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Thank you all for having the confidence in me and selecting me to serve as your Chapter President for the 2019-2020 year. It is truly a great honor. 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 congratulate our Immediate Past President, Mario Di Figlia. Under his leadership, the chapter had a great year, earning three National Yerger Awards, as well as a Bronze Award of Excellence in Education. Congratulations also to Kiran Batheja, Metro NY Past President who served as Regional Executive this year. Under his leadership, our chapter shared in four Region 2 Yerger awards. Mario and Kiran served the Chapter and its members proudly. Congratulations to you both on an outstanding year! You have set the bar high and we hope to keep the success going.

This year’s National Chair, Michael Allen, has chosen “Dare You to Move” as his theme. With many changes on the horizon in our industry our new national theme is perfect for this new year. When I first heard the phrase, I was a little confused by it and how it relates to healthcare finance. But then Michael explained that he was challenging us to go outside our comfort zone. Our industry is evolving in so many different ways, we are constantly challenged to keep moving. In order to succeed we need to constantly challenge the way we think about how we do business, and to find different and innovative ideas to accomplish that. We need to constantly move and change with the times in order to not only survive, but succeed.

HFMA is no different. The needs and expectations of our members are constantly changing, and we need to move and change the way we conduct chapter business as well in order to provide our members with what they are seeking in their membership.

The Metro NY Chapter promises to work to be innovative this year to make sure our seminars and events are relevant and beneficial to you. And in keeping with the ‘Dare You to Move’ theme, we have heard from our members about offering programs in areas outside of the usual venues. To that end we are actively working on finding venues in Queens, Brooklyn, Eastern Suffolk County, and New York City. Also, we realize that it’s difficult to get out of the office for a full day, so we plan on offering half day sessions as well, to minimize the time out of the office while still providing the education, information, and networking opportunities you want. Stay tuned for more information on that!

Our chapter’s pinnacle event, The Joseph A. Levi 61st Annual Institute will be taking place on March 12th and 13th at the Uniondale Marriott. The committee has paid close attention to the suggestions and comments offered by last year’s attendees and is working to make this hugely successful event an even better experience for all.
Our brand new website is up and running, and if you haven’t taken a peek lately I urge you to do so. A special thank you to Andrew Weingartner and Alyson Belz for taking on the challenge and breathing new life into our old website.

Let’s not forget our chapter’s Special Events committee who work hard to offer exciting social and networking opportunities. We will keep some of the old favorites, like the Annual Golf Outing taking place on September 10th, at the North Hempstead Country Club. Our Annual Past President Dinner Dance Honoring Immediate Past President Mario Di Figlia and all other past presidents will take place on September 28th at the North Hempstead Country Club. Some new types of events are being planned as well. Check back to our website soon for the Save the Date and flyers for these special events and 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.

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.

Diane McCarthy, CPA, FHFMA
President Metropolitan New York Chapter, HFMA
The Summer Edition of Newscast signifies the start of HFMA’s new year. With each new year we say goodbye to some old friends and colleagues and hello to new ones. This year, I move forward as a solo editor of Newscast. Christina Milone remains an active member of HFMA but will focus her energy on other projects in the coming year.

The Chapter’s first order of business is to extend a heartfelt thank you to the Immediate Past President, Mario DiFiglia, and welcome, the new President, Diane McCarthy. The Chapter performed well under Mario’s leadership and received the Bronze Award of Excellence in Education as well as three (3) National Yerger Awards. We will soon have an opportunity to honor him and celebrate his presidency at the Annual Past President Dinner Dance which will be held at the North Hempstead Country Club on September 28, 2019. Mark your calendars to ensure you will not miss what promises to be a great event!

The Chapter would also like to thank Kiran Batheja for serving as Regional Executive this past year. Last year our Chapter shared in four (4) Region 2 Yerger awards. Having a national presence served our Chapter well! We look forward to Kiran’s continued support of the Metro NY Chapter on the local level.

In welcoming our new President, Diane, we look towards the National Chairperson’s theme, “Dare You 2 Move” selected by Michael Allen. Diane brings to our Chapter the promise to live up to this theme beginning with some innovation - offering seminars and events that are not only relevant and beneficial to all but are hosted in areas outside of the usual venues. With the changes we constantly face in our industry, Diane and the entire Metro NY team are sure to embrace DY2M 2019-2020.

In doing my part for the Chapter, I dare you to move and join us at one of our upcoming educational and or social events! We hope to see you at several of the following events: the Webinar on Privacy Risks on August 28th, the Annual Chapter Golf Classic on September 10th, the Mid-Year Accounting and Reimbursement Update on September 13th, the Past President Dinner Dance on September 28th or the Region 2 Fall Institute in Verona, NY in October.

A very important reminder for all – with summer in full swing and extreme temperatures, skin protection is essential. It is estimated that one in five Americans will develop some sort of skin cancer in their lifetime, so take care of yourselves and wear sunscreen and hats.

As a special note, I’d like to acknowledge Hunter Peltonen, a summer intern at Miller & Milone, P.C. for her assistance with this issue. As you peruse this edition, please make note of the refreshed graphics – Hunter did a great job!

Enjoy the rest of the summer,

Alicia
## OFFICERS 2019-2020

- **President**: Diane McCarthy, CPA, FHFMA
- **President-Elect**: Donna Skura
- **Vice President**: Sean P. Smith, CPA
- **Treasurer**: Catherine Ekbom
- **Secretary**: Tracey A. Roland

**Immediate Past President**: Mario Di Figlia, FHFMA

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## PAST PRESIDENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
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<tr>
<td>2017-2018</td>
<td>Maryann J. Regan</td>
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<td>2016-2017</td>
<td>David Woods</td>
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<td>2015-2016</td>
<td>Meredith Simonetti, FHFMA</td>
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<td>2014-2015</td>
<td>Wendy E. Leo, FHFMA</td>
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<td>David Evangelista</td>
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<td>Palmira M. Cataliotti, FHFMA, CPA</td>
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<td>2011-2012</td>
<td>John I. Coster, FHFMA</td>
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<td>2010-2011</td>
<td>Edmund P. Schmidt, III, FHFMA</td>
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<td>2009-2010</td>
<td>Cynthia A. Strain, FHFMA</td>
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- Susane Lim
- Christina Milone, Esq.

- Shivam Sohan, FHFMA
- Andrew Weingartner, FHFMA

**Class of 2021**

- Alyson Belz
- Daniel Corcoran
- James Linhart

- Laurie Radler
- Alicia A. Weissmeier, Esq., FHFMA

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- Kenneth E. Raske, President, Greater New York Hospital Association
- Kevin W. Dahill, President & CEO, Nassau-Suffolk Hospital Council

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## Newscast Committee

**EDITOR:**

Alicia A. Weissmeier, Esq., FHFMA

**COMMITTEE VICE CHAIRS:**

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James G. Fouassier, Esq.

**COMMITTEE MEMBERS:**

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- Joel Dziengielewski
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- Mary Kinsella, FHFMA
- Wendy Leo, FHFMA
- Andrew Natkin
- Pamela S. Noack
- Edmund P. Schmidt, III, FHFMA
- John Scanlan, FHFMA
- Cynthia Strain, FHFMA

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## Metro NY HFMA Newscast Fall Schedule

**Electronic Publication Date**: 10/25/19

**Article Deadline for Receipt by Editor**: 9/28/19
2019-2020 CORPORATE SPONSORS

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IMPORTANT DATES

Upcoming Educational Seminars and Institutes

August 28, 2019
1:00 pm – 2:00 pm
FREE WEBINAR: ASSESSING AND MANAGING GLOBAL PRIVACY RISKS

September 13, 2019
MID-YEAR ACCOUNTING & REIMBURSEMENT UPDATE SEMINAR
LaGuardia Airport Marriott
East Elmhurst, NY

October 9-11, 2019
ANNUAL HFMA REGION 2 FALL INSTITUTE
Turning Stone Resort and Casino
Verona, NY

Events

September 10, 2019
11:00 am
METRO NY HFMA GOLF CLASSIC
North Hempstead Country Club
Port Washington, NY

September 28, 2019
6:30 pm
PAST PRESIDENT’S DINNER DANCE
North Hempstead Country Club
Port Washington, NY

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.
Metropolitan New York Chapter, HFMA
2019 Annual Chapter Golf Classic
Tuesday, September 10, 2019
North Hempstead Country Club

Information Sheet

The Metropolitan New York Chapter, HFMA Annual Golf Classic is the premier event of the entire season. In addition to the traditional Tee Sponsorships, there are many exciting Corporate Partner Packages.

At 11:00am we will begin registration for our 1:00pm “full scramble format” shotgun start. Join us for a Brunch BBQ on the Patio from 11:30am to 1:00pm.

The 19th hole will begin with a cocktail party at 5:30pm followed by a sumptuous buffet dinner at 6:30pm and a dessert extravaganza at 7:00pm.

There are Many Exciting Golfer and Non-Golfer Raffle Prizes!!!!!!

The North Hempstead Country Club golf course is an exciting par 71 course with beautiful facilities that will be enjoyed by all golfers, from novice to pro!

SPONSORSHIPS ARE STILL AVAILABLE!! PLEASE CONTACT Diane McCarthy at dimccart@ehs.org for more information!!

MasterCard, Visa and American Express will be accepted as a form of payment for sponsorships, foursomes and raffle tickets.

If a check is to follow in the mail, a credit card must be provided to guarantee the reservation. All reservations are subject to first-come, first-serve basis with a PAID registration.

Please consider hosting one of the exciting sponsorships available. There are many wonderful opportunities for you and your organization to be recognized at this year’s outing.
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 2019

MICHAEL MARCUS
PipelineRx

MADHU GUPTA
Pricewaterhouse Coopers

JOHN HOLAHAN
Maimonides Medical Center

MARJORIE LAURI
J.P. Morgan Chase

ANDREA ARONSKY
KPMG

FATAI OLUYADI
Brookdale University Hospital Medical Center

DANA HWU
J.P. Morgan

LINDA HERSHON
Self employed

JACELYN LEE
Nexera, Inc.

ELANA FONTANETTA
South Nassau Communities Hospital

MAY 2019

BRIAN ANGELOS
Mount Sinai Hospital

RAFAELINA DOWD
Stony Brook Medicine

JUNE 2019

STEPHANIE FAIELLA
Time Study

JASON KATZ
J.P. Morgan

BALMATEE BIDASSIE
patientsDB

JOHN KLEESPIES
United Health Services Hospitals

The Metropolitan New York Chapter of HFMA Proudly Welcomes the Following New Members!

By Robin Ziegler, Membership Committee Chair

www.hfmametrony.org
As the Metropolitan New York Chapter of HFMA we strive to be “The Standard of HFMA”. Our chapter has long put on outstanding, relevant educational events for our chapter members across the healthcare finance spectrum. But there was one area that was lacking: our website. The Metro NY website was created a number of years ago and while the content had been updated, the foundation and structure had not. Over the course of the last year, the Website Committee researched and selected a vendor and received unanimous Board approval to move forward. The new website is desktop and mobile friendly, interactive, and most importantly, scalable. As the technology space and tools available grow exponentially, we made sure our new website is fully capable to handle what comes next.

Our new website launched on May 31st, 2019 under the same URL, www.hfmametrony.org, and has received a lot of positive feedback thus far. We have much more in store for the website as well, including centralized photo galleries, document storage for our chapter and committee leaders, a volunteer corner, news feeds, as well as integrations with other platforms. We would like to thank all of those for their input on our new website and remind you that the Website Committee is currently looking for additional volunteers to continue this progress in the future.
Metro NY HFMA 61st Joseph A. Levi Annual Institute

The date is set, so mark your calendar!
March 12th & 13th, 2020
DY2M (Dare You to Move)

The 61st Joseph A. Levi Annual Institute program is intended to provide current practical information to financial professionals about policies and trends affecting major segments of the healthcare industry. Planning has begun for the Metro NY HFMA’s 61st Annual Institute, led by Committee Chairman Shivam Sohan and Co-Chair, Tracey Roland. The chapter’s flagship two-day seminar attracts over 500+ attendees – both members and non-members from various industries. See you all there!
Popular media in numerous industries—including health care—are abuzz with the potential of artificial intelligence (AI). Although it can be hard to separate the signal from the noise in such coverage, there are indeed positive trends in AI that are immediately applicable for organizations.

However, the concept of AI is a broad one, and its applications are myriad. It is therefore helpful to classify what it is and is not. Broadly, AI falls into two areas in modern health care: clinical and operational. The former often provides flashier headlines, promising independent robots who can diagnose and treat illness. However, it is on the operational side that more promising developments already exist. These come in the form of automation and optimization of existing practices, such as billing and patient coding. It is with these technology-enabled services—to borrow a term used by the Centers for Medicare and Medicaid Services (CMS)—that the potential to cut costs and increase quality of care is a more immediate reality.

Why Transition?

The “why” behind a transition to a particular technology can be the same as it is for a timely refinancing or much-needed renovation: desiring to increase quality of care and/or pressures from higher costs or shifting regulatory pressures. In addition, changes to payment processes that either affect or are affected by health care services that technology can support can provide ample reason for a technology upgrade.

CMS is beginning to recognize these needs as well, and is creating new and more nuanced reimbursement rules that will benefit proactive organizations.

Perhaps most importantly, technology-enhanced services have the potential to increase quality of care. Below, we will discuss several technologies that currently exist which fulfill this purpose. As these examples prove, clearly the universe of potential applications is growing at a staggering and encouraging rate.

A recent study by Accenture notes: “Growth in the AI health market is expected to reach $6.6 billion by 2021—that’s a compound annual growth rate of 40 percent.”¹ That is a clear sign that operators are heeding a similar call to maximize their efficiency through technology-enhanced services.

Efficiency Through Technology

What are the most promising current technologies that are helping organizations stay focused on patient care? Below, we highlight several prominent technologies currently in use.

- **Automating Patient Insurance Verification.** Administrative costs as a share of total health care spending have reached 8% in the U.S. In other countries, the number is 1% to 3%.² This is work that, by its very nature, is not directly related to quality of care. Instead, inefficiencies in this area can result in increased denial rate, longer wait times for walk-in patients and overtime for overworked staff. Automating these processes through AI can result in significantly reduced wait times, often reducing them from hours or even days to mere minutes.

- **Electronic Health Records (EHRs).** EHRs are one of the more well-known technology-driven changes in the industry. However, many organizations do not realize the full extent of their potential. Thorough analysis of records and record-keeping—then applying those results to operational and clinical change programs—can create a holistic system of tracking and care that consolidates and refines practices. This can make these record systems a catalyst for change instead of merely a regulatory necessity.

- **Telemedicine.** Generally, telemedicine refers to either video conferencing with patients or various forms of remote patient monitoring. The former increases access to care. The latter removes some of the strain that can be placed on smaller facilities or facilities in areas with a diffuse population. Numerous studies have found

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that telemedicine can lower costs and improve patient outcomes.3

• **Under the Radar Possibilities.** New technologies are constantly being tested, trialed and improved, then rolled out into various markets. Some, like smartphone apps for first responders, have shown promising results in patient outcomes, as they facilitate better communication between first responders and partnered hospitals. Similar initiatives, like a signal preemption system that was implemented in Savannah, Georgia, reduced average EMS response times by five to seven minutes.

While topics like telemedicine and EHRs have dominated technology discussions in health care, this list is still far from complete. It behooves operators to understand their options and what those options could mean for care outcomes.

**Support From CMS**

The Medicare Shared Savings Program (MSSP) is a good example of institutional support for technology-enabled services. The MSSP is an alternative payment model that recognizes telemedicine services as a clinical practice improvement activity, which is a component required for incentive payments.4 Through this program, there are waivers available for physicians who provide patients with free equipment for remote monitoring services.

Unfortunately, uniform coverage of telemedicine under Medicaid remains elusive. Policies and decisions related to such reimbursements are determined on a state level. However, telemedicine has been reimbursed in some form since 1997, and various forms remain eligible to this day. Since CMS defers to states to define reimbursement qualifications, it is important to know what they are before any adjustment is made to current practices.

Another interesting development is that some states have begun to adopt separate payment structures for “technology-enabled services.” By listing these services as distinct from telemedicine, they are able to expand their benefits in regard to technological costs, thereby reducing costs for facilities.

Examples of eligible technologies include remote monitoring of physiological parameters (weight, blood pressure, etc.) through apps or smart watches, as well as clinician-to-clinician consultations that help to share information and practices among and between health systems.5 Understanding your state’s policies surrounding documentation, billing and approval of technology-enabled services is crucial to maximizing their benefits.

**Where to Start**

Fears around the implementation of new technologies can be warranted. A good first step is to talk to other facilities—either within your care network or through other channels—to gauge the effectiveness of certain technologies. It also is important to speak with partners whose clinical and operational experiences work together with sound financial strategies, in order to wisely build a facility’s technological infrastructure. Blindly trusting a large, new system or industry report can lead to frustrations or, worse, a failed implementation of a system that might not be the best fit for your organization. There can be a risk in not investing in new technologies as well, but gathering relevant and trusted information will help to avoid missteps.

Once a decision has been made on a new system, a clear vision from leadership that is disseminated to employees can help to mitigate anxiety over systemic changes or job security. Ideally, any change is one that strengthens focus on care and is not disruptive to the workforce.

The previously mentioned Accenture study notes: “By 2026, AI can create $150 billion in annual savings for the U.S. healthcare economy.” Another study published in MIT Technology Review states that “more than half of early stage and mature-stage users of AI say their efforts have resulted in demonstrable ROI.”6

With such widespread acceptance and implementation, it is clear that while health care leaders need not be experts in AI or other technologies to reap their benefits, to ignore their effectiveness is a potential hazard to the long-term stability of an organization. Deliberately seeking out and adopting the most useful technologies can and should be a priority for those looking to create efficiency and reduce costs while increasing quality of care.


Brad Granger is a vice president of operational and clinical underwriting with Lancaster Pollard Mortgage Company in Columbus. He may be reached at bgranger@lancasterpollard.com.

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4. Ibid.
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/.
HFMA METROPOLITAN NY CHAPTER

Annual Business Meeting

Election / Installation of Officers and Directors

WEDNESDAY, MAY 8, 2019
REGISTRATION: 6:00 PM • MEETING: 6:30 PM
THE INN AT NEW HYDE PARK
214 JERICHO TURNPIKE
NEW HYDE PARK, NY 11040
Members of the Metropolitan NY Chapter HFMA, spouse and/or dependents are eligible to apply for the

MARVIN RUSHKOFF SCHOLARSHIP

By January 1\textsuperscript{st} each year the Marvin Rushkoff Scholarship application will be posted to the Chapter’s website. Applications must be delivered in complete form and received by the designated committee chair on or before June 1 to be considered for award. Two (2) $1,000 scholarships are awarded on an annual basis to qualified applicants. Awards are for one year and require a new application each year to be considered for the scholarship.

Eligibility Requirements:
Member in good standing with National HFMA and Metro NY Chapter.
Must be a Member or spouse or dependent of a member.
Must be attending an accredited college or university.
Must provide proof of acceptance.
Must be a matriculated student.

**Members of the Executive Committee/their dependents and spouses are not eligible.
**Members of the Evaluating Committee/their dependents and spouses are not eligible.
The General Education Committee kickoff meeting was held on Thursday June 27th following the success of it’s first event for this year, Insurance Violations and Value Based Purchasing on June 3rd. The group had an excellent time sharing ideas about possible topics and planning for this education year. We look forward to our next seminar, the Mid Year Accounting and Reimbursement Update, on September 13th, and the other educational events planned for the 2019-2020 education year. Be sure to check out Metro NY’s new website for up to date information on all webinars, seminars, and social events.
Years of research and data have shown that social determinants of health have a significant impact on the profitability and sustainability of the health care industry. In fact, when considered broadly across racial disparities, education, social support, transportation, healthy food and poverty, social determinants of health have been shown to account for more than a third of total deaths annually in the United States, and up to 60 percent of health care costs, eclipsing actual direct medical expense. This is most likely attributed to the imbalance of medical and social spending in the U.S. On average, nations that are members of the Organization for Economic Cooperation and Development (OECD) spend about $1.70 on social services for every $1 on health services; the U.S. spends just 56 cents.

To correct this imbalance, we need to shift a portion of our current health care expenditures to investments that address upstream social factors that heavily influence downstream outcomes. Evidence suggests that addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages. For example, in addition to lower body mass index and fewer risk factors for chronic disease, early childhood education has been associated with higher levels of education attainment and income and lower rates of violent crime and incarceration.

Given the far-reaching impact of these efforts, the return on investments addressing social determinants accrues not only to the health system in the form of reduced health care expense, but also to the broader community. However, current financing structures make it challenging for public sectors to pool resources together and measure the “full” return of these investments, which consist of capital infusion, tools and community-level mechanisms to deliver services. Most provider organizations don’t have the means to make these investments on their own, and those that have the means will likely find it difficult to see a near-term monetary ROI, as downstream efforts take time to take effect and may be extended beyond the health care system.

**Pushing Forward by Working Backward**

Until broader community impact can be measured, such that other sectors are helping fund these services, health systems will need to be thoughtful and targeted on where and how they invest in social determinants of health to ensure a positive ROI. By developing approaches that work backward from the outcome they’re trying to change, health systems can take progressive steps toward targeting the underlying causes of these issues, rather than siloed steps that treat only symptoms.

Some of the cursory discussions of social determinants of health suggest that addressing single factors can have a large impact on outcomes. Analysis shows this not to be true, yet most organizations are still tackling these issues in a silo. For example, we’ve seen evidence that providing free transportation services to Medicaid patients does not decrease missed primary care visits, and that building grocery stores in food deserts does not alter dietary habits.

One big reason why these interventions are not showing impact is because they are not targeted at those who would benefit most, and another is that they frequently lack an agreed-upon point of
accountability for integrating these social services into the broader health care planning for these individuals. For example, through our own analysis, we know that for a specific set of individuals, having a transportation barrier is associated with a 63 percent increase in risk of readmission. However, providing just a ride for those patients isn’t enough. This needs to be coordinated with a medical professional visiting the home and ensuring that the conditions are conducive to a successful recovery. This includes making sure the patient has a follow-up visit with his or her physician; conducting a comprehensive medication review; and ensuring the individual has the support they need to obtain and adhere to the prescribed regimen to avoid a readmission.

But without someone taking accountability for coordinating this transportation service with all the other services needed, the chances of avoiding that readmission are low. It’s the diffuse responsibility that’s led to symptom-focused and ineffective solutions, and that’s what needs to change to see widespread impact and an actual ROI on these types of investments.

When accountability is present, however, a chain of connections answering to one another can help identify overall goals that can be approached in a concerted way. The team can work backward from there to drive forward progressive steps toward bigger goals and address social determinants of health in ways that show marked impact on health outcomes. To help ensure that social determinants of health efforts are accountable and productive, health care organizations can use these three action steps as a guide:

1. **Define accountability.** As a care team comes online, they’ll need a leader—one who is not necessarily responsible for addressing individual social determinants, but who is accountable to the patient for the results. Primary care physicians—already the “quarterbacks” for their patients’ care and accountable for total cost of care in new payment models—are perfectly positioned for this role. To succeed, though, these quarterbacks must have a strong team behind them, consisting of dedicated clinicians who are integrated into a care delivery team and who themselves are empowered to advocate for change, act on data-informed recommendations and coordinate or monitor interventions within and without the health care provider.

2. **Use AI and machine learning to create and follow a comprehensive map.** To change a patient’s health status and trajectory, one needs a clear understanding of where the patient is headed, what’s pushing them in that direction and any roadblocks to better paths. Can they easily access a store that sells food appropriate to their recommended diet? If told to come in for a follow-up, can they make time during the day, or are they a sole caregiver to a disabled relative?

Disparate data sets can shed light on neighborhood food and public transit access, household type, education and financial history, clinical notes from the electronic medical record and other variables. When these data sets are aggregated, artificial intelligence and machine learning can flag variables that, when viewed together, can pinpoint both clinical and social risk factors and flag opportunities for either physician or community intervention. Such machine-learning resources can be designed to provide push-notifications and other interactive support tools that convert data sets into actionable insights while minimizing any additions to administrative time.
3. Redefine your measurement strategy by collaborating across stakeholders on shared goals. Realizing an ROI is muddy business when the investments made affect patients from multiple touchpoints. Metric definition and metric measurement, like interventions themselves, need to extend beyond a care provider’s four walls. Work that has traditionally been done purely at the social level should now be married with health and outcomes data to more robustly predict areas of need and define success. Considerable barriers remain, as clinicians who answer to their own facility’s balance sheets must answer to financial overseers who may not be willing to count a community benefit as a realized return. We may need to see new public discussion on tax exemption and definitions of community benefit here, but there’s strong potential, if we get it right, to truly redefine managed care and community health if we can redefine the metrics of care outcomes.

*Anita Cattrell is the Chief Innovation Officer at Evolent Health. She can be reached at ACattrell@evolenthealth.com. Dr. Andrew Snyder has served as Chief Medical Officer at Evolent Health and now leads Snyder Healthcare Consulting.*
The purpose of this Committee is to bring education to members by holding educational seminars on site at hospital facilities. This initiative is intended to both provide education and increase membership.

The HFMA Metro NY Chapter continues to look for speakers willing to participate in the Roadshow program by sharing their knowledge with groups at various facilities. Speakers would commit to at least three presentations for the calendar year and the presentations should last approximately 1-1 ½ hours. The content should be current, relevant and educational (not promotional or sales) in nature. If you are interested, please submit your proposal to hfmaroadshow@millermilone.com.
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.
Volunteer Corner

Looking to get involved but not sure where to start? Committees often have opportunities to help with specific tasks throughout the year. Check out the Volunteer Corner, coming soon to Newscast and the Metro NY website, for chances to get involved.

Committee Chairs, or anyone else in need of volunteers, should send details to jdaly@millermilone.com.
# COMMITTEES 2019 - 2020

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NFMA METROPOLITAN NY CHAPTER

53RD PAST PRESIDENT’S DINNER DANCE

SATURDAY
SEPTEMBER 28, 2019

6:30 PM - 11:30 PM

NORTH HEMPSTEAD COUNTRY CLUB
291 PT WASHINGTON BLVD
PT WASHINGTON, NY

Register at:
http://www.event.com/d/7yq2w1

Fees:

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<tr>
<td>Individual</td>
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Honoring
MARIO DIFIGLIA, FHFMA, IMMEDIATE PAST PRESIDENT
AND
ALL CHAPTER PAST PRESIDENTS

Questions? Contact Wendy Leo at wendyl@tritechkom.com