hfma healthcare financial management association

first illinois speaks

A Newsletter from HFMA's First Illinois Chapter

October 2007

MAKE A DIFFERENCE

INSIDE:

Highlights and Recap
First Illinois Chapter Events

Taste of ANI
page 7

2007 Chapter Summer Social
White Sox Outing
page 9

AMERICAN CANCER SOCIETY STRESSES IMPORTANCE OF MAMMOGRAMS IN DETECTING BREAST CANCER

Decline in Mammography Rates Calls for Increased Awareness and Early Detection

Although breast cancer death rates have decreased steadily since 1990 due to early detection and advancements in treatment, mammography rates have declined as much as four percent nationwide between 2000 and 2005, according to a recent study from the National Cancer Institute. This statistic raises cause for concern as studies continue to show that mammography is the most efficacious screening test for the early detection of breast cancer available to women today.

October is National Breast Cancer Awareness Month and the American Cancer Society continues to recommend mammograms for all women age 40 and older every year to help detect breast cancer early. This year alone, an estimated 8,470 women in Illinois will be diagnosed with invasive breast cancer, and an estimated 1,980 will die from the disease. Breast cancer is the most frequently diagnosed non-skin cancer in women, and the second leading cause of cancer death (after lung cancer).

Unfortunately, millions of women are missing potential life-saving breast cancer screening due to lack of insurance. A recent study in CANCER, a peer-reviewed journal of the Society, shows that uninsured and Medicaid insured women were about two and a half times more likely to be diagnosed with advanced breast cancer than women with private insurance. This study also found that African-American and Hispanic women were more likely than white women to be diagnosed with advanced breast cancer, regardless of insurance status.

The Illinois Breast and Cervical Cancer Program (IBCCP) offers free mammograms,

continued on page 11

Inside This Issue

President's Message

Fall is here; the time of year the kids go back to school, the days get shorter and colder, and the general joy of the summer months fades into the darkness of the autumn mornings. Fall is also the "season of change", and as healthcare workers, we sometimes feel that we are in a constant season of change.

I've been in healthcare 20 years, and when I think back on how things were 20 years ago, or even 5 years ago, I believe that we are currently in a period of transformative change in the healthcare industry. The industry is transforming from what it has been to what it will be. There are far too many underlying trends that are driving this transformation and too little space here to detail all of them, but as the old saying goes "if I were a betting man" here's three trends that I'd wager heavy on, and each of these will affect all of us, as healthcare workers and as healthcare consumers:

Consumer Driven Healthcare: As a country, our economy and our employers pay far too much for healthcare and we have too little to show for it. Healthcare costs have become a drag on the economy and on corporate earnings. There are inherent lifestyle issues in America that drive the cost of healthcare (utilization) and inherent discrepancies in how things are paid for (unit price). Look for more consumer responsibility and more cost sharing in our benefit plans, including a new focus on wellness. If we have to pay more as consumers, we will become better shoppers of healthcare, wanting to know about price, quality, and service. And we will be encouraged to take more responsibility for our own health and wellness, which will likely be a factor in determining our health insurance premiums and our out of pocket expenses.

A Focus on Quality: We spend more on healthcare than any industrialized nation, yet we have among the worst health status and health outcomes. The movement toward measurement is on, with governmental and commercial payors rolling out programs to monitor, measure, and link our reimbursement to quality measures and quality outcomes.

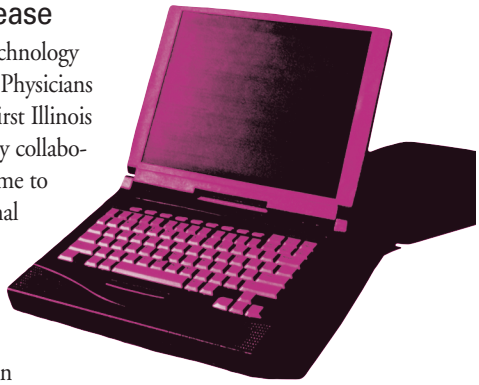
Universal Coverage: Whether the number of uninsured in this country is 25 million or 125 million, we can't feel good about it. We need to create ways to cover those who can't afford health insurance, and to

continued on page 3

First Illinois Chapter News, Upcoming Chapter Events & Committee Updates

■ Education Committee

Technology Tease



The Information Technology Committee and the Physicians Committee of the First Illinois Chapter are currently collaborating for the first time to present an educational program on November 15, 2007, at the Aramark Conference Center in Downers Grove. The scope and content of the conference will be orchestrated to identify, and offer proven solutions to, information technology concerns of key HFMA member constituencies, i.e., acute care institutions, integrated systems, physician organizations and health care information technology consultants. This format was selected in direct response to the needs and opinions expressed in the most recent First Illinois members survey. Conference sessions will focus on common headaches, current hot button issues, best-in-class practices, out front innovations and creative information technology strategic planning approaches.

Please note that the conference will also specifically highlight strategies to recognize and defend against new and virulent aggression against the confidentiality and security of information held in trust by health care professionals. Quality will be a point of emphasis of this conference, both in the selection of prominent experts as faculty and also in the sophistication of their expressed views. Expect certainly to be challenged and perhaps a little bit dazzled. We cordially encourage you to thoughtfully review the upcoming Information Technology/Physician Program notifications and make an informed decision to join us on November 15. Remember: healthcare information technology isn't just for geeks anymore.

■ NEW Joint Venture Committee

The new Joint Venture Committee (JVC) held its first meeting on September 5th.

Committee volunteers are: Katherine Murphy (Chair), Eleanor Michalek (Co-Chair),and members Linda Klute, John Brugoni and Patricia Keel.

Our initial thoughts are to explore relationships with other professional organizations and include those of an academic nature. This committee will explore having specific people attend events and establish formal relationships with these Joint

continued on page 3

NEW Joint Venture Committee *continued from page 2*

Venture groups. Perhaps some HFMA members are already members of these other organizations.

The committee supports offering program discounts and believes it will make it more attractive to attend each others' programs & events. Periodic focus articles on the various Joint Venture organizations in HFMA newsletters are possible mechanisms to promote an upcoming event and help HFMA members become acquainted with the purpose/focus of the organizations.

Right now the door is open as to how many organizations we will reach out to, since one of the purposes of the committee was identified as joint marketing or reciprocal marketing. It is a way to keep people informed and also do joint planning, as appropriate. The committee agreed that it would not seek to share membership lists. We are recommending a separate button on the HFMA website to list healthcare events from Joint Venture Organizations.

There is a need to include a general disclaimer about the quality of the programs since we will not be able to identify the quality in advance. A committee charter is currently in development and will be used to create the foundation for the JV committee."

We are reminded that the Joint Venture co-sponsorships between First Illinois HFMA and the association of Illinois Patient Access Management (aIPAM) have been highly successful. The next aIPAM event will take place in March 2008. Watch for further information on this event and others from the Joint Venture Committee!

This year we want to provide our sponsors with additional exposure to the members. We are putting together a Sponsor Resource Guide that contains additional information about the sponsor and the services or products they render to the healthcare industry. We hope this guide will help our members to find products and services they need for their institutions. Look for this Resource Guide the first quarter of 2008. Please support our sponsors because they are a tremendous support for our chapter.

President's Message

CONTINUED FROM PAGE 2

force those that can afford it but don't to pony up.

Fall is also the time of year when the HFMA Education Calendar is in full swing, and you can look forward to our programs delivering high quality educational opportunities focused on the key issues driving the transformation in the healthcare industry today. Check out our Education Calendar to see all the programs, which will include many of these current "hot topics".

I've felt for a number of years with the right platform and the right solutions, a strategy for addressing the problems in the U.S. healthcare system could get someone elected President. Next Fall, we could see the biggest season of change in that regard, because there is growing consensus that healthcare will be *the* issue by the time we elect our next President next Fall. The only question is: Who has the best solution, and can they garner the support needed to make it a reality in an industry so full of special interests, unaligned incentives, and such wide variances and discrepancies across localities? We'll see; until then we know, the only thing that is constant is change.

Jim Watson, President
First Illinois Chapter HFMA

Letter from the Editor

Along with the change of the season and a new chapter year, you will continue to see changes in the newsletter. Being that this issue is scheduled for an October delivery, I have decided to embrace the October theme of "Breast Cancer Awareness Month". I am sure this is a topic that is very near and dear to many of us. I hope that you find our cover story on Breast Cancer Awareness to be very beneficial on both a personal and professional level.

You will also see the first appearance of "Spotlight on a Member" in this issue. We have interviewed Linda Klute, a 2007 Medal of Honor recipient. I would like to encourage members to contact me with suggestions for future Spotlight Members. In this issue, you will also find articles on the Selling of Bad Debts and Pay for Performance Reporting.

The chapter has been very busy, and I hope the newsletter will bring you up to date on the events that you were unable to attend. We have articles and pictures from the "Taste of ANI" that was held on August 30. We also have an article and pictures from the White Sox game that was rained out.

The newsletter is here to notify you of upcoming events so that you may be able to attend them; and give you recaps of the events in case there are scheduling conflicts.

To ensure that you are up to date on all of the upcoming hot topics in healthcare, we are ALWAYS in search of authors to write articles. If you have any ideas and would like to volunteer, please let me know.

So, I hope you enjoy this issue of the newsletter and find reading it worth your time. If you have any questions/comments/suggestions in regards to the First Illinois Speaks newsletter, please feel free to contact me.

Amanda Springborn
amanda.springborn@rsmi.com

Part Two of a Two Part Series

The A to Z Process of Selling Bad Debt

BY DAVID ERLICH

The previous article in this two part series reviewed society's uninsured population, the rise of bad debt for medical providers, and the benefits of selling debt. If implemented properly, the sale of bad debt will become an integral part of the lifecycle of your accounts receivables management process. Selling accounts receivable can accelerate cash flow and optimize revenue, although the prospect of selling bad debt is often viewed as complex and overwhelming. Specialists who buy healthcare bad debt can simplify the process by creating a simple and effective transaction, which can be repeated time and time again. This article describes the next logical stage — deciding which type of sale transaction best suits the seller's needs.

There are two agreement options to consider: **a one-time single purchase sales agreement** or a **forward flow purchase program.**

A **one-time, single purchase sales agreement** may be the best option for a seller who compiles a block of accounts. This agreement will cover these accounts for one-time only. In this agreement, the client creates a complete data file for a specific time frame. This file is based on the data requirements of the buyer, including a sample file layout of the data, the total number of accounts, and the total face value of the accounts. This ensures that all necessary data has been submitted.

All data is then uploaded to the buyer's secure, HIPAA-compliant, server. The system converts the data into a pricing matrix, after which, the terms are agreed upon, and the money is wired to the seller.

The **forward flow purchase program** may be the best option for a client who sells accounts on a regular basis, at a predetermined price, during a predetermined time frame. This type of agreement increases liquidity by not letting uncollected accounts lie dormant. To determine pricing, the seller, through their collection agency, prepares batch track and/or regression reports. Once the buyer receives these reports, the apex of the seller's liquidation curve is determined in order to find the optimal opportunity to sell. This report facilitates the sale at the top of the curve, thereby increasing the value before it diminishes.

Each month, the agency or seller provides the buyer with a file of accounts within the predetermined pricing matrix that contains the required data. That file is uploaded to the buyer's secure, HIPAA-compliant, server.

Files from the collection agency should not include the following types of accounts:

- Closed by request of client
- Deceased
- Bankrupt
- Incarcerated
- Disputed debts
- Contractual write-offs

Without a trusted and experienced partner, selling your medical receivables can be extremely frustrating. The key is to find a purchaser who will simplify the process for you, and work hard to get you the best possible price. Correctly choosing your partner will reduce or eliminate your risks associated with a selling transaction and ensure patient retention. Finding the right purchaser should involve checking references with other healthcare providers who have used the vendor. Healthcare institutions depend on their reputations as compassionate organizations, and the chosen debt buyer should reflect your mission, vision, and values.

David Erlich is the Director of National Sales for MEDCLR, Inc. He can be reached at david@medclr.com

Member Spotlight

Linda Klute

HFMA's Founders Medal of Honor Award, conferred by nomination of the Chapter Board of Directors, recognizes an individual who has been actively involved in HFMA for at least 3 years after earning the Muncie Gold Award and has provided ongoing significant service at the chapter, regional and national level. The First Illinois Chapter HFMA was proud to recently award this prestigious award to long-time First Illinois Chapter member Linda Klute. Linda is a recipient of the Follmer Bronze, Reeves Silver and Muncie Gold Awards, and is also a former First Illinois Chapter president (serving during the 1990-1991 chapter year). Linda currently is the National Healthcare Practice Leader for Tatum, LLC and the staff of First Illinois Speaks had the opportunity to talk with Linda about her healthcare experiences.

Q. How long have you been in healthcare?

A. My first foray into healthcare was in the 1970s.

Q. How has healthcare changed during that time?

A. That question has an infinite number of answers! Some of the key trends – back in the early 1970s, government programs such as Medicare and Medicaid were still relatively new – providers were just learning to deal with the nuances of those programs. Medicare cost reports however, which are still around today, were handled manually; not as much automation existed back then. Information, while readily available, was not nearly as in-depth as exists today.

In the current environment, more information is available to healthcare professionals with much more integration and automation. The opposite side however to being more automated is the loss of some of the personal interaction that existed years ago.

Q. How long have you been a member of the First Illinois Chapter?

A. I joined the First Illinois Chapter in 1973 and had the honor of serving as President in 1990/1991.

Q. What prompted you to join the First Illinois Chapter?

A. At that time, I worked in public accounting and the firm encouraged its employees to join the association as a way to keep current on the industry. Employer support at that time was, and is even now, key to promoting membership growth.

Q. How have you seen the Chapter evolve during your membership?

A. There are so many ways in which First Illinois has evolved over the years, it is tremendously difficulty to select just one. I would highlight the ongoing focus on chapter educational programming that occurs each chapter year – it seems that the effort put into developing programs improves to a higher level, either in terms of speakers, content or delivery mechanisms.

Q. What interests you outside of healthcare?

A. Outside of healthcare, I am into sports – in particular, running (marathons specifically) and bike riding. I will be running the Chicago Marathon this fall, which will represent the 26th marathon overall that I have run.

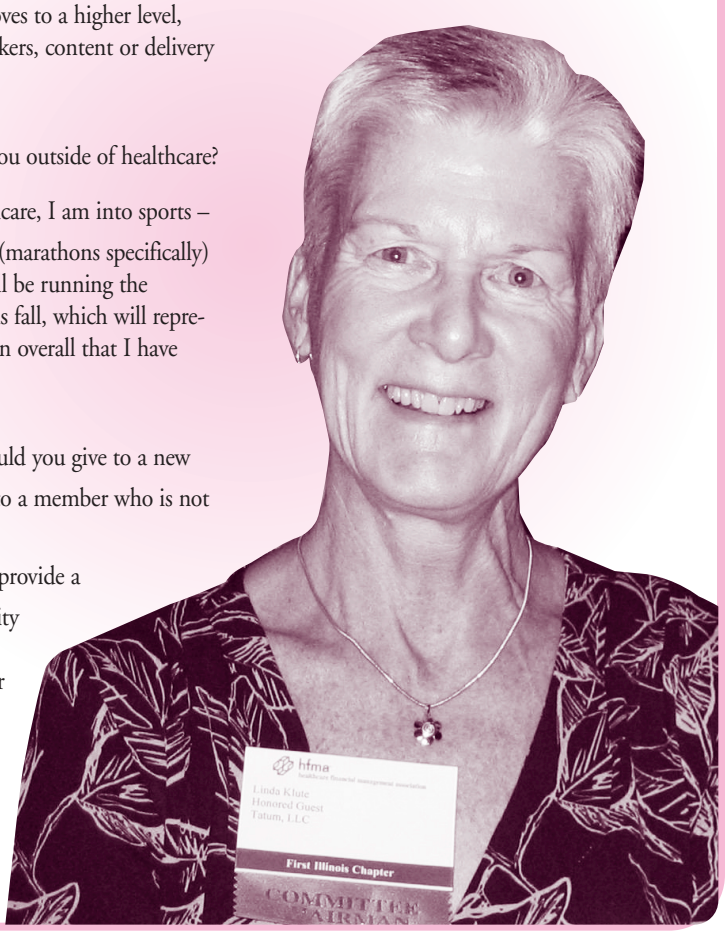
Q. What advice would you give to a new HFMA member? Or to a member who is not active?

A. HFMA chapters provide a tremendous opportunity to meet others in your industry and particular field; the ability to get involved in numerous ways provide many chances to learn what is happening – take the time to utilize other educational and networking opportunities to stay current in your field. The offerings available through HFMA will keep you not only up-to-date, but overall well rounded.

Q. What are three positive descriptors that you would give about HFMA and the chapter?

A. I would say constant strategic improvement, dedicated members & volunteers, and engaged chapter leaders.

First Illinois Speaks would like to thank Linda for the interview and we hope you enjoy getting to know a little bit more about her. If you have any suggestions for future "Spotlights", please contact Amanda Springborn at amanda.springborn@rsmi.com



Linda Klute

HFMA Events

Taste of ANI

August 30, 2007 at Aramark in Downers Grove

BY LIZ SIMPKIN

Steve Berger

First Illinois HFMA held its first-ever "TASTE of ANI" on August 30 at the Aramark conference center in Downers Grove. HFMA's Annual National Institute, or ANI, is the premier national event sponsored each year by National HFMA. First Illinois chapter of HFMA was well-represented at ANI in 2007 with several local chapter members selected as speakers. Four of those speakers reprised their presentations to give First Illinois members a "taste" of the ANI experience right here at home.

Steve Berger, President of Healthcare Insights, LLC presented "Enhancing Financial Outcomes through Superior Productivity Management." Steve focused on labor costs as the single greatest cost item as well as the most controllable cost for hospitals. He emphasized the importance of a "culture of accountability" in hospitals, and challenged the audience to develop and implement truly effective labor productivity measures and targets.

Liz Simpkin, president of The Lowell Group Healthcare Consulting, and **Jim Watson,** principal with Professional Business Consultants presented "Quality Improvement and P4P for Community Hospitals." Liz and Jim talked about the importance of quality in the era of healthcare consumerism. Liz set the stage with an overview of government and private P4P programs, and Jim presented an intriguing case study of Rush North Shore Medical Center and its affiliated Physician Organization, showing how collaboration between physicians and hospital is necessary to succeed in quality improvement and pay for performance.

K. Michael Nichols, Managing Partner with RSM McGladrey presented "Asking Better Questions to Uncover Advanced Cost Reporting Opportunities". Mike demonstrated how a hospital can get the most useful information from the data contained in their Medicare Cost Report. As an example, he described how to analyze components of service lines that contribute to margin or deficit, and to flow through the impact of a change in those service lines. He also described how an organization can identify and manage key reimbursement drivers, and identified frequent opportunity areas for hospitals; including case management, wage index, and improved documentation of all eligible days to support DSH adjustments.

Liz Simpkin and Jim Watson

Mike Nichols

First Illinois is proud to be represented by its members at national educational events, and we're sure to have another fine group of speakers at ANI next summer. If you can't make it to ANI to hear them, we hope to see you at the 2008 "Taste of ANI."

2007 Chapter Summer Social

White Sox Field

BY GUY ALTON

Thanks to all who participated in the 2007 Chapter Summer Social at US Cellular Field. Those who were able to make it enjoyed an evening of networking, cold beer, good food, and rain.

Thanks to those who tried to make it and couldn't. Mother Nature sometimes just doesn't like the White Sox.

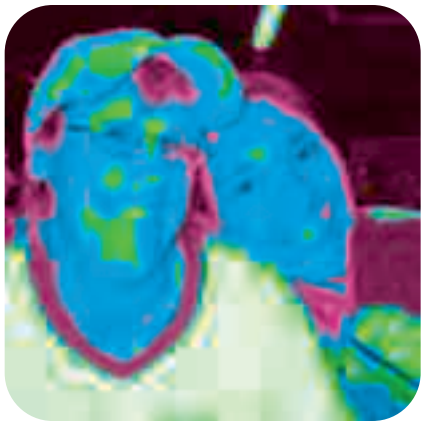
To those who had storm related damage, our sincere hopes and prayers go out to you. We hope all have recovered from the worst storms to hit Chicago in 10 years. Next year we will have to work on the weather thing.

Also, special thanks go out to guests Travis Dowell, our Region 7 Executive, and our own Catherine Jacobson, who is National HFMA Secretary Treasurer this year. Cathy and Travis made the evening pleasurable in spite of the weather.

Hey, this is Chicago. Wait 'til next year!

Lindsay Harse, Guy Alton, Paula Dillon, Peter Lestina, & Suzanne Lestina

P. Lestina, T. Jackson, Al Staidl, B. Kemp, P. Dillon, D. & C. Jacobson & L. Harse



Paula Dillon and Suzanne Lestina

The weather at the game.

Quality Initiatives, Pay for Performance Reporting and Decision Support Tools

BY KATHLEEN CURTIN, RN, MBA

Pay for performance, commonly referred to as P4P, has become a byword for quality improvement and financial reform in health care today. Rising health care costs and unrelenting gapsi in quality drive purchasers of care and coverage to seek alternatives. In 2001, the Institute of Medicine recommended a series of reforms with repeated and forceful direction to create incentives to ensure the delivery of high quality and efficient health care servicesii. P4P programs are intended to deliver performance reporting with financial incentives to encourage quality and cost improvements in the delivery of care by physicians, hospitals and health plans.

Although P4P programs are not implemented in all regions of the nation, the number of programs is growing. The Rand Corporation's May 2006 reportiii to the Centers for Medicare and Medicaid Services (CMS) cites the MedVantage 2005 survey, reporting 157 programs sponsored by health plans, employer groups and government payers, covering more than 50 million enrollees.

There is further evidence of the focus on P4P. CMS, as a payer, is actively engaged in more than ten P4P pilots, including the Premier Hospital Quality Demonstration and the Physician Group Practice Demonstration. Last year, President Bush issued an Executive Order calling for performance improvement in health care cost and quality. Finally, the states of California, Massachusetts, Michigan and Maine have reported physician, or physician group, quality measures to the public for several years.

Given this growing trend, the objectives of, and the lessons learned in, implementing P4P programs are of increasing importance to a broad range of professionals managing health care services. Rand offers a definition of P4P as the "practice of paying health care providers differentially based on their performance".

In order to make differential payments, performance must be assessed. This program requirement is met most efficiently by relying primarily on claims-based measures of quality and cost supplemented with indicators of care delivery such as adoption of information technology and patient satisfaction. Incentives are funded from a range of sources including bonus, withholds and differential fees.

Successful P4P programs are wholly dependent on the ability to reliably measure performance and fund incentives. Both represent challenges as we learn more about performance improvement and payment reform in health care.

continued on page 12

Breast Cancer Awareness (continued from page 1)

breast exams, pelvic exams and Pap tests to eligible women. Funded cooperatively by the U.S. Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health, the program was created to provide breast and cervical cancer screening and referrals to low-income, uninsured women.

Since the IBCCP program was launched in Illinois in 1995, more than 66,000 women have been screened for breast and cervical cancers. Women who are diagnosed with breast or cervical cancer and who meet eligibility requirements can enroll in Medicaid for treatment coverage.

"Many breast cancer deaths can be avoided through regular screening and we encourage women to follow recommended screening guidelines and call the American Cancer Society for more information or to learn how to access free mammograms in their community," said Clement Rose, M.D., president of the Illinois Division of the American Cancer Society.

The American Cancer Society offers a variety of free programs and services in Illinois to help women with breast cancer. Through its Patient Navigation Services, the Society provides a full-array of services such as transportation to treatment, free wigs and hair accessories, one-on-one peer counseling with cancer survivors and sessions with a licensed cosmetologist to help a woman's appearance and self-image during chemotherapy and radiation treatments.

To learn more about breast cancer or for information on free or reduced-cost mammograms available in Illinois, call the American Cancer Society at 1-800-ACS-2345.

HFMA's 2008 ANI will be held June 23-26, 2008, at Mandalay Bay Resort and Convention Center, Las Vegas.

 (continued from page 10)

Evidence of Impact

Empirical evidence of the impact of P4P programs remains unclear. In the report to CMS, RAND conducted a thorough review of the peer-reviewed literature through 2005, concluding that the evidence presented at that time was mixed. In a total of fifteen studies, including seven randomized controlled studies, findings from some studies indicated improvements in care with a balance of findings that did not show improvement. These mixed results can be attributed to the limits of the research in early stages of program development, as well as the lack of standardization in of the P4P programs.

Key Program Characteristics

P4P programs vary widely in each of the key characteristics that are cited by experts as critical to the success of P4P programs. These critical factors include:

Engagement of all stakeholders including physicians, providers and purchasers with the intention of sharing the positive impact of improvements

Influence of local factors, such as economic and provider resources, insurance products, provider organizations

Program flexibility and the willingness to test, audit and accept feedback

Commitment to the investment in the technical infrastructure required of a performance improvement program in health care

Securing adequate finances to support incentives without adding additional burden to adverse cost trends

Accurate, reliable measures over which providers have control, supported by patient specific information formatted as tools to facilitate improvement activities.

Two issues come to the forefront when considering the key factors for program success. First, performance measurement of providers in health care is a relatively new phenomena beginning with HEDIS only 15 years ago. Measures are intended to indicate performance. For performance improvement, the measures must be pertinent to the provider's practice and offer tools that encourage improvement. Second, clear evidence of savings resulting from improvements in quality and care must be identified and structured to support all participants in the delivery of care. These are areas that require careful attention as P4P programs continue to evolve.

Measurement and Tools for Improvement

Measurement has gained some momentum since evidence-based medicine (EBM) became an accepted tenet in the practice of medicine. With the acceptance of EBM, measures were developed to assess practice against a standard. In 1992, the National Committee of Quality Assurance (NCQA) paved a path by measuring quality performance of health plans using the Health Plan Employer Data Information Set (HEDIS). Today, over 80 percent of P4P programs use HEDIS measures to assess the quality performance of physicians.

In addition to measuring quality, measures of cost or efficiency, are being recognized as necessary to produce an impact on the rising cost of care. Approximately 50 percent of health plan P4P programs use efficiency or utilization measures. In 2008, two statewide programs – the Integrated Healthcare Association (IHA) of California and the Massachusetts Health Quality Partnership - are adopting measures of cost-efficiency in their programs.

Several national efforts are well underway to standardize an effective set of measures that can be used by all programs. These efforts demand our attention and support. The National Quality Forum and the Ambulatory Care Quality Alliance, in collaboration with other agencies such as NCQA, CMS, AMA, have proposed a set of quality measures for primary care and some specialties. As a standard measure set becomes widely used there will be more confidence in results and the ability to make reliable comparisons that will drive continued improvement.

"We have much to learn about the use of standard clinical quality measures in primary care and expanding measurement into the specialty services. We are just beginning to test the impact of efficiency measures and little has been done to document where the savings occurs and how it can be shared among all stakeholders. Pay for performance is an important opportunity for collaboration between providers, payers, and national policy organizations that may lead us to new methods of financing and evaluating health care services"

Tools for improvement range from registries, or lists of patients who need service, to automated reminders delivered to providers and patients at the point of service. The delivery of targeted information regarding the need for basic, required services with safety mechanisms to avoid error are critical in information systems development. The present interest in P4P programs offers the opportunity to focus attention on the further development of electronic medical records in provider offices, community wide information exchanges, and incorporating other forms of digital information such as lab results and patient experience data.

Return on Investment

Evidence of return on investment is also critical to the continued commitment to policy and program development in P4P as the approach to quality improvement and cost containment in health care. Initial positive results have been reported over the past year as a result of the CMS Premier Hospital Demonstration Project and the Robert Wood Johnson "Rewarding Results" grants supporting studies between 2002 and 2005.

The results of the Premier hospital project have been well received and definitively reportediv. A study of the first year of results shows significant quality improvements in more than half (123) of the 206 participating hospitals. With $8.85 million dollars available for incentive, care improved in the areas of myocardial infarction (MI), heart failure (CHF) and community acquired pneumonia (CAP). An estimated 235 lives were saved from MIs with up to 10% improvements in the care of CHF and CAP.

The participants in the "Rewarding Results" grants have published care improvements, as well as evidence of return on investment in both the hospital and primary care settings. In primary care, the appropriate use of antibiotics in the treatment of otitis media and sinusitis improved within six months of introducing the measure and incentive programv.

In the hospital setting, Wheeler, et alvi found that quality improved in same areas experienced by the Premier project. Further analysis found that the care improvements produced savings that accrued to the payer.

In the primary care settingvii, a health plan's investment of a million dollars for the measurement and reporting infrastructure needed for the P4P program definitely highlighted that focus pays off. As a result, the program produced a 2:1 return on investment attributed to a shift in the care of diabetics. It is

continued on page 14

UPCOMING EVENTS

NOVEMBER 15, 2007

IT and Physician Education Program held at the Aramark in Downers Grove

FEBRUARY 9, 2008

Winter Social at the Drury Lane Dinner Theater in Oak Brook.

HFMA Certification Requirements

Revised October 2006

Two years total as a regular HFMA member
Two years of professional experience in the healthcare finance industry
60 semester hours of college coursework from an accredited institution or 60 professional development hours
Successful completion of the HFMA Core certification exam
Successful completion of one HFMA specialty certification exam*
References from a current elected chapter officer and your CEO or supervisor
Submit conforming application with one-time fee within 24 months of successfully completing first exam
*Note: Exams may be taken at any time after you become an HFMA member, and include Accounting and Finance, Financial Management of Physician Practices, Managed Care, and Patient Financial Services

Become a Certified Healthcare Financial Professional (CHFP)

Status must be maintained every three years by earning 90 contact hours

Five years total as a regular or advanced HFMA member
Bachelor degree or 120 semester hours from an accredited college or university
Reference from an HFMA Fellow or current elected chapter officer
Volunteer activity in healthcare finance within three years prior to applying for FHFMA, including one of the following:
Earn the Follmer Bronze Award
Volunteer in the chapter and earn two Founders points (under the current system) for two consecutive years
Volunteer service for two years in a healthcare industry organization within the past three years
Submit conforming application with one-time fee

Achieve Fellowship Status (FHFMA)

Status must be maintained every three years by earning 90 contact hours

Please contact Robert Micek, Certification Chair, at rmicek@uic.edu with any questions in regards to completing your certification.

New Members

Lori Adams
Manager Patient Financial Services
St Francis Hospital & Health Center

Matthew Bachmann
Senior Reimbursement Specialist
Blue Cross Blue Shield of IL

Margaret Bartoszewski
Senior Manager, Audit
Deloitte & Touche LLP

Rod Bazzani
Executive Vice President
TransUnion

Lisa Beliles
Revenue Integrity Manager
Rush-Copley Medical Center

April Boeck
Controller
Vein Clinics of America, Inc.

Suzanne Boylan
Director, Accreditation Service Operations
The Joint Commission

Carla Briggs
Care Management/Supervisor
MedBill Services, Inc.

Chris Buckner
Senior Vice President
Bank Of America

Gloria Cabellero
Director Of Finance
Oad Orthopaedics,ltd

John Davis
Director, Account Services
MedBill Services, Inc.

Justin Delisle
Healthcare Consultant
BearingPoint, Inc.

Brendan Fletcher
Vice President
Commerce Bank

Frank Fosco
Vice President Sales
ACS Healthcare Solutions

Laura Fudacz
Pediatric Healthcare Associates

Maureen Girard
Director
Cardinal Health

Charlie Goldberg

Michael Gray
President
Grayline

Ruth Herlache
Financial Analyst
Delnor-Community Hospital

Joseph Horvath
Resource & Policy Analyst
University Of Illinois At Chicago, College Of Medicine

Kelly Huter
Cdm Coordinator
Rush University

Thomas James
Attorney
James & Associates

Michelle Jarka
Account Associate
AHA Financial Services, Inc.

Gregory Jones
Account Executive
The CSC Group

Richard Jones
Managing Director
FTI Healthcare

Lauren Keach
Vice President - Healthcare Financial Services
Charter One Bank

Thomas Kiesan
Assistant Vice President
Apollo Health Street

Brigitte Knezevich
Development Analyst
CapitalSource Finance, LLC

Phillip Krolik
Director SFA
Advocate Health Care

Alex Kumar
Chief Technology Officer
Accretive Health

Waituck Lee

Pam Lenane
Vice President
Illinois Finance Authority

John Livingston

Mary Jo Mackniskas
Director Of Reimbursement
Alexian Brothers Hospital Network

Janet Mazur
CDM Coordinator/Manager
Alexian Brothers Hospital Network

John McDonald
Sales
Hfn, Inc.

Jeff Meigs
Chief Financial Officer
Weiss Memorial Hospital

Hollis Merritt
Northern Trust Company

Steven Miller
Reimbursement Manager
Hinsdale Hospital

S. Roger Minale
Financial Asset Manager
Hewlett Packard Financial Services-Diversified Asset Finance

Eliza Montgomery
Analyst, Decision Support
OSF Saint Anthony Medical Center

Alfred Moore
Audit Manager
Chan Healthcare Auditors

Lynne Pearson
Vice President
Fifth Third Bank

Cindy Peterson
Manager, Claim Services
St. Francis Hospital & Health Center

Ingrid Phillis
Financial Analyst

Joseph Roblee
Marketing Consultant
MEDITECH

Judy Roszkowski
Manager, Patient Accounts
Rush North Shore Medical Center

Ken Rothacker
Healthcare Industry Specialist
Isi Telemanagement Solutions, Inc.

Tammy Rowland
Director Of Business Development And Marketing
Blickenwolf LLC

Dana Sodikoff
Funding Manager
Illinois Finance Authority

Marcus Swan
Contracts Manager, Manged Care
Ingalls Health System

Ronald Sylvander
President
Hospital Collection Services, Inc.

Deborah Valek
Director Of Operations
Medorizon, Inc

Jerome Walters
President
Local Area Networks, Inc.

Francisca Wojciechowski
Registered Healthcare Information Technologist

Marilyn Zitzke
Senior Consultant
Plante & Moran, PLLC

Quality Initiatives, Pay for Performance Reporting and Decision Support Tools (continued from page 12)

hypothesized that diabetics received an increase in office visits and the use of pharmaceuticals with a reduction in hospitalization. A study of this theory is presently under way.

Conclusion

These findings suggest that work and research should continue. We have much to learn about the use of standard clinical quality measures in primary care and expanding measurement into the specialty services. We are just beginning to test the impact of efficiency measures and little has been done to document where the savings occurs and how it can be shared among all stakeholders. Pay for performance is an important opportunity for collaboration between providers, payers, and national policy organizations that may lead us to new methods of financing and evaluating health care services.

Please address questions to:
Kathleen Curtin, RN, MBA
Senior Consultant
MedVentive, Inc.
Cambridge, MA

McGlynn, E.A. et al "The Quality of Health Care Delivered to Adults I the United States, "New Engalnd J. Medicine, 348 (26):2635-2645, 2003.

Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, Washington, D.C.:National Academy of Sciences, 2001

Sorbero M, Damberg C, Shaw R, Teleki S, Lovejoy S, Decristofara A, Dembosky J, Schuster C. Assessment of Pay – for – Performance Options for Medicare Physician Services: Final Report. Rand WR-391-ASPE. May 2006.

Premier, Inc. (2006). Centers for Medicare and Medicaid Services (CMS) / Premier Hospital Quality Incentive Demonstration Project: Findings from Year One. Charlotte, NC

Greene RA, Beckman H, Chamberlain J, Partridge G, Miller M, Burden D, Kerr J. Increasing Adherence to a Community – Based Guideline for Acute Sinusitis through Education, Physician Profiling, and Financial Incentives. American Journal of Managed Care. 10:670-678, 2004.

Wheeler J, et al. Pay – for – Performance as a Method to Establish the Business Care for Quality. In draft, pre – publication.

Curtin K, Beckman H, Pankow G, Milillo Y, Greene RA. ROI in P4P: A Diabetes Case Study. Journal of Healthcare Management. 51(6): 365-374, 2006.

Publication Information

Editor 2007-2008
Amanda Springborn.....(847) 413-6964 amanda.springborn@rsmi.com
Official Chapter photographer
Al Staidl
Advertising
Jim Ventrone.....(847) 550-9814 jmv@ventroneltd.com
Design
Jody Simons.....(773)235-2002 jody@pubsol.net

HFMA Editorial Guidelines

First Illinois Speaks is the newsletter of the First Illinois Chapter of HFMA. *First Illinois Speaks* is published 4 times per year. Newsletter articles are written by professionals in the healthcare industry, typically Chapter members, for professionals in the healthcare industry. We encourage members and other interested parties to submit materials for publication. The Editor reserves the right to edit material for content and length and also reserves the right to reject any contribution. Articles published elsewhere may on occasion be reprinted, with permission, in First Illinois Speaks. Requests for permission to reprint an article in another publication should be directed to Editor. Please send all correspondence and material to either of the editors listed above.

The statements and opinions appearing in articles are those of the authors and not necessarily those of the First Illinois Chapter HFMA. The staff believes that the contents of First Illinois Speaks are interesting and thought-provoking, but the staff has no authority to speak for the Officers or Board of Directors of the First Illinois Chapter HFMA. Readers are invited to comment on the opinions the authors express. Letters to the editors are invited, subject to condensation and editing. All rights reserved. First Illinois Speaks does not promote commercial services, products, or organizations in its editorial content. Materials submitted for consideration should not mention nor promote specific commercial services, proprietary products or organizations.

Style

Articles for *First Illinois Speaks* should be written in a clear, concise style. Scholarly formats and styles should be avoided. Footnotes may be used when appropriate, but should be used sparingly. Preferred articles present strong examples, case studies, current facts and figures, and problem-solving or "how-to" approaches to issues in healthcare finance. The primary audience is First Illinois HFMA membership: chief financial officers, vice presidents of finance, controllers, patient financial services managers, business office managers, and other individuals responsible for all facets of the financial management of healthcare organizations in the Greater Chicago and Northern Illinois area.

A broad topical article may be 1000-1500 words in length. Shorter, "how-to" or single subject articles of 500-800 words are also welcome. Authors should suggest titles for their articles. Graphs, charts, and tables **(PDF or JPG only)** should be provided when appropriate. Footnotes should be placed at the end of the article. Authors should provide their full names, academic or professional titles, academic degrees, professional credentials, complete addresses, telephone and fax numbers, and e-mail addresses. Manuscripts should be submitted electronically, on computer disk or by e-mail as a Microsoft Word or ASCII document.

Founders Points

In recognition of your efforts, HFMA members who have articles published will receive 2 points toward earning the HFMA Founders Merit Award.

Publication Scheduling

Publication Date	Articles Received By
January 2008	December 3, 2007
April 2008	March 13, 2008

first illinois speaks
hfma healthcare financial management association
A Newsletter from HFMA's First Illinois Chapter

Healthcare Financial Management Association First Illinois Chapter

Chapter Education Calendar 2007-08

Thursday, October 18, 2007
Accounting & Reimbursement/Revenue Cycle Dual Track Program
Stonegate Conference Center, Hoffman Estates

Thursday, November 15, 2007
IT and Physicians Dual Track Program
Aramark, Downers Grove

Thursday, January 17, 2008
Accounting & Reimbursement/Revenue Cycle Dual Track Program
Stonegate Conference Center, Hoffman Estates

Thursday, February 7, 2007
Winter Social
Drury Lane Dinner Theater, Oakbrook

Wednesday, February 20, 2007
Pricing Strategies during Transparent Times
Webinar presented by Cleverley + Associates
12-1pm

Thursday, February 21, 2007
Emerging Issues
Chicago

Thursday, March 20, 2007
Managed Care
University Club, Chicago

FIRST ILLINOIS HFMA and UNIVERSITY OF ST. FRANCIS
IN EDUCATION PARTNERSHIP!
For information call: Tom Jendro at (815) 740-3534,
or email tjendro@stfrancis.edu

The First Illinois Chapter

The First Illinois Chapter wishes to recognize and thank our sponsors for the 2007-2008 Chapter year.
Thank you all for your generous support of the Chapter and its activities.

Platinum Sponsors
Grant Thornton
Plante & Moran, PLCC

Gold Sponsors
Capital Source
Crowe Chizek & Co LLP
Miramed
National City Bank
Professional Business Consultants

Silver Sponsors
Charter One/Royal Bank of Scotland
Cleverly & Associates
Harris & Harris, LTD
Emdeon Business Services
Healthcare Financial Resources, Inc.
MAILCO, Inc.
On Target Staff
Powers & Moon, LLC

Bronze Sponsors
Chamberlin Edmonds
CMD Outsourcing Solutions, Inc.
Gustafson & Associates, Inc.
Healthcare Outsourcing Network, LLC
MedFinance
Medical Recovery Specialists
OSI Support Services
Physicians' Service Center, Inc.
Revenue Cycle Solutions
Search America
Senex Services
Strategic Reimbursement, Inc.
United Collection Bureau, Inc.
Zeiler Capital Markets