

# Healthcare Council Report

Volume 22, Issue 4

Fall, 2015

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA  
QUARTERLY REPORT

# HCNCA

## 2015 HEALTHCARE COUNCIL/PREMIER FALL CONFERENCE

### "Healthcare: Leading Amidst Disruption"

November 12, 2015

Gaylord Hotel, National Harbor, MD

The health care industry's model is changing. As you transition to a value-based environment, how do you educate stakeholders on this transformation? What are the identifiable gaps in your action plan and the cost to address? What about lost market share and the inability to maintain your margins? How are independent providers incented with hospitals? What about IT connectivity to aggregate differing EMRs? All of these questions and more will be covered at this year's conference. Please join your regional executive peers at this all-day informative conference with some of the foremost opinion-makers and health care leaders.



SAVE THE DATE!

November 12, 2015

HCNCA/Premier offer a full day of educational and networking opportunities for healthcare executives. Don't miss this fourth annual conference.

### Stay Connected

[www.healthcare-council.org](http://www.healthcare-council.org)



@HCNCA

HC  
NCA

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# 2015

# HEALTHCARE COUNCIL/PREMIER FALL CONFERENCE HEALTHCARE-LEADING AMIDST DISRUPTION

NOVEMBER 12, 2015

8:00 A.M. - 5:30 P.M.  
5:30 P.M. - COCKTAIL RECEPTION

GAYLORD NATIONAL  
CONVENTION CENTER

CHESAPEAKE ROOMS 1-3

201 WATERFRONT STREET  
NATIONAL HARBOR, MD 20745

Dear Executive:

Please join other health care leaders at the 2015 Premier/Healthcare Council Conference. We look forward to seeing you at the Gaylord National Harbor on November 12, 2015.

Les Pitton  
President & CEO  
Healthcare Council, NCA  
301-731-4700

Kevin DeBruyne  
Region Vice President  
Premier Inc.  
206-484-6292

Don't forget to register now for this exciting opportunity! Contact Cheryl at 301-731-4700 for details on how to register!

Upon completing the registration process, you will receive a confirmation from Premier Conference Services with complete details on the meeting and information to reserve hotels, if needed.

**SPEAKERS TO INCLUDE:**

- Erik RASMUSSEN, AMERICAN Hospital Association
- Ravi SACHDEV, Clayton, Dubilier & Rice, LLC
- Blair Childs, PREMIER
- Jeff BUTLER, Privia Health
- Albert Wilson Wu, M.D., Johns Hopkins Bloomberg School of Public Health
- Meena SESHAMANI, MD, PhD, HHS Office of Health Reform



Premier is authorized to award pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should list their attendance when applying for advancement or recertification in ACHE. A certificate listing the hours will be provided on-site.



# Healthcare Council/Premier Fall Conference

## November 12, 2015

### Gaylord Hotel

### National Harbor, MD

8:00 AM – 8:45 AM  
Registration & Breakfast

8:45 AM – 9:00 AM  
Welcome & Introductions

9:00 AM – 10:00 AM

#### Politics, Policies and Healthcare

Wondering how the elections will affect healthcare; what will impact providers; will there be bipartisan support of some in 2016? With government payments shifting away from hospitals to outpatient settings more hospital revenue will come from the outpatient side of the business. What can we expect from the potential changes in political leadership?

**ERIC RASMUSSEN**, Vice President of Legislative Affairs and responsible for the day-to-day operations of the American Hospital's Association legislative relations in Washington will provide a DC update and election outlook.



10:00 AM – 11:00 AM

#### Healthcare Landscape – Risk, Opportunity, Competition

Disruption has arrived. Healthcare is being driven by structural change. Technology enabled services companies are creating new categories of healthcare. Value based care is creating large untapped addressable markets. Strategic partnerships will be a growing necessity. This session will focus on the multiple facts adding up challenging health systems to play a different role.

**RAVI SACHDEV**, Financial Partner – Clayton, Dubilier & Rice, LLC. Former Managing Director for Healthcare Coverage and Co-Head of Healthcare Services at J.P. Morgan, recently joined the Firm as a Partner. Mr. Sachdev has extensive expertise in healthcare-related strategic advisory, M&A and capital markets, developed over his more than 17 years working with senior healthcare

company executives. His presentation will address the disruptive structural changes affecting healthcare and how they will yield exceptional investment opportunities over the next decade or more.



11:15 AM – 12:45 PM

#### The MACRA Game Changer

The Affordable Care Act (ACA) includes a number of reforms that push providers from fee-for-service to alternative payment models (APMs) such as Accountable Care Organizations (ACOs), patient centered medical homes, and bundled payment. While some have seen these as part of the Obamacare, the recent bipartisan physician payment reform legislation illustrates that these payment reforms will continue no matter who is in the White House. Moreover, this legislation will significantly impact the course of the APMs. Learn why this important legislation is a “game changer.”

**BLAIR CHILDS**, Senior Vice President of Premier's Public Affairs, the primary spokesperson and communications strategist on key issues serves as a liaison to the U.S. Congress, White House, healthcare policy makers, and other major bodies involved in healthcare policy and regulation. In this session you will learn about the key provisions and strategic implications of SGR repeal and hear how health systems can differentiate themselves by the value delivered to patients, physicians, payers and employers.



12:45 PM – 1:45PM  
Networking lunch

# Healthcare Council/Premier Fall Conference

## November 12, 2015

### Gaylord Hotel

### National Harbor, MD



**1:45 PM – 2:45PM**

#### Herding Cats

Medical offices have not changed over the last 30 years and patients have had no other options. The business model is changing and quickly. Retail giants such as Walgreens, CVS, and Walmart are aggressively expanding their clinical services, including primary care. Urgent care centers are popping up seemingly on every corner. The reason for such rapid growth is that these new providers offer patients everything that traditional primary care practices do not: access, convenience, and efficiency.

**JEFF BUTLER**, Founder & CEO of Privia Health, a national physician practice management and population health technology company that partners with leading doctors to keep people healthy, better manage disease, and to reward providers for delivering high value care. His presentation will focus on how private practice physicians can come together to improve our nation's healthcare delivery system.



**2:45 PM – 3:45 PM**

#### Doing It Right: Managing Quality & Safety Across Health Systems

It is difficult enough to make improvements within a single unit or single organization. So what are structures and strategies that improve quality of care and patient safety across multiple functional units and institutions?

**ALBERT W. WU, M.D., MPH**, Director of Health Policy & Management and Director, Center for Health Services and Outcomes Research and PhD Program in Health Services Research & Policy, Johns Hopkins Bloomberg School of Public Health. Al will discuss how improvement of structures and strategies will have a positive impact on quality and safety for patients.



**4:00 PM – 5:00 PM**

#### ACA Implementation and Delivery System Reform: HHS' Continued Efforts to Transform Health Care

The ACA has ushered in new healthcare payment and delivery system changes. These changes have been advanced further by the recent passage of the physician payment reform. What are the results from these new payment models? What new alternative payment models are being tested by CMS? What new models can we expect to see in the near future? Discussion continues today about delivery systems and how to manage through disruption. Does the transformation improve the way care is delivered, reduce medical errors, increase internal efficiencies and improve patient

satisfaction? Is the change so disruptive that the expectations overwhelm providers and create less patient satisfaction? Meena will provide an overview of the Affordable Care Act (ACA) to date, describe delivery system reform efforts, and discuss what our priorities are as we move forward in each.

**MEENA SESHAMANI, MD, PhD**, Director of the Office of Health Reform at the Department of Health and Human Services. She served in the Office of Health Reform, first as Director of Policy Analysis and then as Deputy Director. She will explore strategies that help in managing reform for delivery systems.

#### DID YOU KNOW?

Social Networking Is Not a Waste of Time for Health

Professionals. Here are 3 reasons why:

- Offers valuable and real-time health information to help guide patients and consumers
- Establishes a relationship with the community
- The use of social networking is the real game-changer. Did

Twitter save a life?

[www.healthin30.com](http://www.healthin30.com)

#### DID YOU KNOW?

Top 7 Healthcare Trends and Challenges for 2015 ([www.healthcatalyst.com](http://www.healthcatalyst.com)):

- Physicians start to feel the financial pinch from CMS's regulations
- Technological advancements are transforming the entire healthcare industry
- Financial viability continues to be a significant concern for healthcare CEOs
- There is a new need to tolerate risk in a value-based purchasing world
- Interest in population health management will grow
- Outcomes will continue to improve
- Collaboration will increase

**SAVE THE DATES!****DIVISIONAL MEETINGS:****CFO Executive Forum Meeting/Round Table**

October 13 & November 10, 2015. CONTACT: Camille Bash, CFO Ex. Forum Chair, 301-552-8028, [cbash@dchweb.org](mailto:cbash@dchweb.org)

**COO/VP's of Administration Executive Forum Meeting**

CONTACT: Kevin J. Mell, COO Ex. Forum Chair, 301-774-8773, [kevin.mell@medstar.net](mailto:kevin.mell@medstar.net)

**CMO Executive Forum Meeting**

CONTACT: Lawrence Ramunno, M.D., EMO Ex. Forum Chair, 202-537-4655, [lrannun1@jhmi.edu](mailto:lrannun1@jhmi.edu)

**IT Divisional Meeting**

CONTACT: Nathan Read, IT Division Chair, 202-715-4299, [Nathan.Read@gwu-hospital.com](mailto:Nathan.Read@gwu-hospital.com)

**Volunteer Divisional Meeting**

CONTACT: Pam Fogan, Volunteer Services Division Chair, 301-896-3093, [pfogan@suburbanhospital.org](mailto:pfogan@suburbanhospital.org)

**HR Divisional Meeting**

October 21, 2015. CONTACT: Dennis Parnell, HR Division Chair, 301-869-3951 (Home), 240-750-4927 (Cell), [DennisIparnell@gmail.com](mailto:DennisIparnell@gmail.com)

**Quality Divisional Meeting (DCAHQ)**

The Board meets regularly throughout the year. Meetings are held periodically. CONTACT: Constance Yancy, DCAHQ (DC Association of Healthcare Quality), President, 202-721-7163, [cyanicy@hscsn.org](mailto:cyanicy@hscsn.org)

**Supply Chain Divisional Meeting (MASSHM)**

October 8, 2015, Sheraton, Columbia, MD. CONTACT: Nicole Mazzei-Williams, President, 443-890-4414, [nicole@jumptech.com](mailto:nicole@jumptech.com)

**Rehab Divisional Meeting**

CONTACT: John Baker, Rehab Division Chair, 301-639-6611, [john.baker@bakerrehabgroup.com](mailto:john.baker@bakerrehabgroup.com)

**Pharmacy Divisional Meeting**

January 22, 2016, Time & Location TBD. CONTACT: Ursula Tachien-Menson, Pharmacy Division Chair, 202-476-2697, Pager - 202-259-1404, [UTmenson@childrensnational.org](mailto:UTmenson@childrensnational.org)

**Nurse Leadership Forum Meeting/Round Table**

CONTACT: Dr. Simmy Randhawa, Co-Chair, Director for Clinical Information Systems & Professional Development at Children's National Health System, [SRANDHAW@childrensnational.org](mailto:SRANDHAW@childrensnational.org); Co-Chair, Adam Winebarger, MSN, RN, CCM, Director of Nursing at United Medical Center, [awinebarger@united-medicalcenter.com](mailto:awinebarger@united-medicalcenter.com)



**SAVE THE DATE**  
**FRIDAY, NOVEMBER 6, 2015**  
**IMPROVING HEALTH OUTCOMES: Using Data**  
**and Quality Measurement Across the**  
**Healthcare Spectrum**

**AGENDA**

Featuring Presentations from the following organizations:

- District of Columbia Department of Healthcare Finance
- District of Columbia Department of Health
- District of Columbia Primary Care Association
- District of Columbia Long Term Care Ombudsman Program



**DCAHQ**  
District of Columbia Association for  
Healthcare Quality

DISTRICT OF  
COLUMBIA  
ASSOCIATION  
FOR  
HEALTHCARE  
QUALITY  
2015  
EDUCATIONAL  
SUMMIT

Free with current  
DCAHQ Membership  
Non-Members \$75

Be a part of connecting  
Quality throughout the  
District

CONNECT  
COLLECT  
ANALYZE

**SAVE THE DATE**

8:30am - 4:00pm  
One Judiciary Square,  
441 4th Street, NW  
Washington, DC 20005

DCAHQ.ORG

Friday, November 6, 2015

**Did You Know?**

According to the American Medical Group Association (AMGA) 2015 Medical Group Compensation and Productivity Survey, conducted by AMGA Consulting Services, findings show that 75% of physician specialties experienced increases in compensation. The overall weighted average increase in 2014 compensation was 2.8%, similar to 2.9% from 2012 to 2013. Specialties experiencing the largest increases in compensation in 2014 were Hematology and Medical Oncology (10.8%), Pulmonary Disease (without Critical Care) (10.4%), Dermatology (8.3%), Cardiology-Cath Lab (Invasive Interventional) (8.1%), Gastroenterology (7.4%), and Hypertension and Nephrology (7%).

**The Fall Conference: November 12, 2015**

8:00 AM - 5:30 PM

5:30 PM - Cocktail Reception  
Gaylord National Convention Center

Don't miss this fourth annual conference.

## Sylvia Mathews Burwell: United States Secretary of Health and Human Services

### Secretary Burwell Previews Third Open Enrollment



New analysis shows 17.6 million have gained coverage as Affordable Care Act provisions have taken effect; about 10.5 million uninsured individuals are eligible for Marketplace coverage a speech at the Howard University College of Medicine September 22, 2015, U.S. Secretary of Health and Human Services Sylvia M. Burwell reflected on the progress of the first five years of the Affordable Care Act and provided a look at the upcoming Open Enrollment period. In her speech, the Secretary described how the law is working to deliver access, affordability, and quality coverage and outlined how the Department of Health and Human Services will meet the challenges of the upcoming Open Enrollment for the Health Insurance Marketplaces.

Citing a new ASPE Data Point released by HHS, Secretary Burwell noted that about 17.6 million uninsured people have gained health coverage as the law's coverage provisions have taken effect. [1] The number of uninsured people has decreased for three chief reasons: allowing young people up to age 26 to stay on their parents' plans, the Medicaid expansion in 29 states plus DC, and the availability of affordable insurance through the Health Insurance Marketplaces. Secretary Burwell also noted that the uninsured rate declined among African Americans. Between October 2013 and September 12, 2015:

- 4.0 million Latino adults gained coverage (an 11.5 percent drop)
- 2.6 million African American adults gained coverage (a 10.3 percent drop)
- 7.4 million White adults gained coverage (a 6 percent drop)

"Five years in, millions of people have new coverage and the percentage of the uninsured has been reduced to the lowest level on record," said Secretary Burwell. "We now have a new opportunity before us to build on this progress. We know current Marketplace customers are satisfied with their coverage, and we expect most to continue with it. We also believe we can continue to connect people with the coverage they need and further decrease the number of Americans without health insurance."

With Open Enrollment in the Health Insurance Marketplace beginning its third year on November 1, she acknowledged that "overall, this Open Enrollment is going to be tougher than last year. But while those remaining uninsured may be harder to reach, we're working smarter to reach them. We know Americans are depending on us, and we're doing everything we can to help them find the coverage they need."

#### **Secretary Burwell outlined the following key facts about Marketplace eligible uninsured:**

- About 10.5 million uninsured Americans are eligible for Marketplace coverage in the upcoming open enrollment.
- While HHS will work to bolster enrollment across the nation, the Department's top five target areas for outreach are Dallas, Houston, northern New Jersey, Chicago, and Miami - which are home to the highest numbers of uninsured who are eligible for Marketplace coverage.
- Almost half of the uninsured individuals who are likely eligible for Marketplace plans are between the ages of 18 and 34.
- Almost 40 percent of the uninsured who qualify for Marketplace plans are living between 139 and 250 percent of the federal poverty level (about \$34,000 to \$61,000 for a family of four).
- Approximately one-third of the uninsured who qualify for Marketplace plans are people of color: approximately 19 percent are Hispanic, 14 percent are African American, and 2 percent are Asian American.

#### **Secretary Burwell also described additional takeaways about the uninsured:**

- About half of the uninsured have less than \$100 in savings.
- Nearly three in five of the uninsured are either confused about how the tax credits work or don't know that they are available.

#### Did You Know?

According to National Health Expenditure Projections in 2015 the American people will spend approximately 3.2 trillion dollars on health care, and it is being projected that Americans will spend 4.5 trillion dollars on health care in 2019, and 5 trillion by 2022. The ACA curbs the rate of growth in healthcare spending, but it also adds additional spending. With or without the ACA, spending will probably be at about 5 trillion by 2022.

#### Did You Know?

Insurance companies raised rates substantially going into 2014 when discrimination against pre-existing conditions was banned under the Affordable Care Act and all plans had to become guaranteed issue. The cost of covering those with pre-existing conditions has always been one of the biggest obstacles in healthcare and as our ability to detect and treat chronic illness gets better this only becomes more true.

"Everyone should have health insurance? I say everyone should have health care. I'm not selling insurance."

— [Dennis Kucinich](#)

## Did You Know?

### More Companies Offering Wellness Benefits as Part of Employee Benefits Package. Some of the Benefits...

It's no surprise that companies have started offering wellness benefits, since many employers are already offering these types of programs as part of an overall employee benefits package.

According to the Society for Human Resource Management (SHRM), in 2015, 80% of organizations are providing wellness resources and information, and 70% of organizations are offering some type of wellness program to their employees. (Source: 2015 Employee Benefits, Society for Human Resource Management, 2015). When it comes to running a business, wellness benefits are definitely a win-win for most employers. Not only do they potentially reduce health-care costs by promoting healthier living, but they may also boost employee productivity and morale. The types of wellness programs vary among employers, but they typically cover a variety of healthy living issues, such as:

- Smoking cessation
- Exercise/physical fitness
- Weight loss
- Nutritional education
- Health screenings

More recent additions to the wellness benefits arena include fitness/activity tracking, credit for registering and participating in marathons/races, and company-sponsored seasonal weight-loss challenges. For employees, wellness benefits not only can help them adopt and live a healthier lifestyle, but can also provide them with financial benefits. Currently, employers that offer wellness programs are allowed to offer incentives to employees of up to 30% of the cost of their health-care premium (up to 50% for smoking cessation). These incentives are usually in the form of premium discounts and/or cash rewards.

It's important to note that with certain types of wellness incentives, such as cash bonuses or gift certificates, the value of the reward may be treated as taxable wages. As a result, it may be subject to payroll taxes.

## THE BOARD CORNER:

### Boards of directors (A Definition by David Renz Midwest Center for Nonprofit Leadership University of Missouri – Kansas City)

The board of directors (sometimes known as the board of trustees or governing board) is the primary group of people entrusted with and accountable for the leadership and governance of the nonprofit corporation. Governance is a central responsibility of the board, yet the typical board's work goes beyond that of governance, alone. For example, it is common for boards and their members to also serve as:

- Ambassadors who build relationships and generate good will;
- Sponsors and representatives who advocate on behalf of the organization;
- Trusted advisors and consultants who offer guidance and serve as sounding boards for the chief executive and staff; and
- Resource developers who help the organization secure essential resources.

### WELCOME TO NCASS's NEW MANAGER OF PARTNER DEVELOPMENT:

#### Debbie Johnson, Manager, Partner Development



Debbie joined the Healthcare Council and National Capital Area Shared Services in 2015. She brings eight years of healthcare experience including managing affiliates, group purchasing, executive support, accounting and data analysis. Debbie, in coordination with John Maloney, manages the development/growth of the HCNCA Affiliate Program serving as a strategic partner who continually looks for ways to align details to ensure the members achieve cost savings and value. She helped grow Colonial Alliance to a \$15 million business. She also assists her husband with 100 herd beef cattle farm West Virginia. We are pleased to have her as part of our dynamic team.

## SHARED SERVICES

About National Capital Area Shared Services

National Capital Area Shared Services (NCASS) is a regional GPO, a wholly-owned subsidiary of the Healthcare Council of the National Capital Area (a non-profit association of providers in Maryland, Virginia and the District of Columbia). It has documented hundreds of millions in savings and cost containment since 1972. NCASS joined the Premier healthcare alliance as a group affiliate in 2008 and signed with Yankee Alliance as a collaborative member in 2013.

## Meet the American Hospital Executive Team as of September 1, 2015



**Richard J. (Rick) Pollack**  
President and Chief Executive Officer

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Past President and CEO  
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**MEET OUR ASSOCIATE MEMBERS:**

To learn more, contact Cheryl Thomas at [cethomas@healthcare-council.org](mailto:cethomas@healthcare-council.org)

- Adventist University of Health Sciences
- Anthelio Healthcare Solutions Inc.
- Brother's Brother
- CGI Healthcare Solutions Group
- Dixon Hughes & Goodman
- Fotheringill & Wade, LLC
- Guide to Retirement Living SourceBook
- Tucker & Meltzer
- HR on Call
- The HSC Foundation and National Youth Transitions Foundation
- National Immigration Forum
- Lerch, Early & Brewer, Chartered
- Maryland National Capital Homecare Association
- National Quality Forum
- Second River Healthcare Press
- The Synergy Organization



**Associate Member: Brother's Brother Foundation National Capital Area**  
 ~ David Holdsworth

**Medical Supply Shipments**

BBF-NCA has packaged 184 mission trip shipments in 2015 with a total weight of 10,209 pounds. Thirty-six were sent in June 2015 alone. This is the highest monthly total since BBF-NCA opened. BBF-NCA shipped two 40 foot containers in July, one to South Sudan in partnership with ADRA and one to Sierra Leone in partnership with the Healey Foundation. In August, BBF-NCA shipped one container of medical supplies and equipment to Guatemala and one to Haiti with Food For The Poor. A shipment was also made to the Ivory Coast in the later part of August 2015.

**Medical Materials Collection**

Total weight of donations in June, July and August was 74,059 pounds. Geisinger Health was the single largest donor in June, providing 15,175 pounds of supplies to BBF-NCA in one donation. Other significant donors include Avid Medical and Joerns Healthcare. BBF-NCA has also collected 138 mechanical hospital beds from North Carolina during the month of August.



**Interested in Joining the Healthcare Council?**

Healthcare Council continues to develop its All-Inclusive, Broad-Based Association of Members to accurately reflect the Providers of Care doing business in its service area encompassing Maryland, the District of Columbia and Virginia. It is committed to creating and providing opportunities for new members and associates while keeping member dues low. It serves it's members with detailed communications and professional contacts, partnerships, timely educational programs, surveys, collaborative efforts, and strategic alliances.

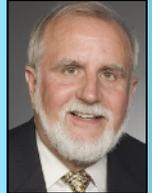
To learn more about joining the Healthcare Council and/or participating in our Shared Services, please contact Cheryl Thomas at 301-731-4700 or visit us at: <http://www.healthcare-council.org/membership.html>.

## CURRENT EVENTS & AREA NEWS

**☀️ Eileen Alexander Appointed Brooke Grove Rehabilitation and Nursing Center (BGRNC) Administrator:** Eileen Alexander was named administrator of Brooke Grove Rehabilitation and Nursing Center (BGRNC), effective September 15. Ms. Alexander joined the Brooke Grove Retirement Village (BGRV) team in 2001 as BGRNC's LIFE enrichment director and served as executive director of independent living services from the beginning of construction in 2003 until 2014, when she joined the AIT program.



**☀️ Johns Hopkins Psychiatry Professor James C. Harris Receives Award for Services to People with Disabilities:** James C. Harris, M.D., a professor of psychiatry and behavioral sciences, the founding director of the Developmental Neuropsychiatry Clinic in the Division of Child and Adolescent Psychiatry at Johns Hopkins, and a former director of the Division of Child and Adolescent Psychiatry, has received the American Psychiatric Association's 2015 Frank J. Menolascino Award for Psychiatric Services to Persons with Intellectual Development Disorders/Developmental Disabilities. The award, named for a pioneer in the field, is given for lifetime achievement. It will be presented in October at the Institute on Psychiatric Services' Mental Health Services Conference in New York City..



**☀️ MedStar's MaryLou Watson Named President of State Nursing Board:** MaryLou Watson, Vice President of Nursing at MedStar St. Mary's Hospital in Leonardtown, Maryland, was recently appointed President of the Maryland Board of Nursing (MBON).



**☀️ Coalition Ads at Reagan National Airport:** The Coalition to Protect America's Health Care delivered its own message at Reagan National Airport during the month of September. These prominent, powerful ads were to remind legislators and policy makers that cuts to hospital care impact everyone.



**☀️ Inova Launches Online Resource for Patients Looking for Care:** As part of Inova's ongoing commitment to transparency and improvement, the health system September 8, 2015 announced a new online resource for patients looking for the best available care: patient reviews of Inova Medical Group physicians. Inova is the first healthcare system in the Mid-Atlantic to make both star ratings and unedited patient comments available to the public.



**☀️ Holy Cross Germantown Hospital Laboratory Receives National Accreditation:** The Accreditation Committee of the College of American Pathologists (CAP) has awarded accreditation to Holy Cross Germantown Hospital Laboratory, based on results of a recent on-site inspection as part of the CAP's Accreditation Programs. The facility's director, Pablo D. Gutman, MD, MBA, was advised of this national recognition and congratulated for the excellence of the services being provided. Holy Cross Germantown Hospital Laboratory is one of more than 7,700 CAP-accredited facilities worldwide. The U.S. federal government recognizes the CAP Laboratory Accreditation Program, begun in the early 1960s, as being equal to, or more stringent than, the government's own inspection program.



**☀️ Shady Grove Radiology Joins Adventist HealthCare:** Six Shady Grove Radiology imaging centers have become Adventist HealthCare Shady Grove Radiology and are now part of the Gaithersburg-based healthcare system, which is the first and largest in Montgomery County. Dr. Jeffrey Rich, president of Shady Grove Radiology said, "Shady Grove Radiology becoming part of Adventist HealthCare more deeply integrates the two organizations, creating added efficiencies, coordination and depth of subspecialty expertise across the system - a win for patients and physicians." The integration expands the Shady Grove Radiology physician group by seven physicians and adds subspecialty expertise in body imaging, neuroradiology, musculoskeletal, interventional radiology and breast imaging.



**☀️ Adventist HealthCare's Home Health Agency Receives Highest Quality National Rating from CMS:** Home Health, a division of Adventist HealthCare Home Care Services is one of only three agencies in Maryland to receive the highest quality rating from the Centers for Medicare & Medicaid Services (CMS). The five-star rating places the division in the top 3% of agencies in the U.S. Vice-President of Adventist HealthCare Home Care Services, Keith Ballenger said, "this rating recognizes our commitment to providing the highest quality care in the homes of our patients." This is the first time CMS has released ratings for home care agencies to help consumers more quickly identify differences in quality when selecting a healthcare provider.

## CURRENT EVENTS & AREA NEWS, CONTINUED

☀️ **Baltimore Hospitals Announce Proposal to Create Up to 1,000 New Jobs:** Several Baltimore hospitals on September 9, 2015 proposed a change to state regulations to create up to 1,000 new positions for statewide residents from ZIP codes facing poverty and high unemployment. "This measure means more options for our city. The effort aims to increase the number of entry-level workers we can hire, creating career paths for some while advancing the stability of our community. It is a win-win," says Ronald R. Peterson, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine. This proposal of the Health Employment Program was presented by the Johns Hopkins Health System, MedStar Health, the University of Maryland Medical System and OneBaltimore, a public-private initiative focused on recovery and systematic change for Baltimore City. Organization representatives presented at a meeting of the Maryland Health Services Cost Review Commission (HSCRC), a state regulatory body that sets prices for health care at Maryland hospitals. The HSCRC, Maryland law and federal agreements limit hospital revenue to a greater degree than in other states. The aggregate amount available for these awards is up to 0.25% of statewide revenue. The HSCRC will approve an amount any individual hospital may receive.



☀️ **Busch Chief of Staff Kristin Jones to Join UMMS as Vice President External Affairs:** Kristin Jones, currently Chief of Staff to Speaker Michael E. Busch of the Maryland House of Delegates, will join the University of Maryland Medical System (UMMS) on Oct 19th as Vice President of External Affairs. Her primary duties will include project management, network development and coordination, and government relations.



☀️ **Rivest Retires as President and Chief Executive Officer of the University of Maryland Medical Center:** In August of this year Jeffrey A. Rivest, who has served as president and chief executive officer of the University of Maryland Medical Center (UMMC) since 2004, retired. UMMC is the flagship academic medical center of the University of Maryland Medical System (UMMS). "On behalf of the UMMS and UMMC family, I want to thank Jeff for his outstanding contributions over the last 11 years," said Robert A. Chrencik, president and CEO of UMMS. "Under Jeff's leadership, the Medical Center has continued to see its profile rise as one of our nation's best academic medical centers. I am very proud of the teamwork and dedication that, under Jeff's guidance, has fostered UMMC's delivery of world-class time sensitive critical care medicine."



☀️ **John Ashworth Named Interim Chief Executive of UMMC:** John Ashworth, the past UMMS senior vice president for network development, is now serving as the interim UMMC president and chief executive officer since Saturday, August 29th. Ashworth has previously served as UMMC president and chief executive officer, as well as director of the R Adams Cowley Shock Trauma Center. A search committee for a permanent president and CEO has been formed with representation of both the UMMS and UMMC boards, as well as partners from the University of Maryland School of Medicine.

### Did You Know?

#### Rate of Uninsured Continues to Decrease:

The CDC released estimates from the 2014 National Health Interview Survey finding that the uninsured dropped 2.9 percentage points in 2014 to 11.5% from 14.4% in 2013. Other highlights from the report include: 1) In 2014, 36.0 million persons of all ages were uninsured at the time of interview and 51.6 million (16.5%) had been uninsured for at least part of the year prior to interview. 26.3 million (8.4%) had been uninsured for more than a year at the time of interview. 2) Among persons under age 65, 63.6% (170.4 million) were covered by private health insurance plans at the time of interview.

### Did You Know?

As of July 2015 hospital and clinic construction in all states was \$40.0 billion and renovation was \$22.0 billion. This only includes major renovation projects.



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**Council Vision:** "To meet the challenges of tomorrow by working together today"...and thereby to facilitate the care of the sick and to promote education and prevention programs that ensure healthier communities.

**Mission Statement:** The Council's mission is to promote and facilitate activities that result in the best quality of care to the sick and injured. The aim of the Council and its wholly-owned subsidiary, National Capital Area Shared Services, Inc., is to serve its membership in the development and promotion of programs and services that will enhance the members' ability to operate their organizations economically and successfully with integrity and competency.

The Council functions as a neutral intermediary to facilitate networking and to provide member driven services.

Healthcare Council is a not-for-profit 501(c)(3) corporation  
 The Council has opportunities for Associates: For membership information, call 301-731-4700

**"The Council":** The Healthcare Council of the National Capital Area, Inc. is an organization of Providers of Care consisting of hospitals and allied health care facilities located in Maryland, Virginia and Washington, DC. The purpose of the Council is to provide for members "strategic and business advantages" that no single institution or system can efficiently or economically develop alone. Council activities are implemented through a structure consisting of the Chairmen of the Boards and the Chief Executive Officers of our member organizations. Divisions of specific activity have been formed to carry on the ever changing tasks at hand. These divisions develop information and improve performance using cooperative networking, meetings, surveys, group discussion and analysis and continuing education programs.

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A customer is the most important visitor on our premises, he is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so.  
 Mahatma Gandhi