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It is a great privilege to be selected to serve as the 2018-2019 President of the Metropolitan New York Chapter of the Healthcare Financial Management Association. I am also honored to have such an outstanding dedicated and hardworking team of Officers, Board of Directors, Executive Board Members, Committee Chairs and Co-Chairs.

First, I would like to thank our Immediate Past President, Maryann J. Regan. Under Maryann’s leadership, the chapter received two National Yerger awards and shared in two Region 2 Yerger awards. Maryann served the Chapter and its members proudly. Congratulations Maryann on an outstanding year!

At this year’s Leadership Training conference, National Chairperson, Kevin Brennan, rolled out his theme, entitled “Imagine Tomorrow.” With many changes on the horizon in our industry our new national theme is perfect for this New Year. Our industry is evolving in so many different ways, creating multiple opportunities for each of us to Imagine Tomorrow and all of the opportunities for us to explore. The metro chapter promises to be innovative this year by making sure our seminars and events are relevant and beneficial to you.

As we enter our new education year, our committees will be addressing the latest industry challenges that we encounter on a daily basis. Moreover, we are going to continue our 101 series, so we can help our new careerist members get assimilated to the healthcare industry which also provides a refresher to the most seasoned healthcare veteran. As more of us find it difficult to leave the office to attend seminars, we will continue to offer more webinars and to continue to roll out our Road Shows, where we bring the program to your facility/office.

We had a very successful planning meeting on June 5th with lots of new and exciting ideas for this New Year. Our pinnacle event The Joseph A. Levi 60th Annual Institute kickoff meeting took place on June 21st. If you haven’t joined the committee don’t hesitate to reach out to us so that we can start getting you involved. I am confident that our volunteer members will continue to set high programming and content standards. I look forward to another successful Institute. We have received such positive feedback about our not so new location the Uniondale Marriott; this upcoming year will be our 4th year at the new venue for 2019’s 60th Annual Institute. The dates are March 7 and 8, 2019…mark your calendars.
Our website continues to evolve and offer more information for you. Special Events will offer new social and networking opportunities, such as our first ever Italian Cultural/70's Disco night in the 1st quarter of 2019. On the other hand, we will keep some of the old favorites, like the Annual Golf Outing taking place on September 24th, at the North Hempstead Country Club. Our Annual Past President Dinner Dance Honoring Immediate Past President Maryann J. Regan and all other past presidents will take place on September 29th at the Woodbury Country Club. Check back to our website soon for the Save the Date and flyers for these special events and many more.

On a special note, we are forever grateful to our Corporate Sponsors and volunteers as they have a pivotal role in our success. Through their generosity our Corporate Sponsors afford us the opportunity to educate our members and our community. Many of our Corporate Sponsors participate on our educational committees and serve as committee chairs and co-chairs. We thank them for their generosity and continued support of the Metro NY Chapter.

Our Community Outreach Committee puts on more than 15 Medicare learning sessions a year. Our Knowledge is Power Committee has hosted a variety of health awareness luncheons and dinners, with speakers and physicians from local hospitals. This past year’s event was well attended and the feedback was extremely positive. We look forward to hosting a similar healthcare awareness event this educational year. Additionally, we will continue giving back to those less fortunate through our food drives and will look to incorporate more community service ideas into future programs. Giving back to the community is very important; our Chapter will continue to make this a priority.

I want to thank our volunteers, the current Executive Board, the Board of Directors, and all program chairs and co-chairs. Without their dedication, energy, knowledge, and time commitment, this chapter would cease to exist. They truly are the driving force behind this Chapter. I will have the pleasure of working closely with all of them this year and ask all of you to consider volunteering and joining a committee. Volunteering has a positive impact on you, your colleagues, and the members who reap the fruits of our efforts.

As your President, I want to make sure that your membership needs are being met. If there is anything I can do to improve our Chapter, please let me know. If you would like to become more involved in the Chapter by participating on a committee, please let me know.

I look forward to a successful year and the opportunity to serve you.

Mario Di Figlia, FHFMA
June is officially the start of HFMA’s new year. With each new year we give a heartfelt thank you to the Chapter’s Immediate Past President, Maryann J. Regan and welcome the Chapter’s new President, Mario Di Figlia. Maryann did an outstanding job serving this Chapter and its members over the past year. We will all have an opportunity to honor her and celebrate her presidency at the Annual Past President Dinner Dance which will be held at the Woodbury Country Club on September 29, 2018 – mark your calendars as we look forward to seeing you all there.

Over the past year the committees worked hard under Maryann’s leadership and hosted some very well-attended events, both educational and social. This year, our Chapter gained national recognition at the 2018 HFMA Annual Conference in Las Vegas, Nevada in being awarded two national Yerger awards in the areas of member service and improvement and sharing in two Region 2 Yerger awards. In the category of member service, our Chapter was recognized for its Women in Leadership Conference. The HERe initiative is a national HFMA effort that aims to inspire individuals invested in the professional development of women leaders in the healthcare field, and supply them with the tools and resources they need to succeed. For our award-winning innovative event, a panel of female financial healthcare leaders shared their stories of inspiration, career paths, personal support systems, and they provided advice to the attendees. A panel of female business entrepreneurs provided stories of inspiration which included giving back to individuals in need. In addition, the attendees brought in over 500 articles of gently-used business attire which were donated to the Dress for Success Program in Brookhaven. Our Chapter was also recognized for reducing the cost of providing quality educational events to our membership, one of the hallmarks of the HFMA Metro NY Chapter. Notably one of our biggest challenges is the high cost of hosting these events. In the past, the Chapter utilized hotel conference room for all events. This past year, lower cost options were successfully explored.

In welcoming our new President, Mario, we look towards the National Chairperson’s theme, “Imagine Tomorrow” selected by Kevin Brennan. Mario brings to our Chapter the promise to live up to this theme by being innovative over the coming year and ensuring that seminars and events are relevant and beneficial to our members. With so much change on the horizon for our industry, Mario and the entire Metro team are sure to be able to fulfill his promise. Perhaps the greatest assistance you can provide to Mario, and benefit from yourself over the next year, is to get involved in our Chapter. There are more than 30 committees you can choose from and everyone is happy to accept assistance and would welcome your enthusiasm and creative ideas. The Chapter’s pinnacle event is The Joseph A. Levi Annual Institute. Under Mario’s leadership, our Chapter will host its 60th Annual Institute and if you are looking for ways to make a positive contribution the planning committee is always eager for assistance. Over the course of the
coming year you can expect new social and networking opportunities, including the Chapter’s first ever Italian Cultural/70’s Disco night in the 1st quarter of 2019. Be on the lookout for the Save the Date as you will not want to miss this event!

An important reminder - summer is in full swing. It has been sweltering hot, the spring flowers have bloomed and are long gone. And we will end with anyone can get skin cancer, regardless of age, gender or race. In fact, it is estimated that one in five Americans will develop skin cancer in their lifetime. Wear your sunscreen people!

Enjoy the rest of the summer!

Alicia and Christina
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2015-2016 Meredith Simonetti, FHFMA
2014-2015 Wendy E. Leo, FHFMA
2013-2014 David Evangelista
2012-2013 Palmira M. Cataliotti, FHFMA, CPA
2011-2012 John I. Coster, FHFMA
2010-2011 Edmund P. Schmidt, III, FHFMA
2009-2010 Cynthia A. Strain, FHFMA
2008-2009 Mary Kinsella, FHFMA

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Newscast Committee

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Christina Milone, Esq.

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James G. Fouassier, Esq.

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Joel Dziengielewski
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Wendy Leo, FHFMA
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Pamela S. Noack
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Ken Sheridan
John Scanlan, FHFMA
Cynthia Strain, FHFMA

Metro NY HFMA Newscast Fall Schedule

Electronic Publication Date 10/19/18
Article Deadline for Receipt by Editor 9/14/18
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IMPORTANT DATES

Upcoming Educational Seminars and Institutes

September 17, 2018  THE MIDYEAR ACCOUNTING AND REIMBURSEMENT UPDATE SEMINAR  Long Island Marriott Uniondale, NY

September 28, 2018  FRONTIERS IN HEALTHCARE INNOVATION IN TRI-STATE  NYC Midtown Accenture’s Location 100-120 W. 55th St.

October 17-19, 2018  ANNUAL HFMA REGION 2 FALL INSTITUTE  Turningstone Resort and Casino Verona, NY

Events

September 24, 2018  METRONY HFMA GOLF OUTING FALL INSTITUTE  North Hempstead Country Club Port Washington, NY

September 29, 2018  PAST PRESIDENT’S DINNER DANCE  Woodbury Country Club Woodbury, NY

Free Webinars

August 8, 2018 - 1:00PM  NAVIGANT WEBINAR

HFMA Seminars provide timely, in-depth strategies and metrics to help you keep pace with the healthcare finance topics you care about the most. View all upcoming HFMA Seminars and register at www hfma org seminars.
The Metropolitan New York Chapter of HFMA
Proudly Welcomes the Following New Members!

By Robin Ziegler, Membership Committee Chair

MetroNY HFMA is pleased to welcome the following new members to our Chapter. We ask our current membership to roll out the red carpet to these new members and help them see for themselves the benefits of HFMA membership. Encourage them to attend seminars and other Chapter events. We ask these new members to consider joining a Committee to not only help the Chapter accomplish its work, but to expand their networks of top notch personal and professional relationships. See the list of MetroNY HFMA Committee Chairs, along with their contact information, listed in this eNewsletter.

APRIL 2018

Ainsley Goulbourne
NYU-Langone Health

Molly Johnson
VERALON

Priyanka Sharma
Duff

Christopher Liu

James Mullane
PNC Partnerships

Irene Markoulis
Northwell Health

Rivka Cherepashinskiy
NYP- Brooklyn Methodist Hospital

Joseph Johnson
J.P. Morgan

Valerie Mayer
Allied Physicians Group, PLLC

Regina Gaus
Jzanus, LTD

Andrew Pajela
Cedar

Patricia Clary
Cerner

Joseph Braunfeld
Cerner
Dear Members,

As the incoming Chapter President, it is my pleasure to invite you to become more involved in the Metropolitan New York Chapter of the Healthcare Financial Management Association. Volunteer this year and help to develop the future of our Chapter!

The primary mission of HFMA is to provide timely, informative, and meaningful educational programs and networking opportunities to healthcare finance professionals. Our Chapter's programs are designed to allow members to maximize the benefits of their HFMA membership. To fulfill this mission our Chapter needs your help. **We need you to volunteer and actively participate on a Chapter committee.**

By becoming an active participant in the Chapter, you are given a unique opportunity to expand your skill set, gain knowledge, build new relationships, strengthen current relationships, foster invaluable contacts, and develop friendships while planning educational seminars and workshops as well as social and networking events.

Your level of involvement can be as little or as much as you want it to be. It can include a few hours a month for example: writing an article for Newscast, working on an educational committee to a long-term commitment by participating on our Annual Institute Committee, becoming a Board Member and Chairing a Committee or becoming the next Chapter Officer. Volunteering can be as flexible as you need it to be coinciding with the amount of time you have available. The Chapter also recognizes how busy we all are therefore; most of our meetings are held before and after work hours and have conference call availability - allowing you to participate from your office or home. Whatever you decide, your level of participation will be personally and professionally rewarding. Committee participation will enhance your professional development, team building skills and increase your value to your employer. You will have an opportunity to network with colleagues, clients, and vendors as well as with local and national industry leaders - all of whom support HFMA.

Included in this mailing is a committee selection form for the upcoming chapter year of June 1, 2018 through May 31, 2019 along with a description of all committees available to current chapter members. Please take this opportunity to review the enclosed committee listing and sign up for one or more of the committees that you are interested in being involved with and return the form to me.

All forms should be scanned and sent by email to MDIFiglia@Northwell.edu or fax to (516) 876-5572 or mail to: Mario Di Figlia, FHFMA President, Metropolitan New York Chapter HFMA PO Box 490 Plainview, NY 11803

You can also contact me at (516) 876-1386 or email me at the above referenced email.

Thank you for your time and consideration.

I am confident that our Chapter will have a tremendous year in 2018-2019 with your support and commitment!

**Mario Di Figlia, FHFMA**
President, Metropolitan New York Chapter HFMA

NYS Sponsor License ID# 000337
HFMA Metro NY Chapter is approved as a New York State CPE Provider in the areas of specialized knowledge and applications. In accordance with the standards of the National Registry of CPE Sponsors, the total credits have been rounded down. CPE credits have been granted on a 50 minute hour.
Metropolitan New York Chapter, HFMA, HFMEF
2018-2019 Committee Descriptions

Educational Program Committee(s): These committees share overall responsibility for developing, planning, producing and presenting educational seminars (programs) to satisfy the professional education and development needs of Chapter members. The committee is open to all current Chapter members and is divided into the following specific topical committees:

- The 60th Joseph A. Levi Annual Institute
- Finance/Reimbursement
- Internal Auditing & Corporate Compliance
- Medical Group Management
- Revenue Cycle
- Continuing Care/Home Care/Long Term Care
- Health Information Management/Utilization Management
- Managed Care
- Healthcare Technology (Management Information Systems)

Central Registration Committee: This HFMA committee handles all registration functions stemming from Chapter educational activities, including: preparing listing of registrants and keeping the individual seminar committees informed of registration statistics, handling registration on the day of the program, and utilization of HFMA National back office system. This committee is open to all current members.

Certification Coaching Courses Committee: This HFMA committee has the responsibility for assisting Chapter members in the preparation for HFMA certification exam. The recently revamped examination tests for professional competence in many aspects of healthcare financial management. Passing the Certification exam demonstrates a member’s comprehensive understanding of healthcare financial management. Committee members are required to possess current HFMA certification.

Community Outreach Committee: This HFMA committee’s goal is to provide educational programs to the communities surrounding the organizations that HFMA services. Primarily this is accomplished through “HFMA Serves America”; a program aimed at educating senior citizens on the Medicare Program. This committee is open to all current Chapter members.

Public Relations Committee: This HFMA committee’s goal is to promote the Chapter by providing information about our educational and social events to publications and organizations both locally and nationally. This committee is responsible for the weekly email communications to members. This committee is open to all current Chapter members.

Helen M. Yerger Special Recognition Awards Committee: This HFMA committee focuses on the identification of outstanding chapter performance, during the fiscal year, and to prepare and submit the appropriate documentation/application(s) to substantiate such performance in the specific categories of collaboration education, improvement, innovation, member communications, member service, and membership recruitment and retention. This committee is open to all current Chapter members.

Website- Webmaster and E-Mail Marketing: The Chapter’s website is used to provide timely, up-to-date information about the Metro NY HFMA Chapter, including the chapter’s leadership structure and upcoming educational and social programs. The HFMA Metro NY Chapter website supports a seamless system of service for HFMA’s members and customers. The role of the website committee is to:
- Keep the content fresh- update regularly to encourage repeat visitors
- Review the site often and removed outdated or redundant information. To keep the site current for members to use as a continuous resource for their HFMA and Healthcare Finance needs.
- Keep educational and social program listings up-to-date by adding events as soon as dates are confirmed so members can save the dates; then add details as they become available.
- Create a process to ensure content is proofed for accuracy, readability and is in line with the National HFMA DCMS protocols.
- Ensure weekly email member communications regarding local Chapter and National events.

Newscast Committee: This HFMA committee is responsible for the publication and distribution of the Chapter magazine called Newscast. The primary objective of the magazine is to provide the membership with local and national educational information that will foster and increase their knowledge of specific topics in healthcare financial management. Committee members compose articles for publication, solicit articles from different sources, write columns, supply photographs for publication and more. Newscast is published electronically 4 times per year and the committee is open to all current Chapter members.

Special Events Program Committee: This HFMA committee is responsible for organizing the annual golf outing and developing other social events for the Chapter. This committee is open to all current Chapter members.

The 60th Joseph A. Levi Annual Educational Institute Committee: This HFMEF committee is responsible for developing, planning and coordinating all aspects of the Annual Institute, which is the Chapter’s premiere educational event. All committee members are expected to participate in the development of this intensive one and one half day program. The Annual Institute will be held late February/early March of 2019 and encompasses topics of interest to middle and senior-level financial management, patient accounting, admitting, legal affairs, health information/utilization management, information systems, continuing and post-acute care, managed care, medical group management, finance, reimbursement and corporate compliance. This committee is open to all current Chapter members and requires a focused commitment.
METROPOLITAN NY CHAPTER, HFMA & HFMEF
2018-2019 COMMITTEE SELECTION FORM
EMAIL SCANNED FORM TO: MDiFiglia@northwell.edu

NAME: ____________________________________________________________________________
TITLE: ____________________________________________________________________________
EMPLOYER: _________________________________________________________________________
MAILING ADDRESS: __________________________________________________________________
CITY/STATE/ZIP: _____________________________________________________________________
TELEPHONE NO.: ____________________________________________________________________
FAX NUMBER: ______________________________________________________________________
EMAIL ADDRESS: ____________________________________________________________________

Please check the Committee(s) you are interested in participating on:

Educational Program Committees
_____ The 60th Joseph A. Levi Annual Educational Institute Committee
_____ Continuing Care/Home Care/Long Term Care
_____ Finance/Reimbursement
_____ Health Information Management / Utilization Management
_____ Internal Auditing & Corporate Compliance
_____ Managed Care
_____ Medical Group Management
_____ Healthcare Technology (Management Information Systems)
_____ Revenue Cycle

HFMA
_____ Central Registration Committee
_____ Certification Coaching Course Committee
_____ Community Outreach Committee
_____ Public Relations Committee
_____ Helen M. Yerger Special Recognition Awards Committee
_____ Website Webmaster and E-Mail Marketing
_____ Newscast Committee
_____ Special Events Program Committee

You may submit you completed form by email to mdifiglia@northwell.edu or by fax to: (516) 876-5572
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MARIO DI FIGLIA, FHFMA, PRESIDENT
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Website: WWW.POMR.COM
HFMA METRO NY ANNUAL BUSINESS MEETING
THE INN AT NEW HYDE PARK, MAY 2, 2018

Photos by Dennis Hodge
As hospitals and health care systems look for ways to improve patient outcomes while simultaneously cutting costs, one promising opportunity is the use of Care Pathways. Pathways are a workflow document of best practices for patients with specific disease and conditions, designed to ensure patients receive consistent, high-quality care.

According to Scott Livingstone, chief operating officer (COO) of Tri-City Medical Center, Care Pathways are evidence-based, coordinated care protocols that implement standardized best practices. One notable example of Care Pathways is the Perioperative Surgical Home (PSH)—a model of care developed by leaders within the American Society of Anesthesiologists. Tri-City uses a PSH for colorectal elective surgery cases. The process begins as soon as the surgeon schedules the procedures and continues until 30 days after the patient is discharged.

“This process enables the patient to better withstand the procedure,” said Livingstone. The result is a reduction in the average length of stay (LOS) of one to one-and-a-half days, a decreased infection rate, and a drastic reduction in opioids for pain management after the procedure.

The use of Pathways within hospitals is an extension of the quality and cost-saving initiatives manufacturers began using decades ago, referred to as industrial quality management. The objective is to create standard operating procedures (SOPs), with the primary goals being quality and the efficient use of resources. The health care version of SOPs, Care Pathways, or Clinical Care Paths, were first introduced in the 1980s by Karen Zander and Kathleen Bower at the New England Medical Center.

But are they effective? In a study by Seattle Children’s Hospital (SCH), Pathways were implemented for a range of pediatric conditions with the goal of improving patient outcomes, decreasing costs, and reducing LOS and readmissions.1 The results revealed that both patient costs and LOS trended downward after Pathways were implemented (Figure 1). Overall, the study found that post-Pathway care was associated with a significant halt in rising costs, and “significantly decreased LOS without negatively impacting patient physical functioning improvement or readmissions.”

Extending Care Across Facilities

Pathways provide the opportunity for synergy across multiple facilities and solidify a consistent approach to patient care. Hospitals are accountable for the patient’s care three days before admission and 30, 60 or 90 days after discharge, whether the patient goes to a skilled nursing facility (SNF) or home with outpatient care.

The cost savings and improved patient outcomes as a result of this synergy can be dramatic. In addition to the results from SCH, The University of Colorado Hospital ED developed over 50 Care Pathways to guide care and use of its resources.2 The measurable results included:

- Use of high-cost CT scan and MRI scans dropped by 15%
- Avoidable hospital admissions decreased by 20%
- Patients with major heart attacks are in the cardiac catheterization lab in less than 90 minutes 100% of the time
- Total cost of care per patient is down 18%

The Importance of Electronic Health Records

When Pathways were first introduced, few hospitals implemented them because care-givers found it difficult to track progress, share information and capture data on paper. The advent of electronic health records (EHRs) eliminated that barrier, creating the ability to automate practice guidelines with a way to quickly monitor progress through electronic methods. The emergence of EHRs, combined with the increasing arrival of big data in medicine, has cleared the way for the medical community to be more receptive to evidenced-based medicine in general, and Pathways in particular.


www.hfmametrony.org
Are Care Pathways Compatible With Precision Medicine?

At first glance, these standardized care protocols may appear to contradict the push toward precision medicine (PM), where treatment is individualized based upon the patient’s genetic make-up. Physicians, even within the same hospital, often vary in their treatment approaches for patients with the same diagnosis.

There is currently a shift toward PM which appears, on the surface, to make Pathways look out-of-date. Breakthroughs in next-generation sequencing and bioinformatics are paving the way for physicians to tailor treatments to a patient’s specific genotype. As such, Pathways may seem to limit the physician’s ability to tailor the treatment around the patient’s genetic make-up. Upon closer look, however, there are critical similarities between the procedures and processes of Pathways and PM. Both rely on identifying the variables involved in the treatment of individual patients and combining that with historical evidence to determine which treatment options are more effective than others. Hospitals rely on this information as they take the time to create individual Pathways to help their patients. These same processes of discovery and best practices are used in PM to ensure safety, these Pathways should be vetted by a nationwide quality team of medical professionals and experts.

As Pathways are created, hospitals must ensure that compensation is not linked to the protocol. Physicians will, from time to time, have to deviate from the plan in the interest of the patient. When this happens, the provider should not be penalized.

Going forward, the Pathway protocol may extend to care coordination among long-term care facilities, rehabilitation centers and home care. Further, as both providers and payers utilize Pathways, it is essential that they serve as a resource for clinicians, and not be a restriction on the care a patient receives. Hospitals still must see their patients as individuals and adapt the guidelines to meet their needs. The Pathway should provide the foundation and instructions to care.

Creating Pathways With Best Practices

While physicians understand the importance of following best practices, Pathways cannot dictate medical care. Physicians still must make the decision about what is best for the patient, with the flexibility to tailor the plan as necessary.

The key is to use evidence-based, confirmed-care Pathways and algorithms that are fully standardized. To ensure safety, these Pathways should be vetted by a nationwide quality team of medical professionals and experts.

As Pathways are created, hospitals must ensure that compensation is not linked to the protocol. Physicians will, from time to time, have to deviate from the plan in the interest of the patient. When this happens, the provider should not be penalized.

Going forward, the Pathway protocol may extend to care coordination among long-term care facilities, rehabilitation centers and home care. Further, as both providers and payers utilize Pathways, it is essential that they serve as a resource for clinicians, and not be a restriction on the care a patient receives. Hospitals still must see their patients as individuals and adapt the guidelines to meet their needs. The Pathway should provide the foundation and instructions to care.

Ritchie Dickey is a vice president with Lancaster Pollard in Atlanta. He may be reached at rdickey@lancasterpollard.com.
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As HFMA’s 2018-19 National Chair, my theme for 2018-19 is: Imagine Tomorrow. With so many challenges facing us in the healthcare industry, and within HFMA, it’s not surprising we sometimes feel overwhelmed. At such times, however, it’s important to remember that we are more than capable of addressing these challenges and achieving our goals. We already have the necessary knowledge and skills, but success will also require confidence, optimism, and a belief that we can do so much more by working together. Most importantly, we need to tap into our imaginations.

Through your service as a volunteer leader, you are in a position to make a real difference for your chapters, your places of work, your communities, and beyond. I hope you’ll make the most of this special opportunity by joining me in imagining—and working toward—a better tomorrow.

Kevin Brennan
2018-19 HFMA National Chair
On June 10th - 11th the Region 2 chapters (with the exception of the Puerto Rico Chapter) held a mini-leadership training conference in beautiful Saratoga Springs. This is the first time in a few years where the Region 2 chapters convened to hold a regional mini-LTC inclusive of all HFMA chapter from across the state. The event was chaired by Michele Mecomonaco, immediate past president of the Central New York Chapter.

Mini-LTC kicked-off promptly on Sunday afternoon at 2:00 PM with Michele opening the program and welcoming all. Michele extended a special thank you to the attendee for taking the time to participate in mini-LTC. After introductions were made Jinna Davis from national HFMA provided an overview and update of national HFMA activities. Next we heard from a seasoned panel comprised of chapter past and current presidents who discussed their HFMA experience, offering valuable insight and best practices. Region 2 Executive, Kiran Batheja, moderated this informative discussion and also shared some of his personal experiences as well.

To round out the day’s training Jade Litchfield Northeastern NY Chapter President, performed an depth review of CVENT. CVENT an online event registration and management tool. Jade explained that all HFMA chapters will be using CVENT for program registration, payments, education hour reporting and flyer design and posting. Jade demonstrated the many components of CVENT and offered helpful hints.

The day concluded with all attendees having a great time at the regional dinner, a casual and fun night that included a very competitive guacamole making contest!

Day 2 began with breakfast roundtable discussions on a variety of topics including; webinars, innovation, treasurer, membership social media and networking. Followed by a 2 hour time slot allowing for chapter planning. Jinna Davis and Michele Mecomonoaco then gave a New Leadership Orientation offering insight and encouragement as the attendance progress through their HFMA experience. The day concluded with each chapter presenting on one chapter Success Plan that was prepared during the chapter planning segment.

The Region 2 mini-LTC was a very well designed program that packed a great deal of information into a condensed timeframe. This 2 day training not only provided education but equally important offered an opportunity to network with fellow chapter leaders!
For over 40 years Betz Mitchell has solidified our position as a leading healthcare receivable adjudication firm. Our firm’s history of excellence is demonstrated through the long-term relationships forged with multiple hospitals, skilled nursing facilities and network hospital systems throughout the New York Metropolitan area. The trust and respect that Betz Mitchell has gained from our clients is a direct result of productivity, industry expertise, and a proactive approach when developing and implementing unique and effective programs to maximize revenue.

From Betz Mitchell’s inception in New York in 1977, we have operated and grown successfully as an organization working initially with traditional collections. Through the spirit of vision, innovation, and execution, we have maneuvered our company into an organization providing specialized lines of revenue cycle services. We now have over 3 decades of experience in providing exceptional services for the entire revenue cycle, spanning from patient access to bad debt collections. Our portfolio of services is in place in 30 acute care facilities and over 10 skilled nursing facilities:

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- Healthcare Consulting & Interim Staffing

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As the pressures on health system operating margins intensify, organizations need to find new approaches to address operational and labor inefficiencies, revenue cycle leakage and supply chain pricing. In the past, centrally run performance improvement efforts have successfully yielded desired levels of performance improvement. However, health system leaders are increasingly finding that this is no longer the case and that it is becoming harder and harder to achieve sustainable improvements in profitability. While there are a number of underlying causes, four reasons are most commonly cited by healthcare executives:

- **Lack of ideas for change**: Most organizations have on-going performance improvement programs which typically consist of initiatives developed by a combination of centralized performance teams and operational units, often as part of the annual budgeting process. The resulting list is, therefore, a selective approach to identifying opportunities that is typically described as only “scratching the surface” and while this will yield results, they are unlikely to provide the transformational impact that’s desired. Optimizing the impact requires a systematic approach to identifying improvements both within a particular department or function, and more importantly, in the interactions between organizational functions. These cross-silo opportunities are typically complex and difficult to identify; they are also tremendous sources of untapped value.

- **Lack of internal ownership**: The biggest single hurdle that organizations face in delivering transformational performance improvement is generating internal buy-in and accountability. Many large-scale performance improvement programs fail because individual managers responsible for execution do not have ownership of the underlying initiatives.

- **Difficulty in operationalizing initiatives that are identified**: Even for those initiatives that have been identified, organizations are often challenged by execution. Benchmarks and other external inputs are often used to assess performance gaps but it is difficult to make these relevant in the context of their own organization and to create actionable initiatives for the relevant departments or functions that need to implement them.

- **Loss of traction**: Large scale improvement programs often run out of steam as day to day operations take priority. Leadership teams grapple with the trade-off between maintaining momentum and the level of rigor and focus required to make sound decisions on improvement initiatives.

The challenge, therefore, is how to drive significant, sustainable solutions to making healthcare organizations more efficient and effective in a manner that doesn’t compromise day to day operational activities and quality metrics. Over the years, we have seen transformative organizations that have a clear vision of the substantial improvement in financial results that is necessary to invest in expanded services, be more competitive and attract the best talent. For organizations to be successful, they must integrate a number of premises into their approach to ensure that they can achieve the significant, sustainable results consistent with their vision:

1. **Internal knowledge is the greatest source of value**: Within every organization there is existing, untapped internal “subject matter expertise” about how every single area of the organization can be improved. However, this knowledge is typically suppressed by a variety of roadblocks that prevent ideas from being surfaced or debated. Internal politics, lack of time, organizational silos and incomplete data are just
some of the common barriers that exist to stifle performance improvement. Breaking down these barriers and creating a transparent, objective environment, during a rapid cycle, provides the right environment for identifying a comprehensive and actionable set of initiatives from across all areas of a health system to reduce inefficiency and to enhance revenue.

2. **Ownership and responsibility for change should be placed in the hands of the managers who need to implement it:** Initiatives have to be designed to be run as internal, CEO-sponsored programs and are focused on creating ownership at the level of the functional/departmental manager who will be required to execute. When managers are able to directly influence the changes that will impact their areas of responsibility and are then held accountable for implementation, the results are far more significant, more certain, and sustainable.

3. **Driving a cultural shift to one of accountability leads to sustainability:** A system-wide, highly structured program that builds internal capabilities, increases organizational accountability, and produces an ongoing focus on continuous improvement will yield the most robust set of initiatives with certain and sustainable impact, as well as a more focused approach to generating ongoing efficiencies and effectiveness.

The ideal internally-driven initiatives focus not just on generating ideas but rather on developing a portfolio of hundreds of granular, specific initiatives ready for implementation. This assures that organizations have a roadmap for each function or department within their healthcare system that details precisely how expenses will be reduced or revenues increased, what the financial impact will be over the next three years, and who is accountable for execution. The notion of implementation needs to be embedded from the start with the final set of initiatives incorporated into operating budgets and tactical strategies. Doing so allows health systems to drive rapid and sustainable transformation to simultaneously improve profitability and clinical outcomes.

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**Richard J. Henley, FACHE, FHFMA** serves as Managing Director at ViciPartners. Richard is a seasoned and accomplished executive who has held senior leadership positions in a broad range of healthcare settings including an academic medical center, a multi-hospital system and community hospitals. Richard brings over thirty years of senior executive experience as a Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Administrative Officer (CAO) and Chief Financial Officer (CFO) with significant expertise in strategic planning, financial management, leadership development, mergers & acquisitions, boards of directors/governance, performance improvement, physician alignment, executive coaching and business development.

Richard is a Fellow of the American College of Healthcare Executives (ACHE) and the Healthcare Financial Management Association (HFMA). Richard served as Chairman of the Board of Directors at HFMA and also on the Board of Governors at ACHE.
HFMA’s Online Membership Directory

Have you visited HFMA’s Online Membership Directory lately? Log in at www.hfma.org. When you select “Directory”, not only can you search for members of your Chapter, you can also search for all your HFMA colleagues by name, company, and location – regardless of Chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information.

It’s vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you’ll ensure that HFMA continues to provide you with valuable information and insights that further your success.
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A while back when you first read about the Equifax cyber breach were you surprised? It seemed odd considering they are one of the largest organizations in the business of housing and selling your personal and financial details. I think many of us thought companies like theirs were bullet-proof. There may have even been a casual confidence and assumption that companies like that would employ some of the strictest data protection measures available. They were also in the business of accurately analyzing your financial behavior. The integrity of this data was enormously important, considering credit markets rely on it to make sound decisions as to whether or not you are likely to repay a debt. This breach changed the way we look at our own identity protection and lessened our trust in the big three reporting agencies.

Companies like Equifax do much more than assist the credit markets. The big three, Experian, Trans Union and Equifax have actually grown to be significant players in the healthcare space. They are data partners supporting efforts to refine work-flow and reduce internal costs to collect for some of the largest health systems in the country. Providers embraced being able to implement analytics that would provide them with information regarding a patient’s propensity to pay their bill. They embraced having the ability to move indigent patients out of their collection teams and straight to presumptive eligibility for a charitable write-off. Employing these automated management techniques meant hospitals could collect more money at a lower expense.

So what now? There are numerous questions that need to be answered. Was your patient data part of the breach? Most likely there won’t be any implications for the majority of providers with the exception of those hospitals that chose to place their patients who failed to pay timely into one of the three credit bureaus with the hopes of securing payment in the future. But what about patients who are processed through the three credit agencies to determine eligibility or the likelihood of paying their debt? With so many news stories highlighting a solution or protective measure requiring consumers to “freeze” their credit, it begs the question as to what that will ultimately mean for hospitals and physician practices who utilize this data on a regular basis. How many patients will opt to take this freezing measure? Will this begin to impact the integrity of the financial modeling you apply today? Doesn’t your automated receivable flow for propensity to pay and presumptive charity eligibility rely on the financial information provided by these credit agencies? It most certainly relies on a large portion of it.

So what is the potential impact on your operations? Will patients who freeze their personal credit files provide you with incomplete or less accurate data on which you base your decisions? Will it simply reduce the number of patients you can automate into a preferred work flow? One thing is for sure; you need to explore the impact with your current vendor, and you need to plan to address it. A significant reduction in available data could ultimately impact your staffing should you begin reverting back to more manual processes when assessing patients’ abilities to resolve their debts.

So by now it is clear that we live in an era where healthcare organizations are forced to allocate valuable dollars away from delivering patient care and towards improving information systems security. Facilities must invest heavily to protect their patient’s information from being hacked or accessed by an increasing
number of outside threats. More and more we read about attacks on healthcare organizations by foreign and domestic cyber criminals. Those successful in accessing a provider’s system can bring internal operations to a grinding halt. Frequently the attack is coupled with a ransom demand to stop that facility’s information from being made public. The data can contain medical and demographic information including social security and date of birth which are frequently sold on the black market for profit. IT Security Officers should frequently be at senior management meetings keeping them informed of potential threats and conveying current steps taken to shore-up defenses.

What about the vendors who provide services to the organization? Healthcare providers tend to have numerous buyers of products and services in a single organization. Frequently, receivable vendors are engaged without the level of IT scrutiny needed in order to protect an organization from possible threats. I can’t remember ever having to share a desired tool with an IT Security professional before moving forward. In Revenue Cycle there are numerous technical applications sold on the market intended to help improve financial performance.

The contracting phase usually concludes before the IT professionals get an opportunity to dig into the details. Allowing executives to engage vendors without having their IT Security team dictate the strength and minimum standards required for technology invites trouble. These products are sought after by Revenue Cycle professionals because of their perceived technical superiority when compared to the offerings of most HIS systems. The perception of advanced technical capability often can be misinterpreted by the buyer to mean they have somehow met very stringent security guidelines. It can leave one with a false sense of security. When we perform assessments of clients, we often see these types of contracts not having been appropriately vetted. It is essential to have a qualified cyber security expert assess your situation.

So whether you use data to streamline your workflow, technology to enhance performance, or just want to protect patient’s identities from being compromised, the need to be more collaborative and to engage in interdepartmental reviews and discussions prior to making any decisions to provide a third party with your data has never been more important.

For over 38 years, Doug has demonstrated extensive revenue cycle turn-around skills serving in various senior leadership roles helping financially distressed hospitals. For over 10 years he performed revenue cycle consulting for hospitals and clinics nationally when serving as a Director for one of the largest financial services firms in the US. Most recently before joining Mazars USA as a Principal, Doug served as President for one of the largest A/R Services firms supporting over 800 hospitals nationally. Doug graduated from Columbia Union College with a degree in Healthcare Administration, was certified in Patient Financial Services, and currently lives in Del Mar, CA.
Many healthcare organizations in today’s challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staffs are critical to organization success. HFMA’s Healthcare Financial Pulse research identified this dynamic and noted that successful organizations today commit to the “bread and butter” of financial management, i.e. technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their career’s success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- Professional associations offering certifications
- Community colleges offering curriculum-based certificates
- Corporate sponsored in-house credentials for employees
- Technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, namely HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported “value-adds”:

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today’s business environment. This makes HFMA Certification a smart workforce investment strategy.

For more information on HFMA Certification, visit http://www.hfma.org/certification/.
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Updates on Aid in Dying in New York

The United States Supreme Court defers to states to pass laws regarding the health and safety of its citizens. The Supreme Court says that although there is no constitutional right to Aid in Dying, states may pass legislation allowing it, if properly regulated by reasonable precautions intended to prevent abuse of the process.

New York’s highest Court ruled in *Sara Myers, Eric A. Seiff v. Eric Schneiderman* (Sept. 2017) that terminally ill people do not have a state constitutional right to physician-assisted suicide. The decision made it clear that state law prohibits anyone, including doctors, from assisting in suicide. The Plaintiffs in the case were three terminally ill patients, along with several physicians, and End of Life Choices. The Plaintiffs sought the authority to allow doctors to prescribe lethal doses of drugs to mentally competent and terminally ill patients.

The case was filed against the New York Attorney General and sought an injunction banning the prosecution of physicians who wrote prescriptions for life-ending drugs to terminal patients. The Plaintiffs claimed that the prohibition of physicians prescribing such medication denied them their constitutional rights. They further clarified that this law denied them their Due Process and Equal Protection rights. The Court’s response to the Plaintiffs’ Equal Protection claim, was that, “no one is permitted to assist in a suicide.” Since this prohibition applies equally to all, the Court determined that there was no Equal Protection violation.

The Plaintiff’s Due Process argument claimed that the prohibition against physician-assisted suicide interfered with their “fundamental right to self-determination and to control the course of their medical treatment encompasses the right to choose aid-in-dying.” The Plaintiffs likened their request to the long-standing right to refuse medical treatment, even when such refusal would certainly result in death. The Court distinguished between the existing right to withdraw or refuse medical treatment and the Plaintiff’s asserted right to affirmatively seek out life-ending medication.
In light of this most recent decision from New York’s highest Court, the only way that Aid in Dying will move forward in New York is through legislation. There is proposed legislation currently pending (Senate Bill S3151A) that was recently amended and recommitted to the Committee on Health. The proposed legislation outlines the physician’s role in the process is to consult with a terminal patient and counsel the patient about their options; and then, if the patient wishes to proceed with the process, the physician’s role is to write a prescription for medications that the patient must self-administer.

Under the proposed legislation, the role of the physician is to determine that the patient has a terminal illness, has capacity, and is acting voluntarily. The patient must make an oral and written request to the physician. The written request must be signed by patient and two witnesses. The physician CANNOT act as a witness to this request. The physician is responsible for verifying that the choice is free and not coerced and therefore willful and voluntary. The physician writes the prescription, but does not provide the medication nor does he/she administer the dose. Where Aid in Dying is legal, physicians are not required to participate in the process, and can decline involvement.

In the United States, seven jurisdictions currently permit Aid in Dying. These jurisdictions include Oregon, Washington, Montana, Vermont, California, Colorado, and most recently, Washington D.C. Many anticipate that New York may be one of the next states to adopt Aid in Dying legislation.

Tammy R. Lawlor, Esq. is a Partner at the Law Firm of Miller & Milone, P.C. Ms. Lawlor is a graduate of the Hofstra University School of Law and was admitted to the New York State Bar in 1997. She also holds a Masters of Business Administration, specializing in Finance. She is currently the Secretary for NY NAELA, and is Vice Chair of the Legislation Committee for the Elder Law Section of the NYSBA.
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