hospital Under Water?

Staying afloat for many hospitals today depends upon how well administrators balance financial and administrative performance and clinical outcomes with quality. For these hospitals, taking a critical look at the OR—anesthesia services in particular—may reveal quality and performance issues that typically lead to the erosion of profits.

Learn more. Download "Anesthesia Staffing Models That Drive Value and Improve Quality", our free white paper, at www.somniainc.com/staffingmodel.

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Can Spirituality and Healthcare Coexist Peacefully?

By Daniel Casciato

A survey conducted a few years ago by the National Center for Health Statistics and National Center for Complementary and Alternative Medicine found that for more than 31,000 adults, prayer was the most commonly used practice among all the approaches mentioned in the survey.

In the world of health care today, there are many people who work in the field who believe that spirituality can co-exist peacefully with the analytical, scientific perspective we've had on human health for many years. For Chaplain William Johnson (fondly known as Chaplain Bill), supervisor of Spiritual Services for LIFE Pittsburgh, a community-based alternative to nursing home care, the best doctors he has known recognize that medicine is not the final word in healing.

"Moreover, health care providers should never assume a God-like role with their patients," he says. "Studies have shown that prayer plays a role in healing and recovery. At the same time, spirituality should not disparage the healing that science can bring."

Spirituality is important in Johnson's professional life. As an ordained Presbyterian minister, he serves other people and he serves the church on behalf of Christ.

"As a Christian, I derive my motivation and my values from Christ," he says. "The perspective of one's faith should help the provider maintain perspective and balance, stay humble, and be mindful of the needs of clients and fellow workers. Simple disciplines like taking breaks, getting needed rest, seeing life and people as God's gifts, and being ready to laugh at oneself and laugh with others can be fed by faith.

LIFE Pittsburgh is a program of all-inclusive care for the frail elderly which seeks to keep all disciplines of care integrated and coordinated as it supports all aspects of its clients' lives.

"I see people of faith deriving comfort and motivation for recovery from their faith," explains Johnson. "I also see them deriving strength for maintaining a healthy degree of independence, which is part of our goal and name [LIFE = Living Independence For the Elderly]."

Spirituality is also important to Dianna Wentz who serves as one of three Spiritual Care Coordinators for Gateway Hospice in Pittsburgh. As a Lutheran minister, she also supplies preach and lead worship services when called upon to do so by the synod.

"Spirituality is my professional and personal life," she says. "A patient needs a visit and a visit can take any forms. We can discuss soap operas, family, current events, their worries or concerns, anything and everything they want to talk about. Sometimes, especially as a patient declines, little conversation with words is possible. A ministry of presence is simply being there. My faith calls me to serve as Christ's hands and feet going to those in need at times of peril, fear, loneliness, where/whenever the need may be. Attending to what the patient or family member may or may not be saying, yet feeling, is to focus on their spiritual need."

Johnson believes that health care providers and institutions can do more to acknowledge and allow for the practice of the faith of their clients and workers and to seek to consistently account for the role of faith in devising and implementing care plans.

"I would encourage clients and health care providers to integrate their faith with their daily life and work, while respecting differences in faith, can contribute to healthy healing and working environments," he says.

As Wentz sees it, God gives every person a set of gifts or tools to help those around them.

"Some have medical gifts and skills," she says. "I suggest seeing one's place of service precisely as the spiritual gift that person is giving to the patient. No one, not even the best doctors, cares for a patient all on their own. God gifts that one to serve those in need. And, God places a team around that person to better serve the patient or family in need."

Wentz believes that a person's spirituality does not just come from religion.

"People can be very spiritual, or religious, about the Steelers, for example, or about how they wash their car," she says. "Spirituality, in a nutshell, refers to how we connect with something beyond ourselves. Medicine is connecting something to our bodies as they heal or as illnesses are addressed—be it medicine, therapy, or surgery. Interweaving the two, thinking about how we connect to something other than ourselves, gives us a blueprint for connecting to something like medicine."

Dr. Maria Higgins, owner of Optometric Associates of Pittsburgh, has a mostly global view on spirituality. She believes that respecting and honoring each person's faith as it pertains to their individual care is most important.

See **SPIRITUALITY** On **Page 14**

Spirituality in Health Care

Chaplain William Johnson.

EVENT From **Page 1**

grew, so did its need to stay efficient and organized when it came to getting the most out of its staff and space.

Scheduling meetings and events was problematic, first with an antiquated DOS-based scheduling system and then with a Windows-based system that was difficult to navigate, said Brenda DeBock, one of the scheduling system's main users.

By 2001, the staff at Harrison Medical was eager to find an event management solution that utilized leading-edge technology, would prevent double bookings and was practical for users. Harrison made the decision to purchase scheduling software specifically designed for meeting and event planning.

"(It) is faster than the other scheduling systems we've used," DeBock said. "But more importantly, it's much more user-friendly."

Four of Harrison's education associates enter nearly 2,000 reservations into the database each year, including those events'time(s), date(s) andexpected attendance, DeBock said. Some bookings also require A/V equipment, such as overheads, microphones, computers, data projectors and videoconferencing setups – all of which can be added into scheduling software.

The electronic "reservation book" allows this information to be used for one-time events or conveniently carried over for reoccurring events, which saves DeBock's staff the time it would take to reenter meeting and event data.

Once the meetings and event information is plugged in, four dietary department staff members access it and add requirements for catering services.

Communication has been streamlined, with Harrison staffers viewing the schedule of events from any computer linked to the medical center's intranet using the web-based component of the system. DeBock estimates that several hundred of her coworkers make use of this quick and convenient access method.

This sophisticated scheduling solution has kept everyone on the same, detailed, digital page for the last nine years – a period that saw the addition of Harrison's latest two medical campuses.

Thousands of healthcare providers are enjoying the benefits of virtual, automated and tailored scheduling technology. Success stories like Harrison's are encouraging other healthcare providers to adopt and expand their facilities' use of scheduling and event management software.

Jeanne Warrick, Kettering's room reservation administrator and physicians' lounge coordinator, said she depends on scheduling software to keep track of the various work spaces and resources for this expanding healthcare network.

Warrick said using the facilities management software to schedule meeting spaces, manage catering services and keep track of tables, chairs and A/V equipment in 17 of the growing network's buildings has proved to be efficient and effective.

"It has saved us a bunch of time, but it's also very convenient when you have a network as large as us," Warrick said. "It's literally a one-stop shop. It really has kept everything organized and when you're in a growing organization as large as ours, we need to make sure everyone is happy."

Exterior of Harrison Medical Center Bremerton.

Kettering staff has relied on the scheduling software to grow with them as their network – and their need for meeting and event planning – continues to expand.

"Our network has grown since we purchased this system. We're just growing by leaps and bounds. We've got about 9,600 employees at this time," Warrick said.

While Kettering and Harrison are both substantial healthcare networks, scheduling software works for smaller healthcare systems and individual facilities.

The needs of each healthcareorganizationgreatly vary by their facilities, activities, specialties and size. Likewise, the capabilities and cost of individual event scheduling software systems differ widely by company. Healthcare groups interested in scheduling software should research different options thoroughly to determine what event and meeting management system will best serve their staff and ultimately their patients.

Jennifer O'Connell is the Communications Coordinator at Dean Evans & Associates, Inc. DEA is the maker of Event Management Systems (EMS) software. EMS is used by thousands of organizations around the globe, including single-facility providers, medium-sized health systems and some of the largest healthcare networks in the country. She can be reached at Jennifer.oconnell@dea.com or (303) 740-4838.

Jefferson Regional Medical Center and UPMC Shadyside Hospital Tie For 2010 Gold *Fine Award*

Six Local Healthcare Teams Honored for their Commitment to Quality and Excellence in Patient Care

Six local medical teams were recipients of the third annual *Fine Awards for Teamwork Excellence in Healthcare* during a reception at the August Wilson Cultural Center Thursday evening. Sponsored by The Fine Foundation and the Jewish Healthcare Foundation (JHF), the Fine awards were established to reinforce the critical role teamwork plays in healthcare.

"For decades, hospitals were places to be avoided because of medical mistakes, infections and other misfortunes," said Milton Fine, president and CEO of The Fine Foundation. "Now we find that healthcare professionals are taking the lead in making the system better, safer, more economical and more patient-oriented."

A distinguished national selection committee was commissioned to review nearly 40 applications and select three winners. However, a cluster of six teams stood out for their outstanding projects.

A team from Jefferson Regional Medical Center, one of this year's two gold-winning teams, accepts its award.

"This was an unusually excellent year for our region's healthcare teams. Our race for Gold, Silver and Bronze was so close that, when the results were tallied we had a tie for Gold," said Karen Wolk Feinstein, president and CEO of JHF. "To add to our surprise, after we finalized our top winners we still had two teams that ranked close behind. They had received special mention from the judges for their unique contribution. So, we decided to honor those two teams with special recognition awards."

The first *Gold Award* went to a team from *Jefferson Regional Medical Center for "Eliminating Ventilator Associated Pneumonia in the ICU."* Ventilator Associated Pneumonia (VAP) is a significant clinical problem that can extend a patient's length of stay and increase mortality and morbidity. A VAP Swat Team developed a standardized protocol for the treatment of all ventilated patients. The unit hasn't had a VAP incident since the first quarter of 2009. Team members will share a $25,000 reward. Jefferson Regional Medical Center will receive $5,000 for its support.

The second *Gold Award* went to a team from *UPMC Shadyside Hospital for "Breathe in, Breathe out, Off Mechanical Ventilation and Out of the Intensive Care Unit."* Research shows that the longer a patient is on a ventilator the higher the risk for complications. A multi-disciplinary team facilitated earlier weaning trials and extubation for patients on ventilators by establishing a protocol that enabled nurses to use a screening tool to determine if patients were ready to be weaned. Ventilator days have decreased 47 percent and length of stay has decreased 24 percent. Team members will share a $25,000 reward. UPMC Shadyside Hospital will receive $5,000 for its support.

The *Silver Award* went to a team from *UPMC Presbyterian Shadyside for "VTE: Venous Thromboembolism Prevention Project."* Venous Thromboembolism (VTE) is a disease that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE). An interdisciplinary team implemented a VTE prevention project and utilized the"Plan, Do, Study, Act" Model to improve prophylactic care and provide patients with better discharge instructions. Team members will share a $20,000 award.

The *Bronze Award* went to a team from *UPMC Physician Services Division for "Patient Quality Outreach."* A multi-disciplinary team designed an efficient and cost-effective way to contact chronic disease patients that had not been in the office for six months and did not have a future appointment scheduled. Team members will share a $15,000 award.

The two *Special Recognition Awards* were given to a team from *Children's Hospital of Pittsburgh of UPMC for "How Simulation and Practice Led to Safely Transporting 152 Acute and Critically Ill Children across an Urban Landscape,"* and a team from *St. Clair Hospital for "Standardization of Anticoagulation Processes."*

Artists Among Us—Brian Long Finds Life Balance for Mind, Body, and Spirit through Work, Play, and Creative Outlets

by Christopher Cussat

Despite the obvious connotations that the name of his band, *Midlife Crisis*, brings to mind, Brian Long never seems to have really had one. In fact, this well-rounded professional has 'long' been able to perfectly balance his creative interests in music and writing alongside being president of Seubert & Associates (Seubert).

Midlife Crisis performs at a recent concert.

Seubert is a regional, insurance broker that helps businesses manage risks to protect and grow their business and personal assets—including their people, which for any business, are the most important asset. For years, Long and Seubert have been huge advocates of both health and creative outlets.

For example, Seubert provides health insurance (major medical, vision, life, disability, etc.), workers compensation insurance, and captive insurance programs to businesses. "Our clients range in size from 25-2,500 employees in Pittsburgh and the surrounding areas. Seubert is a firm believer in employee health programs and has had one in place for several years now," Long notes. In addition, the company recently launched SHAPE: Seubert's Health and Wellness Enterprise and it is actively working with several clients to change employee behaviors in order to reduce health risks and health costs.

Raised in Southern California, Long moved to Pittsburgh to attend Washington & Jefferson College, along with his high school sweetheart. "We graduated, married, and have made Pittsburgh our home for the last 26 years," he adds.

Long has always had a creative spirit, but it really came into tangible being just several years ago. He explains, "I took up music later in life at the age of 40 and now play in a band called *Midlife Crisis*. I play the guitar, the harp, and am now learning the keyboard. The band consists of a group of guys who hit middle-age and decided to use it as an opportunity to challenge ourselves." *Midlife Crisis* only plays for charitable organizations, and in the past six years the band has raised over $250,000 for various charities and public schools.

He also recently co-wrote a book with his wife, who is a professional writer. Entitled, "Fat, Dumb and Lazy," the book suggests a workable solution to the national healthcare and workers comp crises. "It is a parable that focuses on self accountability and challenges business leaders to take that first step towards change in order to move their company from good to great," Long adds.

Long has no idea why he is drawn to these artistic endeavors—perhaps he is just now tapping into a part of the creative aspect of being human that exists within all of us, but which often lies dormant. "I just enjoy the journey—I never participated in music as a child and felt that I missed something because of it," he notes.

In addition to music and writing, Long believes that his practice of mixed martial arts (MMA) and Jiu-Jitsu are also creative outlets that help him achieve complete balance in life professionally, artistically, spiritually, and physically. To him, these are all equally important. He explains, "I have always enjoyed sports and self-improvement and believe that working the body, as well as the mind, is the key to healthy living. On January 1, 2011 we will open the Life Center in Penn Hills, Pa., which is a school for self improvement of the mind, body, and spirit." Initially the Life Center will offer personal fitness, Jiu-Jitsu, and MMA training, as well as music instruction, a recording studio, and pottery classes.

Long offers a quote from author, James A. Michener, that he believes perfectly expresses the importance of balancing all of the aspects and pursuits of life. "The master in the art of living makes little distinction between his work and his play, his labor and his leisure, his mind and his body, his information and his recreation, his love and his religion. He hardly knows which is which. He simply pursues his vision of excellence at whatever he does, leaving others to decide whether he is working or playing. To him he is always doing both."

Although Long says there is no way he would consider a career in music or MMA because he does not feel that he possess the talent to get paid for either of these activities—he remains very passionate about both and strongly adheres to the philosophy of well-roundedness. "I believe that a person should work harder on themselves than they do on their jobs—a Dr. Wayne Dyer concept. If you push yourself daily outside your comfort zone, you develop as a human being and become a better person and employee."

Midlife Crisis will be performing on August 7, 2011 at Blueberry Hill Park in Sewickley to benefit the Spina Bifida Association of Western Pennsylvania. For upcoming and updated band performance dates visit http://midlife-crisis-band.com/the-band. For more information on Seubert & Associates please visit www.seubert.com.

Band members of Midlife Crisis.

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Renowned Business Advisors Could be Valuable Resource for Small Health Care Companies in 2011

By Ann Dugan

Ken Majer speaks at White House conferences and advises the leaders of global companies like AT&T, CitiBank and Intel.

Rabbi Steven Z. Leder's book on work-life balance has been featured in the *New York Times, Town & Country Magazine,* various national television programs and NPR.

Erik Qualman founded the blog, wrote the book and launched the viral video on "socialnomics" that has taken the business world by storm.

What do these experts have in common? They're all coming to Pittsburgh in 2011 to share their cutting-edge strategies and business solutions with small business owners from throughout the western Pennsylvania region.

The lineup of guest speakers for educational programs and workshops is finalized, and a diverse group of business advisors from around the country are set to visit the Institute for Entrepreneurial Excellence at the University of Pittsburgh over the course of next year. The speakers will lead nine different seminars for Institute members on topics that address the most pressing business issues for companies across all industries, ranging from how to render competition obsolete to getting employees working and living by company values.

That's great news for the many physicians' practices, home health care agencies, medical suppliers and other smaller health care companies competing for an edge in the western Pennsylvania health care market. The Institute's seminars and workshops can connect them directly to innovative solutions to the real problems they face everyday and the tools they need to keep their companies growing and evolving in the Pittsburgh region.

Take for example, price competition. It's a challenge for many small companies in the health care industry to make sure customers are willing to pay for the quality medical products and services they provide. But that's exactly what Mary Kay Plantes, an MIT economist and corporate strategist for companies of all shapes and sizes around the country, will be coming to Pittsburgh to show local business owners how to do. Mary Kay will share her strategies for differentiating and designing new innovative business models directly with Institute members who can use them to build stronger businesses that help spur economic growth in western Pennsylvania.

Or what about getting employees to understand and live by company values? According to Ken Majer, values not only provide the foundation for a company, but are also e a source of motivating and inspiring workers when they're effectively woven throughout a business structure. Ken will present a revolutionary approach to company values to Institute members in an upcoming workshop and show small business owners practical ways to translate a common set of shared organizational values to increased profitability.

For some smaller companies, one of the biggest challenges is transitioning a family business to the next generation. In fact, the mere thought of intergenerational conversations about transferring ownership and governance of a business is enough to cause problems. But as Ritch Sorenson, Opus Chair in Family Business at the University of St. Thomas, and Harry McNeely, third generation chief executive officer of Meritex (a national commercial real estate management company), will point out, having those conversations early and often can actually make a business stronger.

The challenges smaller business face in the health care industry and in many other business sectors in the Pittsburgh area are never easy to navigate, which is why the Institute strives to connect local business owners with the most innovative advisors and experts in the United States. Entrepreneurs who continuously work to learn new business strategies and come up with creative solutions to today's most pressing problems will be able to build strong, lasting businesses that support economic growth throughout the western Pennsylvania region.

Ann Dugan, founder and associate dean of the Institute for Entrepreneurial Excellence, can be reached at adugan@katz.pitt.edu

Going Grinch over Overhead

By Michael W. Weiss, M.D.

Shooting from the Hip

"It could be, perhaps, that his shoes were too tight.
Or it could be that his head wasn't screwed on just right.
But I think that the most likely reason of all
May have been that his heart was two sizes too small."
– Dr. Seuss

****

When year-end arrives and we close our accounts,
Our C.F.O. prepares to be verbally trounced.
"We spend too much," I will grimly declare,
"Could you not find more savings out there?"

****

"Malpractice increased," she will usually say.
"Rent and the light bill will not go away.
We found a new vendor for office supplies,
But health benefit costs continue to rise.
The copier broke, and the carpets need cleaned.
We bought a new tube for the X-ray machine.
The price of your favorite injectable spiked.
The cost of transcription? It also was hiked."

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"Work comp and Medicare ditched consult fees,
While Congress permitted our payments to freeze.
RAC audits are coming, so is health care reform.
Still, our numbers held strong; we weathered the storm."

****

I fidget and fuss as she reads the report.
I clench and harrumph as my temper grows short.
"Explain to me now why I shouldn't be irked
For such little return on how hard I've worked."
Leaving her speechless, I depart from the room,
A mass of self-pity with much gloom and doom.

****

This year, she'll expect the same Dr. Weiss.
How surprised she shall be to find me now nice.

****

Maybe the wreath, hung with care on the door,
Opened my eyes to what escaped me before.
Maybe holiday cheer made a big dent
In the way I now look at payroll and rent.
What caused me to change, I simply can't say.
Somehow, my Grinch-heart grew three sizes today.

****

Overhead is not the deep scourge I once feared.
Costs aren't the enemy of a black-inked year.
Expenses like space and computer software
Are critical tools in providing good care.

****

Our ortho techs prep,
intake and cast.
Their service is thorough,
friendly and fast.
Giving directions to a
patient who's lost?
I find the phone team to be
quite worth the cost.
The expense of maintaining five sites is high,
But patients who need us will find us close by.
Our admin team processes data with speed.
When patients arrive, I have all that I need.

****

Caring for others is the passion we've caught.
To be the doctors we want, the cost is a lot.
Though we meet some fiscally uncertain days,
We earn a good living, despite payment delays.

****

This year, I won't wallow in overhead strife.
Like the Grinch reformed, I see a wonderful life.

Dr. Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. His column appears quarterly in Hospital News. Reach him with comments at mail@tririversortho.com or (412) 367-0600.

Gateway Rehab's Inpatient Building Named in Honor of Founder at Hope Has a Home Gala

More than 300 people attended Gateway Rehab's Hope Has a Home Gala on December 9 at the Westin Convention Center Hotel. The Gala celebrated recovery from addiction and featured the remarkable achievements and dedicated work of Gateway Rehab founder and medical director emeritus, Dr. Abraham J. Twerski. In honor of Dr. Twerski's 80th birthday, Gateway Rehab's inpatient building in Center Township -- the first structure erected at the main campus location --was named "Abe's Place" Dr. Abraham J. Twerski Hall.

Dr. Twerski was highlighted in the book *Pittsburgh Born, Pittsburgh Bred* as one of "500 of the most memorable Pittsburghers who have shaped the region and the world in the past 250 years." He is an ordained rabbi and recognized internationally as an expert on addiction treatment. In addition, Dr. Twerski has composed music and is the author of more than 60 books, including collaborations with the late Charles Schulz, creator of the Peanuts characters.

For more information, visit www.gatewayrehab.org.

2010 Hope Has a Home Gala attendees (left to right) Dr. Kenneth S. Ramsey, Gateway Rehab president and CEO; Jim Rogal, Gateway Rehab board chair; Violet Soffer; Lois and Barry Zwibel; and James Lee Soffer.

The Importance of Spirituality in Patient Care

By: Dr. Abraham J. Twerski

There have been studies showing the value of prayer in recovery from illness. But while this may be controversial, I believe that the importance of *spirituality* in recovery cannot be argued. You see, spirituality is not the same as religion.

In my book, *Happiness and the Human Spirit*, I point out that a human being is more than a physical body. Our physical body is essentially an animal body. What makes us human are those qualities which are unique to us—which animals do not have. Among those are: intellect, the ability to contemplate a purpose in existence, the ability to improve ourselves, the ability to act ethically and morally in defiance of bodily urges, the ability to give of ourselves for the welfare of others, the ability to delay gratification, the ability to forgive and several other traits. The sum total of all our uniquely human traits is what I call the human *spirit*, and when we exercise these abilities, we are being *spiritual.*

The human being is, therefore, a composite creature, comprised of a *body* and a *spirit*. We know that the body is subject to deficiency syndromes when it lacks an essential nutrient, e.g., iron deficiency, vitamin C deficiency, etc. The spirit, too, has essential nutrients, and if it lacks these, it develops a "Spirituality Deficiency Syndrome" (SDS). The symptom of SDS is *discontent or chronic dissatisfaction.* This is not the same as depression, and will not be relieved by antidepressant medication.

Chronic discontent may have serious physical effects. People seeking relief from this discontent may have recourse to alcohol or drugs, both licit and illicit, to gambling, to compulsive eating, to promiscuity, to workaholism, to a relentless drive for wealth, none of which give more than a fleeting respite, with return and even aggravation of the discontent. People have wrongly blamed a spouse for their unhappiness, with unfortunate divorces affecting them and their children.

Just as an iron-deficiency syndrome will not be relieved unless iron is provided, neither will the Spirituality Deficiency Syndrome be relieved by anything other than providing the spirit with its specific nutrients, i.e., by implementing the unique traits that makes us human.

It is axiomatic in psychiatry and psychology that the patient's religion is not a subject for the therapist to consider. It is the patient's prerogative to choose whether or how to be religious. However, it should be realized that spirituality, which can stand totally apart from religion, is essential for a person's wholeness and well-being. An understanding of spirituality as described above makes it clear that while one does not address religion with a patient, failure to consider spirituality deficiency may be a disservice to a patient.

Dr. Abraham J. Twerski is the Gateway Rehab founder and medical director emeritus.

Spirituality in Health Care

SPIRITUALITY From **Page 5**

"I am a spiritual person without a defined religion, so my views are mostly general and about doing unto others as they would like to be treated," she says.

Dr. Higgins tries to be open to all possibilities of caring for a patient and all reasons that patients attribute to their healing or good fortune.

"Some patients have asked me about my choice of religion and I answer honestly and say that I am open to all, but defined by none," she says. "Some have indicated that they praise God for their healing and some believe God has nothing to do with it. I have had some patients mention that they pray for me and that makes me happy—as I need all the help I can get."

She believes that spirituality in the health care setting must be dealt with on an individual basis.

"Religion and spirituality is so personal that it cannot be blanketed by a statement that would cover all cases," she says. "So the role it plays in health care is ever-changing, depending on the patient."

She adds, "I believe that the doctor's spirituality affects their character and how they conduct themselves throughout the day, which is the background to patient care, but in the exam room, it should be about what speaks to the patient. What I believe is irrelevant when it comes to making the patient feel better."

In the field of health care, Dr. Higgins believes that spirituality can co-exist peacefully with the analytical, scientific perspective we've had on human health for many years.

"We have seen all the damage that stress can do to the body and stress is based on an emotional state," she says. "Spirituality is the same. It is based on emotion and that has everything to do with a patient's wellness."

Dr. Higgins sees spirituality and health care becoming more integrated in the future.

"I think it will become more and more common, in the same way that more holistic/nutrition-based/alternative approaches to wellness and recovery have become more commonplace," she says. "I think that health care will become less and less viewed as a sterile, unyielding, scientific, myopic profession and more viewed as a broad healing profession in both the mental and physical arenas, catering to the patient as a whole."

Dr. Randy Hebert agrees.

"I think this is a greater realization in general by the medical community that patients are more than a collection of molecules and organs," says Dr. Hebert, medical director of Forbes Hospice. "Holistic medicine is a buzzword that refers to the care of the total patient. Religion and spirituality can play a part in this care."

Spirituality in Health Care

Dr. Randy Hebert

Dr. Hebert tries to be very in tuned to a patient's and their family's religion. Specifically, he looks for signs of religion or spirituality such as bibles, religious and artifacts as well as listens for signs like the mention of God, faith, or church.

"I try to determine whether religion/spirituality plays a part in these peoples' lives," he says. "When I comment on these issues in a sensitive manner, I think the patients and families like it. It shows that I'm paying attention to them in more than a medical manner."

Spirituality will always play an important role in the practice of medicine.

"Although lots of surveys comment that Americans may be less enmeshed with traditional religion than they were years ago," says Dr. Hebert, "most patients and families I speak to comment on things like hope and faith. These are topics that are definitely related to spirituality and play a large role in how people cope with the illness."

He adds, "Spirituality can also help physicians to step back and take stock in why we are here. We sometimes get so busy in the mundane/day-to-day of our work that we sometimes loose sight of the fact that we are in medicine to help people. Religion and spirituality can help ground us."

Hope in Hospice

By Rev. Samuel Blair, MDiv

A recent article in a chaplaincy newsletter I receive asked the question, "How can we as healthcare chaplains help our patients look further down the road with hope?" This is a significant question, especially in the hospice setting, as often people see terminality as the cessation of hope. There are still occasions where family members ask us not to mention the disease to the patient, or not to mention hospice at all, as doing so will cause the patient to "lose hope" and die in a pit of despair and sadness. Sometimes this does happen, but from my experience it is very rare.

It is true that a terminal diagnosis often causes or represents a loss of hope for the patient and the family. The future that was planned for seems lost. There can be last grasps at miracles, medical or otherwise, in order to make things as they were before the diagnosis. It's not surprising that the loss of hope comes with so much grief. The question remains of how we can help patients and families look forward "down the road" when the road seems to have run out over a cliff.

In these circumstances, the chaplain can help by reframing what hope is and what is hoped for. One must first recognize those losses, including lost hope, and find meaning in them. When the meaning of what was hoped for is understood, it may be possible to find other resources to maintain that meaning, or find new meaning out of the shards of what was lost. For example, a family has just been told that their aging mother, who always wanted to reach her 101st birthday, probably won't make it to her 95th. While recognizing the loss of that goal and the hope associated with it, the chaplain may work to find out what that birthday meant to her and find ways to celebrate than meaning in the here-and-now.

New paths of hope can be forged as well which had never been considered before: the hope that one can die at home, mend a broken fence with a family member, to choose not to endure undesired treatments, to live as one wants rather than as expected.

The loss of hope is not permanent. The chaplain, through use of active listening and reflection and meaning-making, can assist by offering paths and opportunities which perhaps had not been considered, and by honoring the paths that are taken.

Rev. Samuel Blair is a chaplain at Gateway Hospice. For more information, visit www.gatewayhospice.com.

Leveraging Television to Enhance The In-Hospital Healthcare Professional/Patient Experience

By Dave Ross

The popularity of health-themed reality programming on consumer TV serves as a reminder of some important attributes of a technology, so commonplace, you probably don't even think of it as "technology". Television remains the preferred and powerful medium for sharing expertise, illustrating concepts, and connecting with people.

Most hospitals already have a TV in every room and waiting area. This platform can be leveraged to enhance patient care. At least 19 hospitals in Western Pennsylvania, and thousands nationwide, have upgraded TV systems with features such as dedicated educational programming. Television has become a facility-wide teaching tool, which comforts and engages patients. It helps fill the void felt by healthcare professionals who want to give each patient their focused attention but can't due to patient loads.

"Nurses don't always have the time to sit down and be side by side with the patient to go through every component necessary, but (a health channel in patient rooms) allows the nurse to give the patient time to take in the new knowledge that they need to gain and the come back and validate any issues or questions that the patient may have," says Mary Ellen Clyne, Executive Director at Clara Maass Medical Center. "Besides the ability for people to learn about new diagnoses, chronic conditions, and health conditions they may have, it also addresses the cultural needs of the patients that we serve."

Consumers who may have "tuned out" warning messages from their physicians are transformed by the "teachable moment" when they are hospitalized for a serious medical condition. When patients are diagnosed, it can be a time of profound fear and confusion; this is when they "tune back in". Patients who have had access to health programming think higher of their hospital.

A recent survey conducted on behalf of GE Healthcare* brings this into perspective:

- 43% of Americans surveyed felt that they didn't receive enough information regarding their own or a loved one's condition during their last hospital stay.
- In addition to speaking with a doctor, 49% prefer to receive information on an illness/condition and its treatment via television or video.
- 87% believed it's important to educate patients in a hospital because it helps them to take better care of themselves.
- 90% would watch a TV channel in a hospital if it had programs focused on their specific disease, its treatment, and how to change their lifestyle in response.

Just as nurses and doctors can increase their effectiveness by using television as a tool, patients also feel the positive effects.

> "I couldn't even think of a question that I would ask my doctor other than, you know, am I okay. Well, as I watched, questions started coming to my mind. Like how long am I in danger of actually having a blood clot? By the time she came in I had like 12 questions for her. Which was amazing to me because I had zero in my mind at first."
>
> —-Maria, Patient

There are a number of companies that help hospitals who might be considering ways to increase patient engagement, compliance and satisfaction via their television infrastructure. Services range from a simple, inexpensive upgrade or addition of a dedicated health channel all the way to more complicated and costly on-demand delivery systems, which interface with patient records. Some common attributes to look for include:

- Fit to existing infrastructure as a way of keeping costs low
- Productivity and support of the clinical care team
- Hospital IT compatibility, flexibility and scalability
- Relevant, accurate, diverse and continuously updated programming
- A mix of condition management and preventative/wellness content
- Appropriate literacy levels of content
- Reinforcement of hospital care initiatives, regulatory compliance requirements, and Americans with Disabilities Act (ADA)
- Reliability and uptime
- Pre-admission and post-discharge access to content via the internet, smartphones or other technologies to support continuum of care and hospital branding initiatives
- Metrics on utilization, reach and effectiveness
- Ability to customize/add hospital specific content and branding

The technology is already in place; it is simply a matter of turning it on.

Dave Ross is Chief Operating Officer for Interactivation Health Networks, which provides The Patient Channel and The Newborn Channel to over 2700 U.S. hospitals. Prior to joining Interactivation Health Networks, Dave launched and managed professional and patient education platforms for GE Healthcare and NBC Digital Health for 21 years.

**Hospital Patient Education Survey was commissioned by GE Healthcare through ORC International. The survey was conducted among 1,025 American adults [509 men and 516 women] living in private households, age 18 years and older. The overall margin of error for the survey was +/- 3%.*

Without a Roadmap: What Direction will ACOs Travel?

By Sandra E. Quilty

Federal officials representing the Federal Trade Commission (FTC), the Centers for Medicare and Medicaid Services (CMS), and the Health and Human Services (HHS) Office of the Inspector General convened a public workshop[1] to discuss how to form an accountable care organization (ACO) without violating fraud and abuse laws.[2] The workshop, attended by more than 300 health industry representatives, was kicked off by opening remarks from the CMS Administrator, the FTC Chairman, and the HHS Inspector General. The federal officials discussed creation and development of ACOs section 3022 waiver authority[3], and the creation of new safe harbors and exceptions with regard to fraud and abuse laws.

The overall tenor of the agencies' opening remarks was a genuine desire for integrated care to thrive and not to stifle or hinder competition given the unique opportunity presented in healthcare reform legislation. "We want to make sure ACOs are not unduly inhibited by existing fraud and abuse laws . . . [they] should not stand in the way of improving quality and reducing costs through ACOs" stated HHS Inspector General Daniel Levinson. The federal officials discussed cooperation among the government agencies and assured a continued collaboration with hospitals and physicians for ACOs.

CMS Administrator Dr. Donald Berwick started the day long workshop by discussing the need for "consistent commitment to cooperation." He opined that to achieve this level of collaboration, an ACO must be centered on the patient and the patient's preferences. ACOs have to be comprised of providers who share in the decision making process and are transparent, thereby being willing to be accountable for true patient-centered care. In addition, for optimum operation, the ACO must be "data rich." This data will enable use of real-time information needed for a clinical decision as a patient moves through the so-called "cooperative."

Both FTC Chairman Jon Leibowitz and HHS Inspector General Levinson focused their opening remarks on safe harbor creation and advocating for an "expedited review process" for those ACOs that fall outside of the safe-harbor. The federal officials echoed the need for innovation, creativity, and "fresh thinking." "We need your real-world experience to help us understand what kind of ACOs you're considering, and how you see them operating in the healthcare marketplace," Leibowitz said.

The panelists consisted of an esteemed group of industry professionals representing the full gamut of healthcare. In fact, several in attendance were named "Top 10 People to Know in the World of ACOs" as noted in a recent publication.[4] Some of the panelists included: Gloria Austin, CEO of Brown & Toland, a San Francisco-based Independent Practice Association; Dr. Lawrence Casalino M.D., Chief of the Division of Outcomes and Effectiveness at Weill-Cornell Medical College; Dr. Lee Sacks, M.D., President of Advocate Physician Partners in Illinois; and Dr. Cecil Wilson, President of the American Medical Association. Panelists considered levels of integration and circumstances under which permissible price negotiations may occur among the ACO providers without risking potential antitrust implications; and, how best to encourage formation so that competition would improve quality and affordability in any geographic market. Also addressed throughout the day were issues of whether Section 3022 waiver authority should be exercised by CMS and what safeguards, if any, should be implemented. Allowing an ACO a waiver with regard to the fraud and abuse laws may lend itself to an environment where ACOs could experiment more with structure and formation without risking running afoul of well established fraud and abuse laws. Generally, the waiver authority was discussed quite favorably by the panelists and there seemed to be consensus that if waiver authority was utilized then the protection should be applied uniformly.[5]

Many seemed to agree that a "level playing field" was ideal if the industry were to move quickly. Some discussed the need for experimentation and flexibility to allow ACOs to flourish. Others raised the need for flexibility with regard to reorganizing and restructuring if the ACO model chosen did not initially prove to be successful. Many panelists raised the notion of accreditation to provide the type of guidance needed in creating an ACO. Regardless of any type of accreditation, an ACO can be certain that it will need to be able to produce data-rich evidence of its quality measures to prove and establish that it is functioning and operating appropriately and as intended by the federal healthcare reform legislation. Should the FTC create any safe harbor or exceptions, it will undoubtedly be a balancing act with regard to the scale needed to meet objectives and any potential market power type issues.

Panelists stressed electronic health records (EHRs), enabling technologies and interoperability as critical pieces in achieving integration required for the ACO.[6] A few of the panelists shared their first- hand experiences on how accessibility to real-time clinical data translates into real clinical value. An administrative system encompassing such enabling technology would foster an infrastructure that allowed for ongoing monitoring. The ability to share, capture and analyze data is an essential element to a healthy and robust ACO. This type of data would allow an ACO to continuously evaluate and monitor its overall culture and internal behaviors. Capturing and analyzing the data internally would also allow the ACO to ensure there is no fragmentation but rather cost and care integration. An ACO would be better positioned to see how best to achieve accountability and true clinical efficiencies by employing this type of data analysis.

To compete in the new marketplace developing as a result of the Patient Protection and Affordable Care Act, an ACO's infrastructure – governance, leadership and management — will need to have clarity and transparency to achieve the integration needed for true care coordination. After all, with this new type of model, the physician – especially the primary care physician – is the true steward of accountability. Moreover, an ACO needs to consider performance measures in areas such as clinical processes, cost and quality, and overall patient experience with or without any potential regulatory guidance. As panelist Elizabeth Gilbertson[7] stated, a solid formula for performance metric setting is the total sum of aggregating total cost, total quality and total patient experience. This should ultimately result in a system of care that is genuinely patient centered.

Several panelists discussed the need for regulatory guidance for both providers and payors in establishing performance metrics. Internal operational metrics are necessary, but should be set at an achievable bar and constantly raised to encourage improvement – improvement with regard to performance measures as well as total cost management. From an operational standpoint, performance measures could be continuously refined based on the clinical data to ensure quality metrics are being met and improved on an ongoing basis. Physicians should be engaged in the development process, as they are the true heart and soul of an ACO. As stated by Panelist Dr. Cecil Wilson, President of the American Medical Association, quality performance committees made up of physicians enables buy-in and allows measures to be followed better because they are established by the clinical experts.

In addition to integration, the panelists discussed market power and issues of exclusivity given current consolidation trends the market is experiencing as a result of the ACO. While some discussed the fact that consolidation need not be automatically equated to gaining market power, payors discussed their experiences with market power issues such as price increases in markets where certain

See **ROADMAP** On **Page 17**

ROADMAP From **Page 16**

providers are dominant. There was a great deal of discussion regarding the need for scale in order to absorb the cost of infrastructure investment, delivering cost effective care efficiently, and spreading risk. While a number of advisory opinions issued by the FTC discuss non-exclusivity in great detail, a plethora of the panelists believed exclusivity to be critical for an ACO to best achieve high level integration and not fragment physician loyalties. One panelist went as far to suggest that without exclusivity it simply undoes many of the core goals needed and desired for success.

The day-long workshop affirmed for many that while much more guidance is needed, it will take time, patience, collaboration, flexibility, experimentation, and transparency to get the ACO model right. As ACOs are formed, no single ACO model will look alike. "If you have seen one, you have seen one," stated one of the panelists. While many in the industry may differ on the extent and level of detail of potential regulatory guidance, any exception, safe harbor(s), or exercise of waiver authority will have to be a process closely monitored by all. Regulators are in the earliest stages of determining what factors to consider in employing, if at all, its Section 3022 waiver authority. The same can be said for development and creation of any safe-harbors or exceptions. Regulators will have to consider that current fraud and abuse laws may not be in line with the objectives of the new ACO model and what its success may engender despite the great deal of information and guidance already in existence for clinical integration. Through this workshop and comments already provided by representatives in the industry, regulators will have a better sense of how best to proceed and provide guidance for hospitals and physicians as the new marketplace takes shape.

Sandra E. Quilty is with the Baudino Law Group, PLC, based in Des Moines, IA. This article was reprinted with permission from the ABA Health eSource.

[1] "Workshop Regarding Accountable Care Organizations, and Implications Regarding Antitrust, Physician Self-Referral, Anti-Kickback, and Civil Monetary Penalty (CMP) Laws" Baltimore, Maryland (October 5, 2010)

[2] The fraud and abuse laws discussed herein include the Anti-kickback Law, the Stark Law and the Civil Monetary Penalty Law collectively. The Patient Protection and Affordable Care Act put the ACO on the map as the latest clinical integration health care model devised to manage healthcare costs while improving overall quality of care to Medicare patients through the Medicare Shared Savings Program. Patient Protection and Affordable Care Act, §3022, Public Law No. 111-149 (2010).

[3] Section 3022 of the Patient Protection and Affordable Care Act provides HHS with the discretion to use broad authority in determining whether to implement waivers for ACOs with regard to the fraud and abuse laws. Potentially, an ACO can be waived from meeting some of the demands currently required by current fraud and abuse laws. This would ideally foster an environment where ACOs could more easily and expeditiously flourish. Some panelists discussed a desire for any waiver to be applied uniformly to enable a level playing field while others advocated for an ad hoc approach.

[4] http://www.beckershospitalreview.com/hospital-physician-relationships/10-people-to-know-in-the-world-of-acos.html

[5] HHS Inspector General Levinson stressed how they would work closely with the CMS as they determine the process of exercising waiver authority pursuant to Section 3022 of the Affordable Care Act.

[6] While all seemed in agreement with regard to health information technology generally, there was discussion that this area is already being driven by other policies and that ACOs should not be the policy driver in achieving fully implemented EHRs.

[7] Elizabeth Gilbertson is president of the Hotel Employees and Restaurant Employees International Union (HEREIU) Welfare Fund in Las Vegas, Nevada.

Health Care Tax Credit for Small Businesses

By Jacklyn D. Olinger

The new health reform law gives a tax credit to eligible small employers that provide health care coverage to their employees, effective with tax years beginning in 2010. In order to qualify as a small employer eligible for the tax credit:

1. the employer must have fewer than 25 full-time equivalent employees ("FTEs");

2. the average annual wages of its employees for the year must be less than $50,000 per FTE, and;

3. the employer must pay the premiums under a "qualifying arrangement."

Because the limitation on the number of employees is based on FTEs, an employer with 25 or more employees could qualify for the credit if some of its employees work part-time. Average annual wages are calculated by dividing the total wages paid by the number of FTEs and rounding the result down to the nearest $1,000.

In order to be a "qualifying arrangement", the employer must pay premiums for each employee enrolled in health care coverage offered by the employer in an amount equal to a uniform percentage (not less than 50%) of the premium cost of the coverage. The employer can claim a credit for up to 35% (25% for tax exempt organizations) of the premium costs for 2010 through 2013. In 2014 the maximum credit will increase to 50% (35% for tax exempt organizations) of the employer's premium costs. The credit phases out gradually for businesses with average wages between $25,000 and $50,000 and for businesses employing between 10 and 25 FTEs. The credit for businesses at or above these thresholds is reduced based on a formula using the number of FTEs and the average wages paid. The National Federation of Independent Business provides an easy-to-use tax credit calculator which is available on its website at: www.NFIB.com/creditcalculator.

The credit is further limited in that only that amount of an employer's premium payments that is equal to or less than the average premium for the small group market in the state (or an area within the state) in which the employer offers coverage will count for purposes of the credit. The average premium for each small group market is determined annually by the Department of Health and Human Services. Revenue Ruling 2010-13 sets forth the average premium for the small group market in each state for the 2010 tax year.

An employer claims the credit on the employer's annual income tax return, with an attached Form 8941 showing the calculation of the credit.

Jacklyn Olinger is a member of the Corporate Department for Dinsmore & Shohl, LLP. For more information, visit www.dinslaw.com.

Digital Pen and Paper Technology – Driving Down Costs and Improving Care in the Home Healthcare Industry

Pietro Parravicini

Matt Wilson

By Pietro Parravicini and Matt Willson

The U.S. home healthcare industry is growing rapidly – faster over the past five years than private community care facilities or private nursing homes. At the same time, the aging population is putting unprecedented strains on the healthcare system: one in four households today is helping care for someone 50 or older. This trend will become more acute in the coming years as baby boomers enter their senior years – and many of them will do so with fewer family members to look after them, since average family size has been declining.

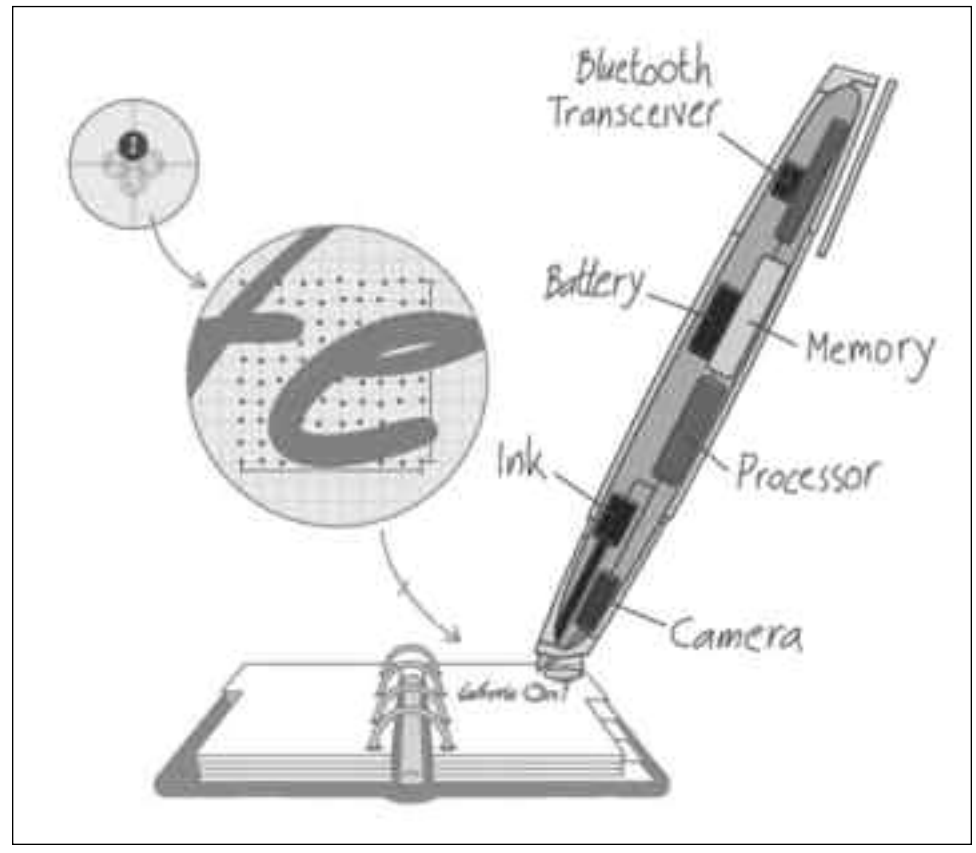
These trends have caused the home healthcare industry to be in a state of perpetual "catch up" as it attempts to keep pace with rapidly growing demand for services. And, because the healthcare industry is not subject to the same laws of supply and demand as other industries, simply because insurance carriers dictate the rules of compensation, these organizations cannot just "throw more bodies" at the problem, or raise prices to stem demand. Instead, they need to find a way to become more efficient, so they can serve more patients without large staff increases.

A prime focus for efficiency improvement is cutting down on the time and effort required to process paperwork. Most clinicians today rely on traditional pen and paper to capture patient information. At the end of the day, this means each piece of information must be manually entered into a computer system.

There is a simple solution gaining significant interest in this industry – digital pen and paper technology. The benefits include cost savings, time savings, improved patient care and an easy migration path to electronic records.

How it Works

Digital pen and paper is exactly what it sounds like – a mobile data capture solution in which the device behaves like an ordinary pen, but actually "reads" handwriting and translates it into computer-readable code. The pen reads and records pen strokes in relation to the digital paper's barely visible pattern of dots. The image below illustrates the components of the technology:



The system collects information at the point of service by allowing the organization's existing paper patient care forms to be converted and used as digital forms. Each user's written pen strokes are uploaded electronically to the provider's computer system — and selected handwriting instantly becomes text entries in the database to support research, tracking and accountability. The system meets security and compliance requirements by ensuring that all stroke data remains encrypted throughout the workflow until it is decrypted.

These efficiency gains not only benefit the bottom line; they also improve quality of life for nurses, because they can spend more time doing what they do best – caring for patients – and less time processing paperwork.

The benefits of digital pen and paper are striking:

- Highly portable: Since the form factor of the technology is merely a pen, it is easy for workers to travel from location to location with it.
- Minimal training required: Clinicians don't need to be taught how to use new applications or hardware. Instead, they use the same mechanism for data capture they've used their whole lives: pen and paper.
- Low cost: Lost or damaged tablets, laptops and mobile devices are a significant source of financial loss and security risk to companies. Digital pen and paper radically reduces these costs and risks.
- No workflow interruption: Clinicians avoid having to travel to multiple locations to drop off signed work.

Cost Savings and Benefits

Based on industry data, initial training time for a laptop system averages 60 hours per user, whereas initial training for the digital pen only takes 2 hours. According to the National Association for Home Care and Hospice, the median hourly pay for RNs in October 2007 was $25.50. That translates into laptop training costs of $1,530.00 per RN for 60-hours of training. When compared to laptop training, the Digital Pen and Paper system saves $1,479.00 per clinician in training costs alone. Plus, the added efficiency enables the organization to serve more patients per day without adding resources, creating a direct positive impact on the bottom line.

Another advantage of the pen is that it's small and mobile. And, unlike laptops, it doesn't interfere with the interaction between the patient and the clinician. The pen doesn't have a user interface that a clinician can get lost in, taking his or her attention away from the patients.

Home healthcare is an industry that must prepare for growing demand for its services, and digital pen and paper technology is a portable, cost-effective and easy-to-use solution that is a perfect fit for home healthcare professionals.

Pietro Parravicini is president and CEO of Anoto, Inc. Matt Willson is managing director Datalytics LLC

"SuperFreakonomics (Illustrated Edition)" by Steven D. Levitt & Stephen J. Dubner

c.2010, Wm. Morrow $40.00 / $45.00 Canada 304 pages

Your budget is connected to your income.

The income's connected to a sales goal. The sales goal's connected to the economy. The economy's connected to consumer spending. And consumer spending's connected to the ankle bone.

Flow-charts, studies, old songs, and graphs can help you comprehend cause-and-effect in business, but when it comes to the world as a whole, things are messier. Or are they? Read the newly-illustrated "SuperFreakonomics" by Steven D. Levitt & Stephen J. Dubner, and you'll see connections and corollaries everywhere.

Uganda is a fair drive from Michigan, as anyone with a GPS can tell you. So how do you explain that babies born in Uganda this May and babies born in Michigan in the same month will share a higher-than-average rate of disabilities as adults?

The explanation, say Levitt and Dubner, comes from freakonomics, a word they coined to account for the freaky things that happen in the world, especially when it comes to human influence. People, the authors found, respond to incentives that are not predictable, and those responses result in unintended consequences that start a chain of events. Separate chains may be related in ways that are seemingly incongruent.

Take, for instance, those beautiful New York City brownstones. There's a reason they were built high and imposing, and horses are almost completely to blame. And speaking of houses, sex and real estate don't often overlap, but this book shows how it happens.

As for those private matters, how is it that prostitutes in Chicago are like department store Santas? Are Ladies of the Evening – or is any entrepreneur – selling themselves short, or can they utilize an economic fact to boost income without losing customers?

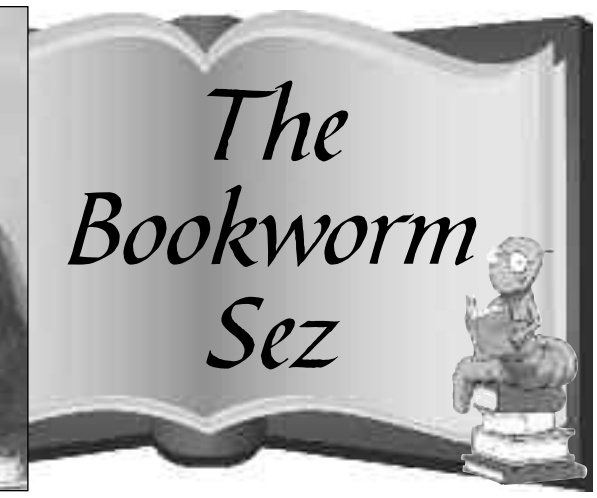
Is it possible that there are advantages to things that seem disastrous? Yes, say the authors, just as there are hidden penalties for good news. Although the "Shoe Bomber" never caused loss of life, for instance, his actions cost travelers nearly six hundred million minutes a year, or the equivalent of 14 lifetimes.

But back to those babies in Uganda and Michigan. Can their parents give them a leg-up on becoming professional athletes? Nope. Sadly, the month of May could be doubly unlucky for them…

In the illustrated "SuperFreakonomics", authors Steven D. Levitt (an economist) & Stephen J. Dubner (a journalist) offer a wry romp through trivia, business, economy, and fluff, making you think, laugh, and run to your computer to look up more information. But if you read "SuperFreakonomics" when it came out last year, you may wonder if this is the same book. The answer is yes, but.

Yes, you'll find mostly the same words, but this illustrated version contains charts, pictures, and fun drawings. Yes, but this book is more a browser's delight. Yes, but it's zippier and the sidebars are literary peanuts: you can't stop eating them up. Yes, it's basically the same book, but improved.

If you've got a curious mind and love to play with stats and facts, don't miss the illustrated "Superfreakonomics". For you, it's definitely a book to connect with.



GLAMMED From **Page 1**

women, as well. As a result, they created Cancer Be Glammed, an online service designed to help women recover in comfort and style.

The goal of their website, CancerBeGlammed.com is to take away some of the stress, legwork and guesswork for women who are on their own road to recovery, and to help restore their appearance and self-esteem. "We believe that a little 'glam' on the outside goes a long way toward helping women feel better on the inside, and that can have a significant impact on their recovery," Kander said.

CancerBeGlammed.com features over 200 products that have been hand-picked from numerous online stores (which offer a wider selection of products and price points). There is an intention behind every product, with items ranging from post-surgery necessities such as mastectomy camisoles with drain management, to clothing with UPF 50+ sun protection built in to shield skin made sensitive from radiation and chemotherapy. For friends and family members that want to show their support, the website has many gift items women will appreciate, such as the Kindle e-Reader. Lightweight and portable, its text size can be increased to make reading easier for women suffering from vision problems as a consequence of treatment.

To help women prepare for the side effects they might encounter, the pair wrote a Style Guide called, "What the Doctor Didn't Order." It walks women through the phases of treatment, offering product advice and fashion solutions. Their "Recover in Style" Shopping Checklist condenses this information into a short, easy-to-use shopping list. Both documents are free and downloadable from their website.

The response to CancerBeGlammed.com from women undergoing treatment or in recovery and the medical and oncology community has been very positive, according to Kander. "We're very encouraged by the response from doctors and oncology nurses who see Cancer Be Glammed as a service and a resource they can offer their patients. We understand what it's like to go through a scary diagnosis, surgery, treatment and recovery, and found it very helpful to connect with other women who have been through it. We hope Cancer Be Glammed can be that resource for women everywhere."

Cancer Be Glammed, LLC was founded by Squirrel Hill residents Lisa Lurie and Ellen Weiss Kander after their own journeys through illness and recovery. It was born from the concept that cancer can be survived in comfort and style, and that wearing and using fashionable, comfortable and soothing products during treatment and recovery can have a significant and positive impact on a woman's mental and physical outlook. A portion of their proceeds are donated cancer support organizations. For more information, visit www.CancerBeGlammed.com.

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27 Suncrest Drive, Delmont, PA 15626
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HARVEY D. KART
Publisher
770-353-5874 • hdkart@aol.com

DANIEL CASCIATO
Assistant to Publisher
412-607-9808 • writer@danielcasciato.com

KRISTEN KART
Director of Marketing
404-909-6467

MARGIE WILSON
Director of Business Development
724-468-8360 • margiehn02@aol.com

BETH WOOD
Art/Production

Contributing Writers
John Chamberlin
Daniel Casciato
Christopher Cussat

SISTER PUBLICATIONS
Atlanta Hospital News
Josh Felix, Publisher
jfelix@atlantahospitalnews.com

Chicago Hospital News
Josh Felix, Publisher
jfelix@chicagohospitalnews.com

South Florida Hospital News
Charles & Carol Felix, Publishers
sflahospitalnews@aol.com

CONTACT THE NEWSROOM:
Hospital News welcomes story ideas, etc. Call Daniel Casciato at 412-607-9808 or email writer@danielcasciato.com.

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NAS Conference: Impact of Substance Abuse on Pregnant Women and Newborns Focus of Pennsylvania Medical Conference

By Maureen E. McGaffin

According to state health statistics, it has been estimated that 16 percent of all babies born each year in Pennsylvania test positive for illicit drug use by their mothers. Additionally, there has been a shift in some areas of Pennsylvania with increased use of opiates among women, including those who are pregnant.

In an effort to provide better outcomes for drug addicted pregnant women and their newborns, Gateway Health Plan® recently hosted a conference to improve both pre and post-natal care for the mothers and pediatric care for the infants, not only in the nursery but in the home as well. The November 6 meeting at Geisinger Medical Center was attended by nearly 140 providers including OB-GYNs, pediatricians, NICU nurses, case managers, social workers and drug addiction counselors.

Medical recommendations included offering a more holistic approach in the treatment of drug addicted mothers and their newborns while strengthening the interdisciplinary collaboration among caregivers, particularly in light of the new information about buprenorphine as an alternative to methadone for use during pregnancy. Buprenorphine is a medication used to substitute for opiate drugs. During pregnancy, it is used to maintain pregnant women from opiate withdrawal and decrease the impact of neonatal abstinence syndrome (NAS) in their babies.

NAS occurs in newborns who have been exposed to some drugs while in the mother's womb. The baby may be susceptible to a variety of serious conditions affecting breathing, heart functioning and digestion as well as neurological problems such as developmental delays. Rapid and intensive medical intervention has been shown to improve outcomes.

"This is a novel approach to care for addicted mothers that can open up new ways to provide assistance for addicted women and their babies, with better outcomes for both mother and child," says Michael Madden, M.D., chief medical officer, Gateway Health Plan®. "However, there still needs to be close attention to the other medical and social problems these mothers have," he added.

According to a Dec. 9, 2010 New England Journal of Medicine article, buprenorphine given to the pregnant mothers using opiates was found to be superior to methadone in minimizing withdrawal symptoms in the newborns, as part of a comparative data study funded by the National Institute on Drug Abuse, a component of the National Institutes of Health.

Gateway Health Plan® is a recognized leader in NAS regionally and has hosted two previous conferences on this topic in addition to convening providers to jointly develop recommended treatment protocols for NAS management that have been widely adopted by major Pennsylvania hospitals.

"This condition affects more than just the baby it affects the entire family. Hospital caregivers must also work collaboratively to make sure safeguards are in place before the baby goes home and that the family is able to care for the infant," says Jan Kusserow, RN, BSN, CCM, special needs unit care manager, Gateway Health Plan® .

Gateway Health Plan® is a Managed Care Organization (MCO) that provides nearly 250,000 members with access to quality healthcare with our two lines of business, Medicaid and Medicare Assured. In addition to providing medical assistance, Gateway Health Plan® also works with hospitals, physician and pharmacies to provide cost-effective savings and solutions for consumers and providers. More information about Gateway Health Plan® is available at www.GatewayHealthPlan.com.

Submissions? Story Ideas? News Tips? Suggestions?
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Young, Attractive Candidates Land More Jobs, Employers May Face Discrimination Claims

By Elaina Smiley

A recent study by *Newsweek* revealed that in a society increasingly fixated on appearance – whether it's beauty, age or any other defining characteristic – Americans who don't fit the ideal image often aren't given the same employment opportunities.

According to *Newsweek's* study of corporate hiring managers and public opinion, 57 percent of managers say a qualified but unattractive candidate will have a harder time landing a job. Another 61 percent of managers believe it would be an advantage for women to show off their figure in the workplace, though they also run the risk of missing out on opportunities if they're perceived as too attractive to be intelligent. *Newsweek's* findings revealed good looks actually ranked higher overall on the list of employee attributes than a candidate's education.

But any employer who bases employment decisions on physical attractiveness or other aspects of a candidate's appearance is treading on thin ice. There are a number of key federal laws in place to protect employees from discrimination based on race, color, religion, sex or age, and getting caught up in a legal battle over charges of unfair treatment can be an extremely costly for an employer.

One of the findings the *Newsweek* study reported touched on the issue of age in a culture immersed in the pursuit of maintaining a youthful appearance. Eighty-four percent of the managers surveyed told *Newsweek* they believe a qualified but visibly older candidate would make some employers hesitate to hire them, especially if the candidate is a woman.

That's a striking statistic, considering the Age Discrimination in Employment Act (ADEA) prohibits any employer from discriminating against a person 40 years or older because of his or her age in any aspect of the employment process, including hiring, firing, promotions, layoffs, compensation, benefits, job assignments and training. And the ADEA doesn't just protect employees working or applying to work full time for an employer, it also covers apprenticeship programs, job notices and advertisements and pre-employment inquiries from prospective candidates.

Especially now, in the wake of the financial crisis, the number of discrimination claims against employers is on the rise. The Equal Employment Opportunity Commission (EEOC) in fact recently reported a seventeen percent increase in claims of discrimination based on age since the recession started in 2007. That means it's more important than ever before for employers to take action and make sure they're in compliance with all federal employment laws and regulations.

Some of the steps employers can take to ensure policies and procedures are in line with federal law and avoid damaging charges of discrimination and potential lawsuits include:

- Review all job listings and descriptions to ensure they focus on the necessary job requirements and comply with employment laws.
- Establish clear company policies prohibiting discrimination of any form in the workplace.
- Train all managers in the proper procedures for recruiting, interviewing and hiring job candidates.
- Immediately communicate changes to employment laws.

The results of this recent *Newsweek* report should be a reminder to hospital administrators, human resource managers and all other employers throughout the health care industry of the potential for discrimination in today's workforce. The fixation on appearance might be a direct result of our current culture, but it doesn't have to lead to legal trouble. Employers who take the necessary steps to educate, train and communicate with all managers involved in the employment process may not only reduce the chances of discrimination claims, but also help ensure the right worker gets the job, regardless of what he or she happens to look like.

Elaina Smiley is a partner with Meyer, Unkovic & Scott LLP. She can be reached at es@muslaw.com.

EMR/EHR From **Page 1**

17 percent of doctors have an EMR system, but only about 4 percent were fully using it.

Finally, a 2010 study by CompTIA, a non-profit trade association for the IT industry, revealed that 34 percent of healthcare providers report using a comprehensive EMR system, while 16 percent say they're using a partial system. The remaining segments are evaluating EMR options (29 percent) or have not yet started the process (20 percent).

Why the variance in EMR usage statistics? It's important to keep in mind the definitions of EMR/EHR are still evolving and subject to some interpretation. Implementation and usage may range from partial to comprehensive depending on how the user defines the system.

Factors Influencing EMR Adoption

The CompTIA survey of 300 U.S. healthcare providers finds that factors driving EMR adoption are closely aligned with overall goals and priorities for the practice – improving patient care, improving efficiency and growing the practice. Interestingly, few doctors view EMR adoption as a path to cost savings – just three in ten identified cost savings as a major factor in their EMR decisions.

The most commonly used features among those practices with an EMR systems are charting (92 percent), scheduling (89 percent), e-prescriptions (85 percent), computerized physician order entry (82 percent), and medications management (81 percent).

Data from the CompTIA survey suggests many EMR capabilities appear to be underused. This may stem from lack of need, lack of familiarity, a usability issue, interoperability, or some combination of all of these. It must also be acknowledged that EMR is new to many practices and many are still working their way up the EMR learning curve. Beyond core functionality, the feature sets and capabilities of EMR systems vary significantly from application to application. This, too, poses challenges for the user.

Among healthcare practices with an EMR implementation, satisfaction rates are generally high, though there is room for improvement. A slight majority (56 percent) of doctors rate their EMR system as satisfactory, while a nearly equally large segment (41 percent) falls into the middle category of being partly satisfied/partly dissatisfied.

The EMR improvements medical professionals would most like to see are:

- Faster to use – 57 percent
- Easier to use – 51 percent
- Lower cost – 47 percent
- Removal of unnecessary features – 40 percent
- Greater compatibility and interoperability – 39 percent
- Better remote access and mobility features – 39 percent

Cost, Complexity Holding Back Wider Adoption

The main inhibitors of adoption fall into the categories of money, time and disruption. The greatest percent of non-adopters cite upfront costs and ongoing operational costs as the factors in holding off on implementing EMR. For a small practice, an EMR investment can be a significant undertaking. Stimulus funds and innovation may lower this hurdle over time. As investment continues to flow into the HIT space, more EMR options will emerge at a range of price points and feature sets. According to the National Venture Capital Association, 34 percent of all venture capital spending in 2009 flowed to healthcare IT. Additionally, more EMR options using a software-as-a-service model or a managed IT services model provide new ways to address the cost or complexity issue.

Todd Thibodeaux is the president and chief executive officer of CompTIA, a non-profit trade association for the information technology industry. For more information, visit www.comptia.org.

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A Year to Remember

By Rafael J. Sciullo

On many levels, 2010 was quite a year.

Kids, dads, moms and neighbors bundled up, braved the cold and snow and joined together to dig themselves out of Pittsburgh's worst snowstorm in nearly two decades. This is one of many unforgettable images of 2010 etched into our memories.

Among the reasons the great snowstorm was memorable for us at Family Hospice and Palliative Care is the story of a patient from Mt. Oliver who made his way to our Center for Compassionate Care under extraordinary circumstances. The effort put forth by EMS workers and the National Guard to get Anthony Kasperowski, his wife and daughter to Family Hospice made local news.

Plus, we recall the BP oil disaster in the Gulf of Mexico, the massive earthquake in Haiti, and the fact that healthcare reform legislation was signed into law.

At Family Hospice, 2010 was a milestone year. While we were fortunate to experience and witness a lot of positive things – the most significant of all was the commemoration of our 30th anniversary. The last three decades have brought tremendous growth for our organization, but more importantly, they've brought an expansion in the care and services we offer to patients and families. Our 30th anniversary was capped by a special celebration at Phipps Conservatory in August, in which we shared some fellowship, thanked benefactors and volunteers, and set our sights on the next 30 years.

Hospice embraces the opportunity to help every patient make the most of life.

Family Hospice also made a splash in 2010 with the addition of a new staff member at our inpatient unit in The Center for Compassionate Care. A four-legged staff member, to be exact. Ivan, a three year-old Golden Retriever was "hired" as our full-time therapy dog. Ivan joins Nellie, Molly, Shakespeare, and three other "part-time" therapy dogs who offer companionship and joy to the patients and families we serve throughout nine counties in Western Pennsylvania.

Summer saw the launch of a new website, at www.familyhospice.com, where clinicians, patients and families alike can access useful information about our programs and services. Our website also offers a guide to our end-of-life care experts and opportunities to support our non-profit organization.

Making the Most of Life

Our seventh annual Camp Healing Hearts took place in August. The event is a free one-day bereavement camp for kids age six to 12 who are mourning the loss of a loved one. Through activities and carefully planned workshops, participants learn that they are not alone in their grief and come away better equipped to forge ahead.

Our second annual Memorial River Walk was held in October at the South Side Works and Heritage Trail. Over 500 participants honored the memory of their loved ones during a warm autumn evening and by doing so helped raise much needed funds for Family Hospice programs and services.

We're also proud to report that Rev. B. De Neice Welch, a Family Hospice board member and Pastor of Bidwell Presbyterian Church in Pittsburgh's Manchester neighborhood, was named a "2010 Woman of Excellence" by the *New Pittsburgh Courier*. Rev. Welch has played a critical role in Family Hospice's efforts to make hospice care more accessible to the African-American community in the North Side area, via Family Hospice's Anderson Manor location.

One thing remains constant year after year: the dedication of our staff to provide the best in quality, compassionate care. These are individuals who are passionate about end-of-life care and who truly want to help every patient make the most of life. None of our outreach or growth would be possible without our staff – or the generosity of our benefactors.

As 2011 draws near, we all can certainly hope for a little less snow. But at the same time be mindful of opportunities for growth, learning and improvement.

Rafael J. Sciullo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. Its website is www.familyhospice.com.

Investment Strategies for your 403(b)

By Mark Tepper

Managing your 403(b) at peak efficiency can be a burden for a lot of people in the medical profession. A considerable amount of time is required to analyze the investment options and to continuously monitor your selections. Most 403(b) plans have a limited amount of investments to choose from – and those that are available may not always be the best options. Additionally, a good amount of knowledge of the financial markets and economics is required in order to be successful. However, there are a few simple strategies that any investor can incorporate in their portfolio management to boost their retirement savings in the long-term.

For well over 50 years, investors have been told that "buy and hold" is the best way to accumulate wealth in the U.S. markets. In fact, "buy and hold" has been touted as *the strategy* for Main Street investors, due in large part to Harry Markowitz's Modern Portfolio Theory (MPT). Markowitz's 1950s theory, which eventually won him a Nobel Prize, seeks to achieve the highest rate of return per unit of risk that an individual investor is willing to assume, and it is widely believed that this is achieved by holding several non-correlated asset classes. Thus, "buying and holding" the appropriate percentages of each outlined asset class, theoretically allows the investor to achieve a better risk-adjusted return.

However, what works in theory does not always work in reality. MPT assumes that investors are rational and that the markets are efficient. Unfortunately, as a result of heightened market volatility and increased investor uncertainty, modern day investors are not rational. If investors were rational, they would buy low and sell high; however, most investors do the exact opposite. They buy when there is a lot of hype and excitement in the market (when the price is high) and sell when there is fear and panic (when the price is low). Additionally the markets are not efficient. Because individuals have varying degrees of financial and economic expertise and access to information, it leaves some investors with a tremendous advantage and others at a disadvantage resulting in a vast disparity.

Regardless of which investment strategy an individual investor subscribes to in order to accumulate wealth, retirement savings accounts must be managed proactively to ensure long-term success. The first step in managing any retirement account is to be aware of in-service distribution rules. 403(b) plans characteristically have fewer investment options, but in-service distributes allow investors to transition savings to an Individual Retirement Account (IRA) with more options. With most plans, an in-service distribution is allowed upon reaching age 59 ½. This rule can vary by plan, so it must be verified with the plan administrator. If permitted, in-service distribution allows individuals to do a tax-free rollover from their company's 403(b) into a more flexible IRA account. Once the funds have been repositioned into an IRA, it can give the investor more flexibility with regard to the investments that are available.

Assuming an in-service distribution is an option, there are several investment options after the money is repositioned in the IRA. Value investing is one option. Over the course of history, value stocks have outperformed growth stocks and the market as a whole. Just ask Warren Buffett. Over the course of his lifetime, he has amassed a great fortune by identifying undervalued companies with a "margin of safety" and buying their stock.

Another solution would be to utilize an indexed annuity. A lot of indexed annuities today will allow the investor to participate in the stock market (subject to certain caps) when the market goes up, while protecting the investment when the market goes down. In a year like 2008, when the S&P 500 was down 37%, an indexed annuity would not have lost any value. Should the market rebound the next year and go up 20%, an indexed annuity owner would participate in a good portion of those gains.

Finally, one could call upon the services of an investment advisor that practices proactive, tactical management. The key here is to find an advisor with a good track record. When interviewing a potential investment advisor, ask him or her "What is your sell discipline? What is your exit strategy?" Any good, proactive advisor should be able to answer that question without blinking. Our philosophy for our clients is "if we can protect the downside, the upside will take care of itself." As an example, our clients lost only 3.35% in 2008 when the market was down 37%.

No matter which option suits you, it is important to remember that today's economy is unlike anything most of us have ever seen before. This has become the new "normal". Different measures must be taken in order to maximize the efficiency of your 403(b) on a going-forward basis.

Mark Tepper is the managing partner of Strategic Wealth Partners which is located in Seven Hills, OH. The firm provides 403(b) tactics and wealth management solutions for a multitude of medical professionals. Visit Strategic Wealth Partners at www.swp-ohio.com or e-mail Mark Tepper at mark@strategicwealthltd.com with questions or comments.

Latex Allergies: Aiming to Minimize the Cause

by William R. Doyle

More than 40,000 types of commercial products are made from natural rubber latex (NRL), an extract of the Pará rubber tree. NRL is used in numerous items within the healthcare industry as well. However, out of more than 200 proteins that are contained within NRL, 13 are known to be allergens. The American Latex Allergy Association estimates that 3% of the general population as well as 17% of healthcare workers exhibit some form of latex allergy, thus hindering their use of such products.

The list of medical products containing natural rubber latex is long. It can include elastic bandages, adhesive tape, urinary catheters, electrode pads, wound drains, stomach and intestinal tubes, urinary collection devices, enema tubing and tips, dental dams, ultrasound probe covers and compression hosiery. In addition, natural latex may be used in hemodialysis and anesthesia equipment, rubber masks, head straps, rubber tourniquets, rubber nasal-oropharyngeal airways, teeth protectors, bite blocks, blood pressure cuffs, rubber breathing circuits, latex injection ports on intravenous tubing, and certain epidural catheter injection adaptors.

For many hospital workers and their patients, exposure to the latex in these products can potentially lead to allergic reactions. The symptoms can range from watery and itchy eyes, red and irritated skin to trouble breathing and even life-threatening anaphylaxis. Healthcare professionals have been known to develop dangerous latex allergies that, in some cases, limited or ended their care-providing careers. All such products that routinely directly or indirectly come into contact with mucosa, non-intact skin, and internal bodily spaces may trigger complications.

In recent years, a potential solution exists for this very serious health issue has been developed while retaining the desirable properties of natural rubber latex. It involves the patented process of adding aluminum hydroxide, Al(OH)3, a well-known protein binding chemical, to latex while it is still in liquid form. This compound acts as a binding agent to the latex and produces protein complexes that can be removed using existing latex production practices. The result is an ultra low-protein variant of NRL that retains all of the advantages of the material while reducing the exposure to individuals to the antigenic proteins that can cause allergic responses.

See **LATEX** On **Page 27**