



# INTERLOCUTOR

WINTER 2019

WWW.DFWHC.ORG

NEWS FROM THE DFW HOSPITAL COUNCIL



## ENGAGE *your* HEART

Plus:

Meet the 2019 Board of Trustees

Page 6

#MeToo on the Move

Page 16

**23rd Annual  
Employee of the Year  
Luncheon  
April 25, 2019**

Guest Speaker

**Chief Richard Picciotto**  
NY firefighter and 9/11 survivor

Page 30

# RELIABLE PARTNER + PRACTICAL ADVICE

Hall Render is dedicated to advancing the vision of our clients across the country, providing trusted legal counsel for over 50 years. Our team of national health care attorneys knows the industry and how to decipher its many complexities. It's what we do. When you need practical advice, we're here to support you.



**HEALTH LAW IS OUR BUSINESS.**  
Visit [hallrender.com](http://hallrender.com).



## Steve Love

President/CEO  
Dallas-Fort Worth  
Hospital Council

# What is the single-payer system?

**IN NORTH TEXAS, WE TREAT PATIENTS** in our hospitals who support many cultural doctrines, so we steer clear of political discussion. We always try to advocate for public policy that improves coverage and treatment. We also strive to educate the community on emerging healthcare issues.

With that said, let's discuss the single-payer system. It is a healthcare system where one entity - a single payer - collects all healthcare fees and pays for costs. The most popular "single payer" approach is called "Medicare for All." While no details on coverage and funding have emerged, the discussion has centered on allowing individuals under 65 years of age to "buy-in" for Medicare coverage or add a public plan to the health insurance marketplaces. Analysts estimate these plans could cost \$32 trillion over 10 years, even though the proposals do not identify a financing mechanism.

Taking a deeper dive, the "Medicare for All" could disrupt more than 180 million Americans in employer-provided health plans. Providers are lucky to break even on Medicare patients and oftentimes lose money. Congress' own advisors reported hospitals in 2016 had a negative 9.6 percent Medicare margin.

Many physicians do not participate in the Medicare program due to rates and policy requirements. Rates, reimbursement adjustments and unpredictable reactions from the government do not allow for adequate planning.

My friend Dr. John McCracken, a professor at the University of Texas at Dallas, stated in a panel discussion last month, "The government never acts so badly as when it acts in haste." A "Medicare for All" may not completely stop competition, but it would certainly curtail it. Competition drives innovation and the private sector has produced some extraordinary medical breakthroughs in recent years.

We are all stakeholders in reducing healthcare cost and there is no question the Affordable Care Act (ACA) can be improved. We should strive to expand coverage, especially in states such as Texas. We should strengthen health insurance marketplaces by improving their stability and affordability. Robust enrollment efforts need a strategy that connects individuals to coverage and keeps them enrolled for multiple years.

Let's refine and improve our current healthcare system before we implement a single-payer system. ■

WINTER 2019 WWW.DFWHC.ORG



## INTERLOCUTOR

### EDITORIAL

Executive Editor **W. Stephen Love**  
Managing Editor **Chris Wilson**  
Photography **Jerry McClure**

### CONTACT

**Chris Wilson**  
chrisw@dfwhc.org



DALLAS-FORT WORTH  
HOSPITAL COUNCIL

### ADVERTISING

*Interlocutor* reaches more than 5,000 healthcare professionals in North Texas. It is published four times a year.

### FULL PAGE FOUR ISSUES

Color Inside Cover \$3,000  
Color Inside Pages \$2,500

### FULL PAGE ONE ISSUE

Color Inside Cover \$1,200  
Color Inside Pages \$1,000

### SEND TO

**Chris Wilson**  
chrisw@dfwhc.org

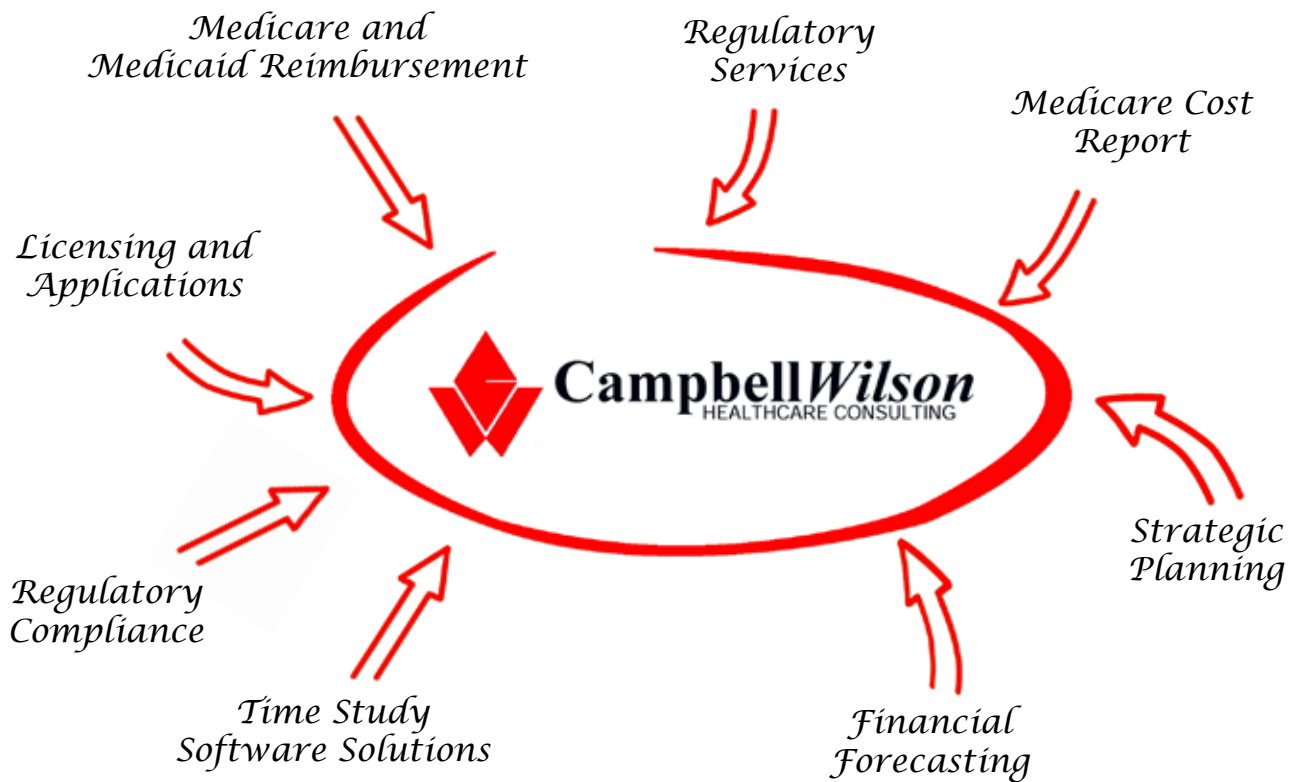
### PUBLISHED

*Interlocutor* is published by the DFW Hospital Council as a membership benefit providing information on healthcare issues and DFWHC activities. Material may be reprinted without permission, provided acknowledgement is given. Articles, news items and opinions are appreciated.

### INTERLOCUTOR

**1: one who takes part in dialogue**

**2: one in the middle of a line who questions end people and acts as leader**



Making a difference  
in healthcare for  
over three decades.



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

800.723.6492  
15770 North Dallas Parkway, Suite 500  
Dallas, TX 75248



**HIGH  
PERFORMANCE  
DESERVES  
HIGH PRAISE.**

Accenture is proud to support the  
Dallas-Fort Worth Hospital Council  
as it advances high quality healthcare  
in the region.



# DFWHC announces 2019 Board of Trustees



**Charles Gressle**



**John Phillips**



**Jyric Sims**

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED** its Board of Trustees for 2019. The Board of Trustees consists of the following individuals:

- Chair **Charles Gressle**, CEO, Medical City Plano and Medical City Frisco
- Chair-Elect **John Phillips**, President, Methodist Dallas Medical Center
- Past Chair **Scott Peek**, COO, Baylor University Medical Center
- Trustee **David Berry**, President, Children's Health System
- Trustee, **Audra Early**, Senior VP Strategy and Development, Kindred Hospitals
- Trustee **Nancy Cychol**, President, Cook Children's Medical Center
- Trustee, **Dr. William Daniel**, VP, Chief Quality Officer, UT Southwestern Medical
- Trustee **Joseph DeLeon**, President, Texas Health Harris Methodist Hospital Fort Worth
- Trustee **Jerri Garison**, President, Baylor Scott & White Medical Center – Plano
- Trustee, **Blake Kretz**, President, Texas Health Arlington Memorial Hospital
- Trustee **Dr. Esmaeil Porsa**, EVP Strategy/Integration, Parkland Health & Hospital System
- Trustee **Xavier Villarreal**, CEO, Medical City North Hills
- Ex-Officio **Richard Carter**, President/CEO, Hunt Regional Medical Center
- Ex-Officio **Robert Walker**, President/CEO, Texas Scottish Rite Hospital for Children
- Ex-Officio **Jyric Sims**, CEO, Medical City Fort Worth

Completing his term is **Fraser Hay**, President, Texas Health Harris Methodist Hospital Hurst-Euless-Bedford. New to the DFWHC Board Member is Early. Walker and Carter will continue to serve as ex-officio while Sims was appointed as new ex-officio.

"Our 15-member board represents a committed group of healthcare executives dedicated to working towards improving the quality of healthcare in North Texas," said **W. Stephen Love**, president/CEO of DFWHC. "They have a wide range of both veteran experience and youthful talent. We appreciate their commitment to helping lead North Texas healthcare. We would also like to thank Scott Peek for his leadership as Chair in 2018 and Fraser Hay for his dedicated board work over the past year." ■

# Mansfield announces retirement

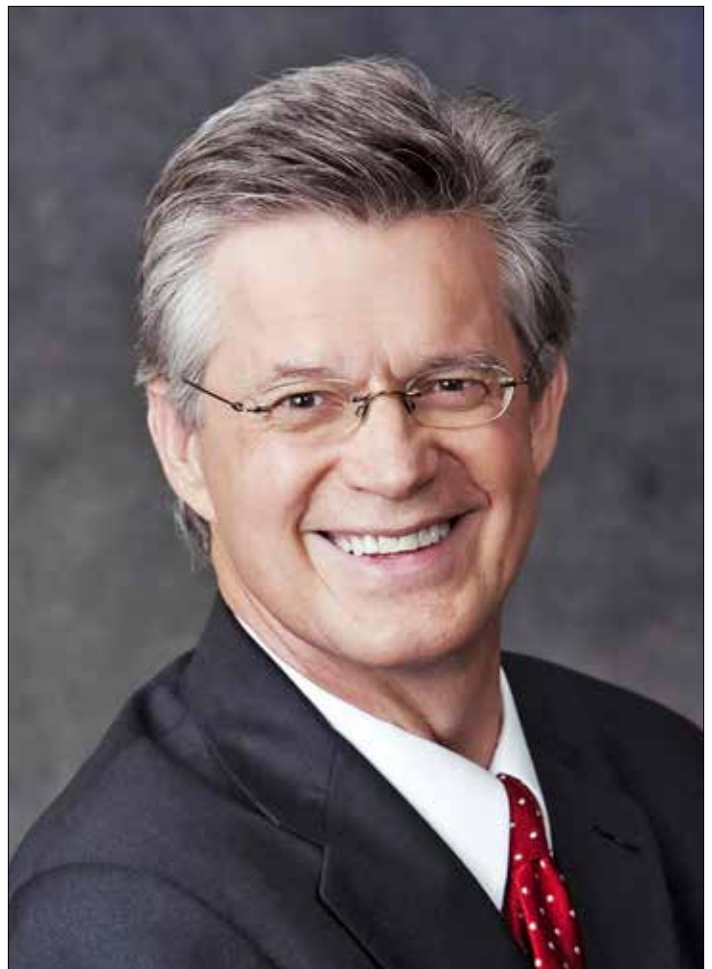
**STEPHEN L. MANSFIELD, PHD FACHE, ANNOUNCED IN JANUARY** his plans to retire as President/CEO of Methodist Health System on December 31, 2019. Mansfield, 66, has led the organization since 2006. Methodist Health System is the largest employer based in Southern Dallas but has hospitals, clinics, urgent care centers, imaging centers and other care delivery sites throughout the DFW Metroplex.

“My tenure with Methodist Health System is the capstone to a gratifying 46-year career in healthcare” Mansfield said. “Throughout my career I have enjoyed the opportunity to be part of outstanding organizations and work with exceptional physicians, leaders, care givers, and support staff. Methodist is special in many respects, and I believe the system is well-positioned for an exciting future in healthcare as it continues its outreach to the communities and people it serves.”

Since 2006, Methodist Health System has quadrupled in size. It has grown from two acute care hospitals in operation when Dr. Mansfield joined Methodist to ten acute care hospital campuses today. Under his leadership, Methodist Health System has improved its bond rating and is ranked by Moody’s among the top 16% of not-for-profit health systems and hospitals for financial strength.

Dr. Mansfield is an active member of the Board of Directors of the Dallas Regional Chamber, which he chaired in 2014. He is on the Board of the Dallas Foundation, the Dallas Citizens Council, Dallas Medical Resources and the Texas State Fair.

In recognition of his civic contributions, Mansfield received the Virginia Chandler Dykes Leadership Award in 2017 from Texas Woman’s University and the Distinguished Business Leader Award in 2015 from the Texas Association of Business. In 2014 he was recognized by *D Magazine* as “Healthcare Executive of the Year,” and was included as a “Top Newsmaker to Watch for 2013” by the *Dallas Business Journal*. In 2012, Mansfield received the “Entrepreneur of the Year” award from Ernst and Young and in 2009 was selected as “Outstanding Volunteer Fundraiser” for his work with March of Dimes.



**Stephen Mansfield**



Mansfield and his wife Marilyn have been married for 34 years and have one daughter, Meredith Grace, who lives and works in Dallas. “Rather than retirement, I prefer to view what lies ahead as redeployment. I have the desire and, Lord willing, fully intend to stay actively involved in many things of interest to Marilyn and me. We are excited about more time together and the chance to enjoy many experiences we have deferred during my active career,” Mansfield said. ■



# Mental Health

*DFWHC receives community award  
for its work in promoting mental health awareness*

**THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) NORTH TEXAS** presented its 2018 Community Awards during a December 6 ceremony at Lovers Lane United Methodist Church. Awardees included the Dallas-Fort Worth Hospital Council (DFWHC) for their work in promoting the national “I’m Listening” radio program.

DFWHC President/CEO **W. Stephen Love** and **Dr. Sushma Sharma** of the DFWHC Foundation were present to receive the award. As noted at the event, they have led the way in increasing awareness by coordinating with local hospitals and mental health organizations to provide Mental Health First Aid training to upwards of 10,000 people.

DFWHC also worked with Entercom and its North Texas radio stations in promoting “I’m Listening,” a radio program that discussed depression awareness in the U.S. The program aired on multiple Entercom stations on September 9 during National Suicide Prevention Week.

“This radio program was a first step in ongoing efforts to empower our community through research and education to take action against suicide numbers,” said Love.

Additional awardees included:

- Lifetime Achievement: **Linda Perryman Evans** of The Meadows Foundation;
- Jerome and Hazel Byers Enduring Volunteer: **Dale and Esther Fidler**;
- Marion Shaw Community Support: **Lisa Friedrichs/AT&T**.

“Without outstanding organizations like the Dallas-Fort Worth Hospital Council and so many others, we wouldn’t have the groundswell of support for mental health awareness,” said NAMI North Texas Board President Sherry Cusumano. “We are so proud to honor those who do so much for our community.” ■

# In Memoriam

## Robert J. Wright 1928-2019

**IT WAS WITH GREAT SADNESS** the DFW Hospital Council (DFWHC) learned of the passing of **Robert J. Wright**, the long-time healthcare innovator and community philanthropist who was instrumental in the development of **Medical City Dallas**. He died Jan. 17 at the very hospital he helped build. He was 91.

For his historical support of North Texas healthcare, Wright was a 1998 recipient of DFWHC's Distinguished Health Service Award. He was born in Tulsa, Oklahoma and grew up in Missouri. Wright served in the U.S. Navy during World War II.

In 1968, Wright and other developers sought to build a complex where hospital services and physicians' offices were centrally located, rather than spread among smaller clinics.

The 250-acre campus was designed to cut costs for patients and allow doctors to work more efficiently. The design of the medical center was an innovation, with an open, inviting design inspired by atriums in upscale hotels, a contrast from the traditional design of hospitals.

Wright served on the board and executive committee of Texas Christian University (TCU), his alma mater, for 10 years. He and his wife Mary, who married in 1950, helped pay for two dormitories and an admissions center on campus, as well as a number of endowed scholarships.

He also donated to Austin College in Sherman, where he helped fund the Wright Student Center, and with his wife donated to the Austin Presbyterian Theological Seminary and Crowder College in his Missouri hometown.

He also received an honorary Doctor of Humane

Letters from Austin College in 2006. During the construction of the Betsy Dennis Forster Art Studio Complex, members of the Board of Trustees named the Kellye Wright Samuelson Digital & Photographic Art Center for Bob and Mary's daughter who died in 2004.

A memorial service for Wright was held January 30 at Preston Hollow Presbyterian Church, where he founded the church's foundation and helped with multiple expansions.



**Robert J. Wright at the 1998 Annual Awards Luncheon.**



## Medical City Healthcare

Wright is survived by his wife; his son Michael; five grandchildren; and three great-grandchildren.

In lieu of flowers, donations may be made to the Preston Hollow Presbyterian Church Foundation; TCU; Austin College in Sherman; or Austin Presbyterian Theological Seminary in Austin. ■

# Around DFWHC

## North Dallas Chamber Conference attracts 150-plus

**THE ANNUAL NORTH DALLAS CHAMBER OF COMMERCE** Health Care Conference attracted more than 150 attendees on January 25 at Texas Scottish Rite Hospital for Children in Dallas.

Themed “Disrupting Health Care: How Data, M&A and Consumerism Could Hold the Cure,” DFW Hospital Council President/CEO **W. Stephen Love** moderated a discussion on “Treatment: Creative and Transformation Solutions.” Serving as speakers were **Shara McClure**, senior vice president of health care delivery at Blue Cross & Blue Shield of Texas, **Jon Henderson**, a shareholder at Polsinelli Shughart PC, and **John McCracken**, professor of healthcare management at UT Dallas.

The conference opened with a presentation by **Ari Pinkus**, senior editor and project manager of the American Communities Project.

**Dr. Len Nichols**, director of the Center for Health Policy Research & Ethics at George Mason University, provided the keynote address.

“This is always a great event,” Love said. “We participate every year because of the crucial topics and discussions



**Jon Henderson (l to r), John McCracken, Shara McClure, W. Stephen Love and Rich Stephenson.**

that take place. I would like to compliment the North Dallas Chamber of Commerce for bringing together so many important healthcare executives and innovators in the community. This conference creates dialogue, provides potential solutions and does so much to improve healthcare quality in the region.” ■

## *DFWHC hosts webinar with **Flatirons Digital Innovations***



**THE DFW HOSPITAL COUNCIL (DFWHC), IN COORDINATION** with **Flatirons Digital Innovations**, hosted the educational webinar “How Data Archiving Addresses Care, Compliance and Cost: Best Practices for Healthcare Providers” on December 6 at its headquarters in Irving.

The complimentary educational event included Flatirons’ experts **George Florentine**, VP of Technology;

**Brad Rix**, Data Archiving Solution Architect; and **Frank Hughes**, Healthcare IT Specialist.

With more than 30 years of combined healthcare experience, Florentine, Rix and Hughes detailed the evolving trends when handling “Big Data.”

Topics included:

- Data archiving and the types of information healthcare providers archive;
- How data archiving helps clinicians, compliance, finance and IT;
- Best practices that address data integrity, security and other critical parameters;
- Questions and answers about data archiving.

The webinar was recorded and can be found online at <https://www.youtube.com/watch?v=mrubOOHWUwY&t=37s>.

For questions, please contact **Chris Wilson** at **chrisw@dfwhc.org** or **972-719-4900**. ■



## DFWHC's Love comments on controversial ACA ruling

**DFW HOSPITAL COUNCIL PRESIDENT/CEO W. STEPHEN LOVE** released a statement following Judge Reed O'Connor's December 14 ruling making the Affordable Care Act (ACA) unconstitutional.

O'Connor presides in the U.S. District Court for the Northern District of Texas. The ruling said the latest tax bill, which eliminated the tax penalty in the ACA for not buying insurance, made the law unconstitutional.

Love's comments were included in the December 17, *DCEO Healthcare* coverage penned by **Will Maddox**.

"The Dallas-Fort Worth Hospital Council is extremely disappointed in the federal district court ruling. Our member hospitals know this action puts many Texans health coverage at risk," said Love. "We urge a stay in this decision until a higher court can review it. Texas leads the nation in having the highest percent of uninsured in the nation, so it is unfortunate this ruling has occurred."

For the full story: <https://healthcare.dmagazine.com/2018/12/17/local-judge-rules-affordable-healthcare-act-unconstitutional/>. ■



**Will Turner**

### New President at Baylor Scott & White Waxahachie

**WILL TURNER** was named the new president of Baylor Scott & White – Waxahachie in December. Turner has been with Baylor since 2012, most recently serving as the interim leader of operations for Baylor Scott & White Medical Center – Carrollton. The Waxahachie facility has 129 beds and 1,200 employees. Prior to working at the Carrollton hospital, Turner was in pharmaceutical sales, and began his career with Baylor at the Hillcrest campus in Waco. ■



**Jessica O'Neal**

### O'Neal named new CEO at Medical City Children's

**JESSICA O'NEAL** was named Medical City Children's Hospital's new CEO in December. She had served as Chief Operating Officer of West Florida Hospital in Pensacola since 2016. O'Neal was formerly VP of operations and COO of Methodist Dallas. She is also a 2013 recipient of the DFW Hospital Council's Young Healthcare Executive of the Year. O'Neal has a Master of Science in Health Care Administration from Trinity University. She has been in the healthcare field for 14 years. ■

# Around DFWHC

## JPS teams with BioLum for asthma study



**JPS HEALTH NETWORK** announced in November it had partnered with Houston-based **BioLum Sciences** to conduct a study on a device that could lead to a breakthrough in the way asthma patients are treated. BioLum has created an instrument called the **BioSense AMD**, short for Air Monitoring Device. The portable tool collects, condenses and analyzes exhaled air from the lungs of asthma sufferers. The process happens in the doctor's office. Instead of waiting for days for results from a lab, physicians will get answers about how to best treat patients within seconds. The Biosense AMD will give doctors "a window into the lungs," by providing information about the patient's inflammation and their response to treatment and medication. It's expected the information will reduce the number of asthmatic episodes by optimizing therapy and medication and that it will provide an early warning of asthma flare ups. ■

## Hutchenrider seeking election to the Richardson City Council

**KENNETH HUTCHENRIDER** announced January 23 that he is seeking election to the Richardson City Council Place 5 seat that will be vacated by current Council Member Marta Gomez Frey. If successful, this will be the first time Hutchenrider has held elective office. He is the president of Methodist Richardson Medical Center and has been a hospital administrator for 30 years. Hutchenrider has been involved in the Richardson Chamber of Commerce, including serving as board chairman. He most recently served on the Richardson City Tax Increment Finance Board and was a board member of the DFW Hospital Council in 2016. ■



**Kenneth  
Hutchenrider**



## Methodist breaks ground for new Midlothian Medical Center

**MORE THAN 300 METHODIST HEALTH SYSTEM** officials and Midlothian leaders officially broke ground on October 5 on Methodist's Midlothian Medical Center Campus. A \$175-million hospital facility will be the center piece of the campus and include a 44-bed acute care hospital with the capacity to expand to 80 beds and a 45,000 square foot medical office building west of U.S. 287 near the Midlothian ISD multi-purpose stadium. Methodist Midlothian is scheduled to open in 2020. Approximately 675,000 person hours will be required to develop the site. The medical center will employ approximately 300 healthcare professionals and staff members at the end of the first year of operation. ■

# STRIKING

the right balance  
for

## PATIENT PAYMENTS

Wednesday, February 20  
1:00 p.m. - 2:00 p.m.



DALLAS-FORT WORTH  
HOSPITAL COUNCIL



Complimentary **"Hot Topic"**  
webinar hosted by the  
**DFW Hospital Council**  
and **OnPlanHealth by Flywire**.

The rise in patient out-of-pocket is making it harder for patients to pay and shifting financial risk to providers. Traditional collection methods can no longer sustain a positive patient experience and healthy bottom line.

- Empowering Patients
- Driving Revenue for Providers
- New Technology
- Improving Collection Performance

## Speaker:

**John Talaga**

Executive VP & General Manager  
OnPlanHealth by Flywire

### INFORMATION:

Chris Wilson, [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org), 972-719-4900

### REGISTER:

<https://attendee.gotowebinar.com/register/2396550915947953410>

# Associate Members



## STRIKING the right balance for PATIENT PAYMENTS

BY JOHN TALAGA

EVP/GM, OnPlan Health by Flywire

### NEW RULES OF ENGAGEMENT

Rising healthcare costs and growing patient financial liability are changing the way hospitals get paid as payers punt the financial burden to patients in the form of high-deductible health plans. With those higher deductibles comes higher medical debt. Today, more than half of all debt collections reported to credit agencies is medical debt. It's also the highest cause of bankruptcy.<sup>1</sup>

To protect ongoing revenue streams—nearly 30% of which come directly from patients—providers need to reevaluate how they're engaging with consumers throughout the payment experience.<sup>2</sup>

### WHAT'S WORKING. WHAT'S NOT.

Most hospitals have a variety of patient payment processes in place. Six of the most popular are below. Each of these have benefits but they still fall short of where we *could* be.

**1. Pre-service and point-of-service collections.** Collecting payment up front is without a doubt one of the best ways to lower the cost of collections, reduce write-offs, and improve cash flow. Yet some hospitals take this to an extreme, refusing to schedule any services outside of emergency care until existing balances are paid. But this policy may do hospitals more harm than good in regard to value-based care reimbursements. When patients delay or skip needed care, it can negatively impact care plans, compliance, outcomes and



revenue.

**2. Propensity to pay.** Hospitals with propensity analytics can be more proactive in finding alternative methods to help patients pay. Unfortunately, many hospitals just don't have this type of data, leading them to turn accounts over to charity or collections too soon, which, in essence, leaves money on the table.

**3. Patient responsibility estimation.** Addressing payment responsibility up front increases pricing transparency and serves as a natural onramp to discussions about prompt-pay discounts or payment plan options. Without this technology, it's difficult to align estimates to actual payments. This can delay both patient payments and payer reimbursements.

**4. Prompt-pay discounts.** Hospitals with analytics such as propensity to pay find it easier to incentivize patients with discounts. However, these incentives may violate managed care agreements. Discounts can also devalue services, especially if used too often, and can leave patients wondering if prices were falsely inflated in the first place.

**5. Internal payment plans and lines of credit.** In most cases, payment plans and lines of credit are only offered after a patient requests them. This approach relies on processes that are only as affective as the capabilities of a hospital's patient accounting system. Adjusting the plan can be difficult and inexperienced financial advocates may not complete a full evaluation of alternative sources of financing, such as Medicaid, presumptive charity, or other insurance options.

**6. Early Out on day one.** When turning over self-pay collections to a third party too soon, hospitals miss out on low-hanging fruit. They also lose control of the patient financial experience. It's impossible to know how an agency is representing the hospital when engaging its patients, many of whom don't realize the agency isn't a part of the hospital. Now that patient satisfaction scores are tied to reimbursement, it's important to ensure each patient interaction is as positive as possible.

## THE IDEAL PATIENT PAY EXPERIENCE

While at the 2018 HFMA annual conference, we asked 60 of our session attendees what they thought a perfect self-pay environment would look like (not surprising, having 100% of accounts paid in full was at the top of the list). Here are the key functions they identified:

- Accurate, real-time pricing transparency and estimates for all patients across all services, along with automated adjustments.
- Patients have a clear understanding of all their financial options, which can be customized to their unique financial situation.
- Patients have self-service options, such as setting up their own payment plans and accessing online payment portals.
- All self-pay payments are completed at the time of service using autopay, with real-time insurance adjudication available for the rest.
- Customized, interactive patient-provider communications—including billing statements—based on the patient's preferences, such as text, email, phone, and/or paper.
- Technology to identify the best options for each patient, including charity care, payment plans, and full payments. Acting as a one-stop shop, patients could take care of all financing details at one time through the hospital.
- Move to a flat-rate fee system with vendors, rather than fluctuating contingency fees.

## MEETING PATIENTS ON MUTUAL TERMS

Hospitals and patients alike are challenged with the growing financial pressure of rising costs and increasing patient responsibility. Creating a proactive, responsive payment model based on a patient's unique financial situation can increase revenue and reduce the cost to collect. Providing patients with 24/7 access to self-service tools improves patient satisfaction and the payment experience, and ensures patients are able to get the care they need when they need it.

It really isn't that far from where we are to where we need to be. With the right technology and a patient-centered approach, there's nothing standing in the way.

## SOURCES

- 1 <https://www.commonwealthfund.org/publications/newsletter/2016/sep/deductibles-rise-employer-sponsored-health-plans>
- 2 <https://www.healthcareitnews.com/news/patients-are-new-payers-healthcare#gs.9pdQqPY> ■

# Associate Members



## Sexual harassment legislation may impact employers

**IN THE YEAR OR SO SINCE THE #METOO AND #TIMESUP** movements shined a national media spotlight on sexual harassment in the workplace, the issue has reached several courts and state legislatures as well.

As a result, employers may now be required to take additional action in developing policies and procedures to address sexual harassment, training employees to raise and respond to issues in the workplace and promoting safe work environments.

In the past 30 months, elected officials in a number of states passed over 260 laws directly addressing topics supported by the anti-sexual harassment initiatives. Most of the proposals related to the actions of legislators and government employees, but some were directed towards all employers or



private sector employers specifically. In summary:

- **12 states** (Arizona, California, Delaware, Illinois, Louisiana, Maryland, Nebraska, New York, Oregon, Tennessee, Vermont and Washington) made new laws that affect both private and public employers.
- **8 states** (California, Delaware, Florida, Louisiana, Maine, Maryland, New York and Oregon) passed legislation that requires regular sexual harassment training for employees at various levels.
- **7 states** (Arizona, California, Maryland, New York, Tennessee, Vermont and Washington) limited or restricted the use of nondisclosure agreements in cases involving sexual harassment claims.
- **4 states** (Maryland, New York, Vermont and Washington) limited employers' ability to enforce mandatory arbitration for workplace sexual harassment claims in employee contracts. The impact of these legislative moves may be blunted by the Supreme Court of the U.S.'s decision in *Epic Systems Corporation v. Lewis*, discussed in more depth below.

Some case law developments will also influence how employers choose to handle sexual harassment claims. For instance, in *Minarsky v. Susquehanna County*, the Third Circuit Court of Appeals decided on July 3, 2018 that Sheri Minarsky's four-year delay in notifying her employer,

Susquehanna County, of sexual advances made by her supervisor was not unreasonable.

The Court agreed with Minarsky and acknowledged her fear of job loss due to financial need in light of her daughter's cancer treatments for not reporting her supervisor's behavior earlier. The Supreme Court of the U.S. heard *Epic Systems Corporation v. Lewis* and questioned whether employment contracts requiring individualized arbitration for resolving disputes are enforceable if they are intended to prevent multiple employees from suing an employer jointly.

The Supreme Court held that arbitration agreements providing for one-on-one or individualized proceedings must be enforced, and neither the Federal Arbitration Act's saving clause nor the National Labor Relations Act suggests otherwise.

Hall Render has discussed sexual harassment policies and related employment issues in prior posts on November 30, 2017; January 12, 2018; June 29, 2018; and July 24, 2018, and we will continue monitoring these developments and their impacts on your organizations going forward. You can view our blogs at:

<https://www.hallrender.com/resources/blog/>.

If you have any questions or would like additional information about this topic, please contact:

- **Robin M. Sheridan** at (414) 721-0469 or [rsheridan@hallrender.com](mailto:rsheridan@hallrender.com);
- **Heather D. Mogden** at (414) 721-0457 or [hmogden@hallrender.com](mailto:hmogden@hallrender.com);
- **Kristen H. Chang** at (414) 721-0923 or [kchang@hallrender.com](mailto:kchang@hallrender.com); or
- Your regular Hall Render attorney. ■

# Associate Members

## SOCIAL & EMOTIONAL SUPPORT

### *The Missing Link in Cancer Care*

By Mirchelle Louis, LCSW,  
Chief Executive Officer  
Cancer Support Community North Texas

**IN 2018, MORE THAN 31,000 OF OUR NORTH TEXAS NEIGHBORS' LIVES** changed instantly when they heard the dreaded words – “You have cancer.” From the moment of diagnosis, everything changes. Life becomes a rollercoaster ride of treatment plans and doctor visits. But there’s a missing link in cancer care – a patient’s emotional and psychological support “treatment plan.”

Imagine going to work one morning, being diagnosed with cancer that afternoon and then beginning chemotherapy the next day. You’re suddenly too weak to work, to take your kids to school, to do much of anything. You’re scared – not only for your life, but also for your ability to pay bills and keep your life moving forward. Your life changes in an instant, yet you’re left navigating this frightening maze often without the funds, support or know-how to do it.

The reality is that everyone diagnosed with cancer faces two challenges: a medical one and an emotional one. What physicians and patients alike are increasingly recognizing is that addressing both are equally important. In fact, research shows that people who have the best success surviving – and thriving after cancer are those that address both. That success centers on treating the whole person.

This article was provided by **CANCER SUPPORT COMMUNITY NORTH TEXAS**. For guidelines, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).

This is the impetus for the creation of the national Cancer Support Community in 1991, and Cancer Support Community North Texas (CSCNT) – the local affiliate – here in 2002.

At three warm, inviting clubhouse locations across DFW – in Collin, Tarrant and Dallas counties – CSCNT is here to help these cancer patients and their families when they need support the most. CSCNT serves all cancer patients, past and present, and their loved ones at no cost to the individual. Last year alone, CSCNT served over 5,200 of those affected by cancer.

### ELEMENTS OF SUPPORT

We believe there are three key elements of support: Healing, meaningful social engagement, and hope (to see that life after a cancer diagnosis is possible). At each location, CSCNT aims to provide all of this through support groups, networking groups, childcare, healthy living workshops, yoga and meditation, one-on-one counseling and help for families.

More importantly, CSCNT offers tools to help patients, such as a psychological and social distress screening, which determines the degree to which the person is experiencing stress and offers CSCNT insights into how to best support them.

### “JUST WALK THROUGH THE RED DOOR”

At every clubhouse location, patients and their caregivers will see a welcoming red door; the intent is to show people that this is their “home” for support and the aspects of the cancer journey that are so often overlooked. CSCNT asks that people just walk through the door, and our team will take it from there, exploring whatever a person’s individual needs and wants are.

### OUR COMMITMENT

As part of the largest professionally led nonprofit network of cancer support worldwide, CSCNT is dedicated to ensuring that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

Thanks to our partners, including Texas Health Resources, Texas Oncology and many others, Cancer Support Community North Texas is growing and demonstrating why social and emotional support must be



part of our cancer treatment “prescription.”

For information, visit [www.cancersupporttexas.org](http://www.cancersupporttexas.org).

### LOCATIONS:

#### Dallas County Clubhouse


8196 Walnut Hill Lane, LL10  
Dallas, Texas 75231  
214-345-8230

#### Collin County Clubhouse

6300 W. Parker Rd., MOB 2, Suite 129A  
Plano, TX 75093  
972-981-7020

#### Tarrant County Clubhouse

10840 Texas Health Trail, Suite 120  
Fort Worth, TX 76244  
682-212-5400 ■

A close-up photograph of a hand wearing a teal-colored nitrile glove. The hand is positioned palm-up, with the fingers slightly curled. On each of the four visible fingers, an orange-colored nitrile glove is worn over the teal glove. The background is a plain, light color.

We make  
healthcare  
personal



At Agency Creative, we do more than build engaging marketing campaigns. We help doctors, hospitals and healthcare organizations connect with their audience in a genuine way.

We start by taking the time to understand their needs. And their patients. Then we use strategic insight to create authentic brand messaging at every touchpoint.

After all, patients are people. And people deserve a more unique, personalized approach to healthcare.



See the difference authentic (genuine) healthcare marketing can make at **[AgencyCreative.Healthcare](https://AgencyCreative.Healthcare)**

# PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

## *Standing out* in a crowded healthcare marketplace

Imagine you're walking down Main Street in Healthcare Town, USA. Stores of all sizes are all around you. The big box stores draw your attention first, with their huge storefronts and fancy backlit signs. Next you see the midsize stores. Their signs are smaller and a little harder to distinguish, but you can pick out a few familiar names. Finally, your eyes move to the rows of small stores stretching out as far as the eye can see. You squint. You try to focus. But try as you might, you just can't distinguish one store from another.

So, it's off to the big box stores you go...

This is healthcare's growing identity problem. More and more companies are merging into mega-conglomerations. When you own half the block, it's easy to stand out on Main Street. But when you're a small to mid-size healthcare company fighting for market share in the big boys' shadow, getting noticed is much more difficult.

But not impossible.

First things first, make sure your company's positioning is clear and differentiated. Start by defining your purpose—i.e. why your company exists. Not what you do or how you do it, but why you do it. To make the world better? To change how people are treated? Starting from a lofty, inspiring "why" will help you define who your company is and what you do that differentiates you. (Google "Simon Sinek It Starts With Why" for a great TED talk on purpose.)

Now that your new positioning is in place, put it to good use by creating a unique brand identity. There's never been a better time to invest in a strong, distinctive visual ID and brand voice. Most small healthcare

companies' logos neither reflect their brand positioning nor set the organization apart. Color theory is often ignored, as is brand tone and voice. A well-designed, unique, powerful visual ID combined with a distinctive brand voice that reflects your positioning will elevate your brand above the sea of sameness.

**More and more companies are merging into mega-conglomerations. When you own half the block, it's easy to stand out on Main Street.**

Now that the back of the house is in order, let's work on the front—your marketing. In healthcare, content is king. Creating quality content is key and will quickly differentiate you. When defining your content strategy, go back to your positioning and create content that ladders up to it. Content intended to purely entertain rarely works in healthcare. But content that's useful or helps solve a problem or consumer need is always well-received. Content that checks off all three boxes and has some entertainment value that makes your brand more approachable, well, that's the holy grail.

For example, one part of a distinctive content strategy might be to start a blog that delivers preventative tips to help people stay OUT of the doctor's office. Doing it in a fun, entertaining way will not only improve readership, it'll keep you top of mind when someone eventually does need your services.

You might also feature some compelling patient success stories (staying within HIPPA compliance, obviously), create

educational videos, write case studies — even go live on social from a local event. In healthcare, the opportunities to create engaging, compelling content are endless.

Speaking of local events, another great way to stand out is to "own your own backyard." That is, making sure you're marketing to your community at the grassroots level. Be involved in community events. Partner with local charities. Integrate your brand into people's lives at a local level, and they will repay your efforts many times over.

Finally, generate some good ol' word of mouth by making sure your patient experience is on point. With the emerging importance of patient satisfaction scores and other value-based metrics, simply meeting your patients' needs and expectations are now table stakes. Exceeding them will get people talking about you.

In fact, with all the changes in healthcare, one thing remains the same. There's still no better way to differentiate your company on Main Street than on the level of care you provide. After all, branding happens at the point of care.



*About the author*

**Mark Wyatt** Founder & CEO, Agency Creative  
mwyatt@agencycreative.com



DALLAS-FORT WORTH  
HOSPITAL COUNCIL

children at Risk



NAMI  
National Alliance on Mental Illness

North Texas

**2019 Speaker Series:**

# **Growing Up in North Texas**

## **Removing the Stigma Around Mental Health**

Please join CHILDREN AT RISK, DFW Hospital Council and our partners in a discussion around the policies and programs addressing Mental Health resources for children and their families. This session will bring together community leaders and national experts to discuss initiatives focused on reducing the stigma of mental health treatment and raise awareness of the resources available in our community.

**February 13th, 2019**

7:30-8:00AM Registration and Breakfast

8:00-10:00AM Program

Scottish Rite Hospital for Children

T. Boone Pickens Auditorium

2222 Welborn Street

Dallas, TX 75219

Admission: \$15.00

**Keynote Speaker:**

**Ciara Dockery, PhD.**

**Director, NFL Life Line**

*Introduction by Timmy Newsome, Owner Newtec Business Solutions,  
Former Dallas Cowboys Player & Children At Risk Advisory Board Chair*

**Panel of Experts:**

Moderated by Steve Love

President and CEO, Dallas-Fort Worth Hospital Council

Sherry Cusumano, RN, LCDC, MS

Administrative Director of Community Education, Medical City Green Oaks

Dr. Celeste Johnson, DNP, APRN, PMH, CNS

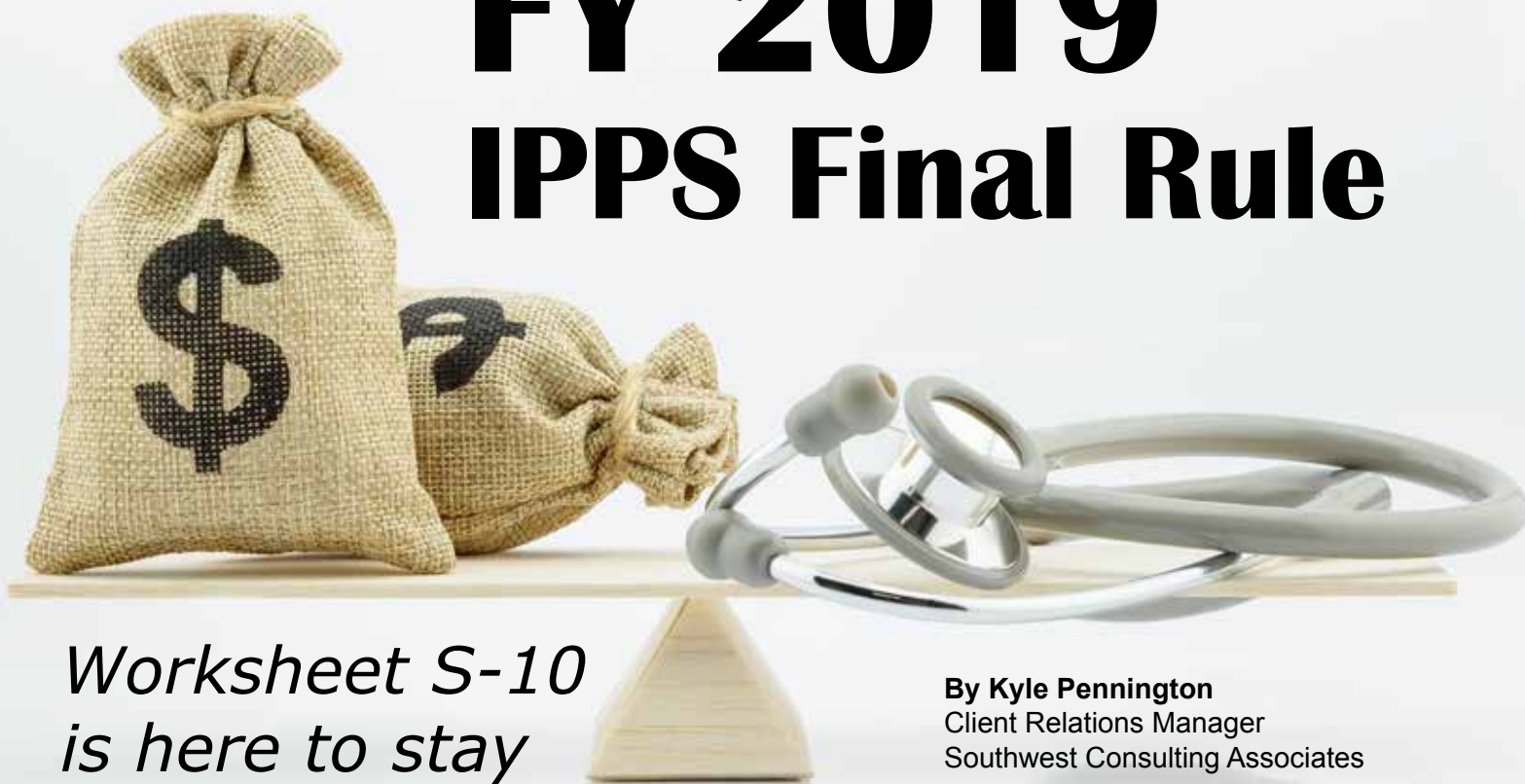
Vice President of Nursing, Behavioral Health, Parkland Health & Hospital System

Niki Shah, MBA, MHSA, CCHW

System Vice President, Community Health, Baylor Scott and White Health

# Associate Members

## FY 2019 IPPS Final Rule



*Worksheet S-10  
is here to stay*

**By Kyle Pennington**  
Client Relations Manager  
Southwest Consulting Associates

**IN ITS FY 2019 IPPS FINAL RULEMAKING** published August 2, 2018, the Centers for Medicare & Medicaid Services (CMS) continued the transition of utilizing charity care and bad debt costs reported on Medicare Cost Report Worksheet S-10 to calculate qualifying hospitals' Federal Uncompensated Care reimbursement.

CMS also advanced the time period of the S-10 data used in FY 2018 by one year to further phase-out the low-income days proxy by using two fiscal years of S-10 cost report data to calculate UC Factor 3:

- FY 2013 low-income insured days and FY 2016 SSI data;
- FY 2014 uncompensated care cost per Worksheet S-10;
- FY 2015 uncompensated care cost per Worksheet S-10.

### **INAUGURAL AUDITS OF S-10 DATA**

The Uncompensated Care pool reimbursement payment is viewed as a zero-sum game, with one hospital's reimbursement gain through the program becoming another hospital's loss. While Worksheet S-10 has been used for UC reimbursement purposes for only a short time, audits of the S-10 data to ensure its accuracy and consistency have been a high priority for hospital providers.

In its 2019 final rulemaking, CMS stated that, due to the overwhelming feedback from commenters emphasizing the importance of audits, they would begin the inaugural audits in fall 2018.

Hospitals nationwide have since received requests from Medicare Administrative Contractors (MACs) to provide data and detailed explanations supporting the charity care and bad debt data reported on their FY 2015



## Medicare cost report Worksheet S-10.

In many cases, the hospitals selected for audit were given a very short timeframe of two weeks to respond to the MAC's initial questions and requests for data, which were very extensive and generally included 18 required items.

Requests from MACs include: **1)** a copy of the hospital's charity care policy and/or financial assistance policy (for both uninsured and insured patients), along with an explanation of how hospital personnel determine insurance status and charity care write-offs, **2)** patient-detailed charity care and bad debt listings that tie to the cost report, and these patient listings require hospitals to comprise approximately twenty data elements including name, dates of service, DOB, SSN, gender, and write-off date, as well as revenue codes, payments received and contractual accounts for every transaction related to the stay, **3)** a comparison of current year vs. prior year charity care charges from the hospitals' audited financial statements with an explanation for any significant changes between the years, and **4)** a two-part reconciliation of the bad debt write-offs from the financial accounting records to the bad debts reported on line 26 of Worksheet S-10.

Upon submission of the audit support, MACs began sampling the data, which generally included 40-60 patients covering four categories: Insured, Uninsured, Inpatient and Outpatient. The required sample support primarily consists of patient UBs, remittance advices, and even proof of income. And upon sample completion, MACs have presented hospitals with proposed adjustments and have provided only one-week response time, in most cases.

### WHAT'S NEXT?

The prevailing thought, with regard to FY 2015 S-10 audits, is that MACs will likely complete their reviews in time for FY 2020 rulemaking this spring. There may be no avenue which allows hospitals the opportunity to appeal adverse findings for purposes of the UC calculation.

Hospitals should assume that any audit of S-10 data will be the only opportunity to have the correct S-10 data incorporated into the UC DSH calculation. And looking forward, hospitals should place an absolute premium on

getting the correct S-10 data into the As-filed cost report. S-10 programs should be top-of-mind for qualifying hospitals. FY 2016 S-10 data will presumably be used as part of the federal UC calculation starting with the 2020 UC payments.

CMS has made it very clear that hospitals have had sufficient time to review their UC data and processes, as well as to understand and implement cost report revisions as a result of Transmittal 11.

Further, hospitals who expect to participate in the Texas 1115 UC Waiver program should now prepare for the change to the new UC tool, which will utilize charity care charges from Worksheet S-10. This will start with the Texas UC Pool resizing using cost reports beginning in 2017.

In addition, CMS will require hospitals to submit a detailed listing of charity patients beginning with the FFY 2019 Medicare cost report, or the report will be rejected. S-10 is here to stay, and it has significant reimbursement impacts for hospitals nationwide. It's driving a nearly \$8.3 billion federal reimbursement pool and an estimated \$2.3 billion Texas state reimbursement pool.

Hospitals should make every effort to analyze their UC data, review their processes for collecting and maintaining the data, and most importantly at this time, take a deep-dive look at their charity and other financial assistance policies and ensure they conform to the program requirements.

### ABOUT THE AUTHOR

**Kyle Pennington** is a Client Relations Manager with Southwest Consulting Associates where he currently focuses on the educational outreach efforts behind SCA's Medicare DSH and Worksheet S-10 Uncompensated Care practice. Join Kyle during the Worksheet S-10: Key Points and Considerations for Calculating Hospital Uncompensated Care session at this year's HFMA Texas State Conference where he will dive even deeper into Worksheet S-10 audits and share best practices for Worksheet S-10 completion. He can be reached at [kpennington@southwestconsulting.net](mailto:kpennington@southwestconsulting.net). ■

# DFW HOSPITAL COUNCIL

education • networking • collaboration



DALLAS-FORT WORTH  
HOSPITAL COUNCIL

[WWW.DFWHC.ORG](http://WWW.DFWHC.ORG)

90 HOSPITAL MEMBERS  
80 BUSINESS MEMBERS  
49 YEARS OF SUPPORT



# DFWHC ASSOCIATE MEMBERS

For information, contact Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).

6SigmaTek, LLC	Concilio	Mercer- Marsh & McLennan Companies
Abilene Christian University	Dallas Community College District	Metropolitan Anesthesia
Accenture	DFW Business Group on Health	Multicultural Alliance
ACHE of North Texas	Dallas Regional Chamber	North Central Texas Trauma Regional Advisory Council
Agape Healthcare	Denitech	OnPlan Health by Flywire
Agency Creative	First3Years	Presbyterian Communities & Service
Alzheimer's Association	Fresenius Kidney Care	Protiviti
Ambassadors for Aging Well	Gladney Center for Adoption	PwC
American Cancer Society	Gray Reed & McGraw LLP	Priority Power Management
American Diabetes Association	Hall Render	R-Water, LLC
American Heart Association	HeartGift Foundation	Seagoville Economic Development Corporation
AMN Healthcare	H-Source	Southwest Consulting Associates
Argos Health	i2VERIFY	Southwest Transplant Alliance
Bank of America	InsMed Insurance Agency, Inc.	Tarrant County College District
BKD, LLP	Katten Muchin Rosenman LLP	TCU Harris College of Nursing and Health Sciences
BRW Architects	KDJ Consultants	Texas Woman's University – College of Nursing
Bryan's House	Kidsapes Foundation	United States Army Medical Recruiting
CampbellWilson, LLP	Konica Minolta Business Solutions	University of Texas at Dallas
Cancer Support Community North Texas	KPN Health, Inc.	Wello, Inc.
Cantey Hanger, LLP	Leukemia & Lymphoma Society	Witt/Kieffer
CareFlite	MADD – North Texas	YMCA of Metropolitan Dallas
Carter BloodCare	March of Dimes	
Chamberlain College of Nursing	Mary Crowley Cancer Research Centers	
Children at Risk	MCAG	



## Kristin Jenkins

JD, MBA, FACHE  
President, DFWHC Foundation  
Senior Vice President, DFWHC

# Using data to drive community action

**LET'S USE DATA TO DRIVE COMMUNITY ACTION.** The DFW Hospital Council (DFWHC) Foundation has partnered with the Community Council of Greater Dallas, Parkland Center for Clinical Innovation and the University of Texas at Dallas to launch the new web-based information center **Dallas Community Data for Action** (<http://www.healthyntexas.org/tiles/index/display?alias=cwidi>).

The project, funded by a grant awarded to the Community Council, provides residents and city leaders with data-driven insights to alleviate poverty and improve the county's quality of life. Supported by crucial health data, the information flows to the project from the DFWHC Foundation's healthyntexas.org metrics and data warehouse. This information is provided by the region's health systems as part of the DFWHC Foundation's Regional Data Collaborative.

We are so excited about this project. It is open to everyone in the community, boundary neutral and a great tool to forge future plans. With this information, community organizations and civic leaders can evaluate numbers down to a census-tract level, allowing them to prioritize resources for improvements in services and health.

The site tracks numerous metrics including area deprivation, asthma, education, housing, rent, use of food stamps, transportation, unemployment, suicide rates and food availability. Data is sourced from 911 information, the Dallas Independent School District, DFWHC Foundation's data warehouse, the American Community Survey, the Area Deprivation Index, Feed America and the Housing and Transportation Index.

The project has been designed to add additional data support to promote community resilience and amenities. We hope this new data center can serve as a "one-stop shop" for understanding county needs. What we like to say at the DFWHC Foundation is, "Work smart, not hard." With Dallas Community Data for Action, we can now spend less time on multiple research sites and more time developing targeted programs to improve our communities' well-being. ■



## How to contact us

972-717-4279  
[info@dfwhcfoundation.org](mailto:info@dfwhcfoundation.org)



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

## Foundation Mission

To serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.

## Foundation Vision

Act as a trusted community resource to expand knowledge and develop new insight for the continuous improvement of health and healthcare.

## Foundation Trustees

**Pamela Stoyanoff**  
Methodist Health System

**Dr. Matthew Murray**  
Cook Children's Health Care System

**W. Stephen Love**  
DFWHC

**Aaron Bujnowski**  
Texas Health Resources

**Julie Hall-Barrow**  
Children's Health

**Dr. Baron Hamman**  
TX Health Heart & Vascular Hospital

**Dr. Michael Hochberg**  
JPS Health Network

**Laura Irvine**  
Medical City Healthcare

**Dr. Brett Lee**  
Capital Senior Living Corporation

**Dr. Steve Miff**  
Parkland Center for Clinical Innovation

**Marc Nivet**  
UT Southwestern

**Dr. Irving Prenalder**  
Baylor Scott & White Health

**Dr. Laurie J. Sutor**  
Carter Bloodcare

**Karen Watts**  
Parkland Health & Hospital System

**Kenya Scott Woodruff**  
Katten Muchin Rosenman LLP

**Kristin Jenkins**  
DFWHC Foundation



**Pamela Stoyanoff**

## Foundation announces 2019 Board of Trustees

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION HAS ANNOUNCED** its Board of Trustees for 2019. The Board consists of the following individuals:



**Dr. Matt Murray**

- Chair **Pamela Stoyanoff**, Executive VP/COO, Methodist Health System
- Vice Chair, **Dr. Matt Murray**, Pediatric Emergency Physician, Cook Children's Health Care
- Secretary, **W. Stephen Love**, President/CEO, DFWHC
- Trustee, **Aaron Bujnowski**, SVP and Chief Strategy Officer, Texas Health Resources
- Trustee, **Julie Hall-Barrow**, SVP, Network Development Innovation, Children's Health
- Trustee **Dr. Baron Hamman**, CMO, Texas Health Heart and Vascular Hospital
- Trustee, **Dr. Michael Hochberg**, Executive VP, JPS Health Network
- Trustee, **Laura Irvine**, Executive VP, Chief Administration Officer, Medical City Healthcare
- Trustee **Brett Lee**, Executive VP/COO, Capital Senior Living Corporation
- Trustee **Steve Miff**, President/CEO, Parkland Center for Clinical Innovation
- Trustee **Marc Nivet**, Executive VP for Institutional Advancement, UT Southwestern
- Trustee **Dr. Irving Pregler**, CMO, Baylor Scott & White
- Trustee, **Dr. Laurie J. Sutor**, VP of Medical and Technical Services, Carter BloodCare
- Trustee **Karen Watts**, Executive VP/CNO, Parkland Health & Hospital System
- Trustee **Kenya Scott Woodruff**, Partner, Katten Muchin Rosenman LLP
- Ex-Officio **Kristin Jenkins**, President, DFWHC Foundation



**Steve Miff**

Completing their terms are **Ruben Esquivel**, 2018 chair; **Steven R. Newton**, **Dr. Scott Robins**, **Dr. Merlyn Sayers**, **Dr. Mary Stowe**, **Dr. Ferdinand T. Velasco** and **Dr. Stephanie Woods**. Stoyanoff will serve as the new chair while Murray becomes vice chair.

"It's an honor to have these talented medical executives on our board of trustees," said Jenkins. "We appreciate their shared knowledge and work in serving North Texas. We thank Ruben Esquivel, Steven R. Newton, Dr. Scott Robins, Dr. Merlyn Sayers, Dr. Mary Stowe, Dr. Ferdinand T. Velasco and Dr. Stephanie Woods for their years of leadership." ■



**ENGAGE**  
*your*  
**HEART**



**25**  
**April**  
**2019**

**23rd Annual**  
**Employee of the Year Luncheon**  
**April 25, 2019 - Hurst Conference Center**

Honoring the best hospital employees of North Texas

Guest Speaker  
**Chief Richard Picciotto**  
NY firefighter and 9/11 survivor

**THE DFW HOSPITAL COUNCIL FOUNDATION'S 23RD ANNUAL EMPLOYEE OF THE YEAR LUNCHEON** is set for Thursday, **April 25, 2019** at the Hurst Conference Center. We hope you mark your calendar for this great opportunity to honor hospital employees from across North Texas. Last year, 16 recipients were honored from a pool of more than 100 nominees.

This will be the third straight year the event is held at the **Hurst Conference Center**, located at 1601 Campus Drive in Hurst, Texas, 76054. This year's theme is **"Engage your Heart"** with **Chief Richard Picciotto** serving as keynote speaker.

Chief Picciotto delivers a gripping, first-hand account of September 11, 2001, a day that altered U.S. history.

A Fire Department New York battalion commander in Manhattan when the city was the target of the 9/11 terrorist attacks, Chief Picciotto and his firefighters selflessly rushed inside the World Trade Center towers. The highest-ranking firefighter to survive that terrible day, he reflects on his efforts and offers an insider's knowledge of how courage and training helped save numerous lives. He also chronicled his experiences in his best-selling book, "Last Man Down."

Tactfully incorporating humor with valuable lessons, Chief Picciotto puts this historical event into perspective, while imparting crucial insights for healthcare leaders to lead teams through significant challenges.

"Chief Picciotto's story is one of leadership during an unimaginable event. We thought he would be the perfect speaker for hospital employees of North Texas," said **Kristin Jenkins**, president of the DFWHC Foundation. "We are looking forward to his inspirational presentation."

For 23 years, the Employee of the Year Luncheon has honored more than 1,250 exceptional hospital employees. The luncheon serves as a salute to the North Texas hospital workforce. In the fashion of an awards show, recipients will be announced and come to the stage to receive their honor.

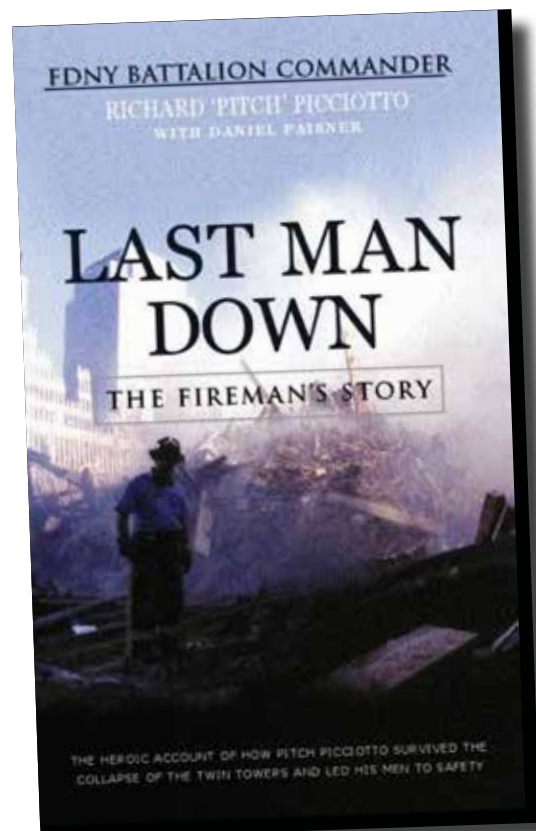
Nominees are separated into four categories including hospitals with 1-99 beds, hospitals with 100-250 beds, hospitals with 251-499 beds and hospitals with more than 500 beds. Two recipients are selected from each category.

**Nominee forms and sponsor packets will be distributed in February.**

For information, contact **EOY@dfwhcfoundation.org** or call **972-719-4900**. ■



**Chief Richard Picciotto**



# Around DFWHC Foundation



Presenters from the January 15 seminar included Jenny Belforte (l to r), Dr. Sushma Sharma, Catherine Oliveros, Lisa Boone, Scott Wells and Alan Moore.

## Substance Misuse

*Foundation's Community Health Collaborative  
to release statistics on North Texas drug/alcohol abuse*

**SEVEN NORTH TEXAS COUNTIES** have higher drug and alcohol death rates than the national average and Opioids were the most dispensed prescriptions in North Texas, according to a presentation hosted January 15 by the North Texas Community Health Collaborative (CHC) at Texas Scottish Rite Hospital for Children. Before 70-plus attendees, the CHC presented findings from its Regional Substance Abuse/Misuse Needs Assessment Report.

The drug and alcohol abuse trends covered Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant and Wise counties. Additional findings included:

- More than 190,000 deaths were attributed to drugs/alcohol;
- 11 North Texas counties had higher death rates due to drugs/alcohol than the state average;
- More than 35,000 infants were born with positive toxicity for controlled substances.

"It's important to understand the local characteristics of substance misuse so we know where to devote resources," said Dr. Sushma Sharma, director of population health research at the DFW Hospital Council (DFWHC) Foundation. "This is the first step to identify where education should be promoted and awareness raised for prevention services."

Inspiring partnerships among counties is also a goal of the report, according to Dr. Sharma.

Coordinated by the DFWHC Foundation, the North Texas CHC represents 11 area health systems with a strategic goal of improving community health services over the next three years.

The complete report will be made public in February on the DFWHC Foundation's Healthy North Texas website at <http://www.healthyntexas.org/>.

For information, please contact Dr. Sharma at [ssharma@dfwhcfoundation.org](mailto:ssharma@dfwhcfoundation.org). ■

# URBAN PLANNING

## *Access to high-quality health data can be found at the new Federal Statistical Research Data Center in Dallas*

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION** was on hand December 5 for the official opening of the Dallas-Fort Worth Federal Statistical Research Data Center at the Federal Reserve Bank of Dallas. DFWHC Foundation President **Kristin Jenkins** and **Dr. Sushma Sharma**, the Foundation's director of public and population health research, serve as board members of the new data center.

In addition to giving area researchers access to high-quality, in-depth economic, demographic and health data, the new research center provides approved researchers with secure access to restricted microdata.

Administered by the U.S. Census Bureau, the center is a partnership of area institutions led by the Dallas Fed and University of Texas at Dallas. Additional members include UT Southwestern Medical Center, UT Arlington, Southern Methodist University, Texas Tech University, Texas Tech University Health Sciences Center, University of North Texas and Texas Christian University.

"The significant research population in the Dallas-Fort Worth area supports the demand for this facility," said **Wenhua Di**, executive director and co-principal

investigator for the center. "The center will advance scientific knowledge, improve data quality and inform public policy in fields spanning social, behavioral and economic sciences and the health professions, and



**Ribbon cutting on December 5 including Dr. Wenhua Di (second from left) and Ron Jarmin (third from left) of the U.S. Census Bureau.**

extending to urban planning and engineering,"

The DFW Center is the 29th in the nation and was awarded as the result of an extensive grant application process involving contributions from each consortium member and a review by the National Science Foundation and the U.S. Census Bureau. ■



## Danny Davila

Executive Director  
GroupOne Services

### LinkedIn

<https://www.linkedin.com/pub/danilio-davila-lpi/1/7b9/962>

### E-mail

[ddavila@gp1.com](mailto:ddavila@gp1.com)

# Question the accuracy of any report

**AS A WORKFORCE, WE'RE LED TO BELIEVE** that if it's documented and issued by management, then the message must be undisputed. In fact, more than ever, we must question the accuracy of any type of report produced by a third-party source. The increased capability of data miners creates concern among background screening firms on the reliability of the data on the market.

Whether a company is examining criminal history or employment verification, the content is expected to be accurate and validated when issued to clients. Data providers are incapable – at times – of ensuring their information reflects criminal history identifying recent convictions. Challenges in obtaining up-to-date information can also impact a client's ability to receive important records. Hospital human resources or administrative officers should regularly ask their background screening company of the turnaround times of their sources.

The attainment of professional certification and accreditation continues to be timely. While the information is readily posted online, there is a certain degree of investigation and validation requiring more time than usual. Add even more time if there is any type of suspension or disbarment.

Education verification continues to be the most challenging of sources available. Due to the rise in private proprietary schools, both at the high school and collegiate levels, education sources oftentimes close while failing to transfer records. The climate today is highly populated with falsified education documents from so-called "diploma mills." Let's not forget manufactured transcripts and non-validated sources created by "fast dollar" entrepreneurs increasing the standard time for verification.

Ultimately, confirming the legitimacy of a candidate's credentials is the responsibility of GroupOne Background Screening. The cautious road towards obtaining clean data has more than its share of bumps and can be hazardous due to the speedy distribution of false information. A solid and experienced background reporting agency can navigate successfully through these hardships and provide reliable intelligence. But, it is always important to "trust your sources." ■



### GroupOne Services

Created by a board of hospital CEOs in 1989, GroupOne was the nation's first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.

### GroupOne Trustees

#### Janelle Browne

Texas Health Resources

#### Alysha Cartman

Parkland Health & Hospital System

#### Queen Green

HR Strategic Business Partner

#### Marilyn Grenfell

Children's Health

#### James O'Reilly

Methodist Health System

#### Danielle Tarver

Supplemental Staffing/Clinical Magnet

### Contact us

#### GroupOne Services

300 Decker Drive,  
Suite 300  
Irving, TX 75062

**972-719-4208**

**800-683-0255**

**Fax: 469-648-5088**

#### Danny Davila:

[ddavila@gp1.com](mailto:ddavila@gp1.com)

**[www.gp1.com](http://www.gp1.com)**

# GroupOneREPORT

## February participation begins for HR Surveys

**FEBRUARY IS SURVEY TIME AT GROUPONE**, with three annual HR surveys conducted from **February 1-28**.

The annual **Pay Practices Survey** and **Benefit Practices Survey** provide valuable benchmarking data from across Texas. Participation is free and reports are available for \$225 a survey. Survey links will be sent to GroupOne clients and other healthcare entities on February 1. Please pass the information on to your teams.

The third survey is the **Annual Vacancy & Turnover Survey** for North Texas. This provides benchmarking information for hospitals and education partners. The survey is usually completed by the employment or nursing department.

All North Texas hospitals have received a link to participate. You will receive the Vacancy & Turnover results free of charge. Details of the surveys include:

- **PAY PRACTICES SURVEY** – key compensation measures, certification pay, differential and shift pay, call pay, charge and preceptor pay, critical shortage pay plans;
- **BENEFITS PRACTICES SURVEY** – time off, retirement plans, medical, dental, vision, prescription plans, wellness programs, short and long-term disability, life insurance, tuition assistance, and professional development;
- **VACANCY & TURNOVER SURVEY** – (North Texas only; results free) – vacancy rates for nursing and allied health positions; turnover for staff, nursing and PRN.

To participate, please contact **Stephen Dorso**, director of compensation and benefits, at **469-648-5014** or **stephend@gp1.com**. ■

*Call Pay*

*Preceptor Pay*

*Time Off*

*Medical*

*Wellness*

*Disability*

*Tuition*

*Insurance*

## SOCIAL MEDIA & *Age Discrimination*



**WE WILL NOT BE THE FIRST TO SAY THIS**, but we'll say it anyway. Social Media is not a passing fad. Policies and laws involving social media are constantly evolving and, in many cases, brand new. When looking for job candidates, does using social media advertisements targeted to young applicants raise age discrimination concerns?

The **Age Discrimination in Employment Act (ADEA)** makes it illegal to discriminate against workers over the age of 40 when advertising, recruiting and hiring. A provision of the ADEA involving job postings generally makes it unlawful to "print or publish" notices or advertisements "indicating any preference, limitation, specification or discrimination, based on age."

Preferences for younger employees are only appropriate when age is demonstrated as a legitimate qualification that is necessary for the normal operation of the business.

Age discrimination claims involving the ADEA have been rising steadily over the past decade. The number of age discrimination complaints submitted to the U.S. Equal Employment Opportunity Commission totaled 18,000 in 2017.

During this time, thanks in no small part to the rise of social media, the methods used by employers when posting job advertisements has evolved. Employers are turning to sites like Facebook to recruit new hires. Readers beware, as using such sites to target younger

demographics may be in legal conflict with the ADEA.

In 2017, some large U.S. employers found themselves in federal court facing questions about social media hiring practices. A class action lawsuit was filed against the employers alleging they used Facebook-provided tools to direct ads to younger applicants, thereby discriminating against older applicants.

Plaintiffs in the case, who are all recently unemployed workers over the age of 40 who use the social media site, claim they were denied the opportunity to view employment ads because of their age. Since they could not view the ads, they could not apply for the jobs.

While the outcome of the litigation is still pending, similar claims most certainly will follow.

What can an employer do to avoid the risks associated with posting jobs on social media sites? Treat online posting no differently than a publication such as a newspaper. Avoid using language that could be considered discriminatory such as "young" or "new grads."

You should also research the social media site's policies and procedures. When finishing the criteria for posting, do not limit how the advertisement will be shared among different age demographics. Ensure that your company's advertisements are accessible and open to applicants of all ages.

And with that said, let us be the first to welcome you to the social media age. ■

# Labor Department to encourage drug testing prior to unemployment insurance

**THE PRESIDENTIAL ADMINISTRATION WANTS TO ENCOURAGE** states to conduct drug tests for people seeking unemployment insurance — a practice labor and drug policy experts largely agree is costly for states and shames people who need financial assistance.

The Labor Department finished seeking public comments in January on a rule that gives states more flexibility, allowing them to move forward with legislation to require drug testing for a far larger group of unemployment compensation applicants than previously permitted. The department said the “flexibility is intended to respect the diversity of States’ economies and the different roles played by employment drug testing in those economies.”

Experts say this will discourage people from filing for unemployment, which they already struggle to do out of feelings of shame. If states took advantage of this rule broadening drug testing, however, it could be costly. The administrative funds states receive for unemployment insurance is based on unemployment rates and since the



unemployment rate is low, states don’t have a lot of funds to work with.

Now that the public comment period is over, the Labor Department has to analyze and respond to the public’s comments. The department will then move forward with the rulemaking process. ■



## Background Check Dispute

### *Delta to pay \$2.3 million to settle lawsuit*

**DELTA AIR LINES HAS AGREED** to pay \$2.3 million to settle a class-action lawsuit alleging it failed to provide approximately 44,000 applicants with a stand-alone background check disclosure, in violation of the federal Fair Credit Reporting Act (FCRA) and California law. Delta’s forms contained extraneous and misleading information, according to plaintiffs, including information about state laws; they also allegedly could not be understood without reading the FCRA itself. The plaintiffs’ motion to the U.S. District Court for the Northern District of California seeking approval of the agreement argued that the settlement was reasonable, with a gross recovery amount of approximately \$52.15 per class member “comparing favorably to recent FCRA settlements.” As the motion noted, the FCRA requires a “clear and conspicuous disclosure in a document that consists solely of the disclosure.” Because Delta’s form contained other info, the plaintiffs argued, it violated the FCRA. Plaintiffs conceded it was not clear whether Delta’s violation was “willful.” ■

# WHERE PROFESSIONAL SCREENING MEETS QUALITY RESULTS



**BACKGROUND  
SCREENING**



**POST-EMPLOYMENT  
SCREENING**



**DRUG  
SCREENING**



**STUDENT  
SCREENING**

# Group1ne

**BACKGROUND SCREENING**

[www.gp1.com](http://www.gp1.com) • 1-800-683-0255 • [sales@gp1.com](mailto:sales@gp1.com)



# Introducing the New MFP HEALTHCARE SOLUTION



## Access from Anywhere

Securely coordinate patient care anywhere... from your PC or Mac®, mobile device, your EMR and any Kno2-enabled



## Centralized Exchange

Simplify your care coordination by centralizing all patient document exchanges into a single solution, eliminating the need for fax machines, fax servers, direct messaging solutions and logins to third-par-



## Connect with Others

Unable to locate a provider in the healthcare network? No problem. Broaden the network by inviting others to join in the movement,



## Share Patient Information

Electronically share any information critical to a care plan, a referral or an entire transition of care, improving your care coordination workflows, which result in a better experience



## Information On Demand

Electronically query records from other providers, retrieving patient information on demand. No longer wait on error-prone,



## Route Patient Information

Easily deliver patient information to and from your patient charts—whether in folders or an EMR, removing the burden of unnecessary manual faxing and

This new Healthcare MFP Solution, connected by Kno2, is a clinical document exchange cloud service that helps healthcare professionals access, search & route patient information to millions of providers across the country. This cloud solution allows healthcare providers securely share electronic & paper patient information using a HIPPA compliant workflow from their ConnectKey MFP.

Visit [Denitech.com](http://Denitech.com) for more information

Preferred Pricing available to Dallas-Fort Worth Hospital Council Members

### Contact:

**Matt Bauer**

972-831-2028

[MBauer@denitech.com](mailto:MBauer@denitech.com)

820 W. Sandy Road, Suite 100  
Coppell, TX 75019



## DFWHC's 2019 Board of Trustees



**Charles Gressle**  
*Chair*  
Medical City Plano,  
Medical City Frisco



**John Phillips**  
*Chair-Elect*  
Methodist Dallas  
Medical Center



**Scott Peek**  
*Past Chair*  
Baylor University  
Medical Center



**David Berry**  
*Trustee*  
Children's Health  
System



**Audra Early**  
*Trustee*  
Kindred  
Hospitals



**Nancy Cychol**  
*Trustee*  
Cook Children's  
Health Care System



**Dr. William Daniel**  
*Trustee*  
UT Southwestern  
Medical Center



**Joseph DeLeon**  
*Trustee*  
Texas Health Harris  
Methodist FW



**Jerri Garison**  
*Trustee*  
Baylor Scott & White  
Plano



**Blake Kretz**  
*Trustee*  
Texas Health  
Arlington Memorial



**Dr. Esmaeil Porsa**  
*Trustee*  
Parkland Health &  
Hospital System



**Xavier Villarreal**  
*Trustee*  
Medical City  
North Hills



**Richard Carter**  
*Ex-Officio*  
Hunt Regional  
Medical Center



**Robert Walker**  
*Ex-Officio*  
Texas Scottish Rite  
Hospital for Children



**Jyric Sims**  
*Ex-Officio*  
Medical City  
Fort Worth