

Healthcare Council Report

Volume 23, Issue 3

SUMMER, 2016

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA
QUARTERLY REPORT

HCNCA



GUN VIOLENCE: TIME IS RIGHT TO UNITE

A Message for Healthcare Providers

Gun violence is nothing new in the United States. The US leads the developed world in both the number of guns its citizens own and number of deaths caused by those guns. Approximately 31,000 people die each year from gun-related injuries, according to the Centers for Disease Control (<http://www.cdc.gov/nchs/fastats/suicide.htm>). The issue has reached the point where organizations such as the American Medical Association, the American Public Health Association and the American Association for the Advancement of Science have called firearms violence a public health crisis.

But beyond being a public health issue, injuries caused by firearms are becoming a major financial burden for the healthcare industry and the American public. According to a 2014 study by the Urban Institute, the total national hospital costs associated with injuries caused by firearms was over \$670 million in 2010. Most of the costs come from victims who were either uninsured (\$194 million) or who were on some sort of government insurance program (\$294 million), meaning that it is American taxpayers who are covering the majority of the costs for injuries caused by firearms in the United States. In the state of Maryland costs totaled \$12.2 million per year with 84% of victims either uninsured or publicly insured (Maryland was one of six states examined in the study). Though no specific data was given on the state of Virginia and the District of Columbia, they are both in a region of the country where costs are "above the national average."

There is additional evidence to suggest that firearms injuries cost hospitals more than other kinds of injuries. A 2013 Healthcare Cost & Utilization Report (H-CUP) report found that gun assault injuries cost hospitals nearly \$14,000 more than the average inpatient stay. The same report shows that the cost for treatment of a gunshot wound is almost twice that of a stab wound. In a comprehensive study on the costs of firearms injuries to hospitals, the state of Nevada found that the average hospitalization from an injury from a knife or dagger was \$53,502 in charges while hospitalizations for gunshot wounds cost \$104,228. In addition, the length of stay in the hospital was almost three times as long for gunshot wounds as for "other assault wounds." Nationally, gunshot injuries required an average of almost 7 days of hospital care per incident.

The Nevada study is the only state-wide study of its kind and there is even less research at the federal level. Medical associations from all corners of the country have asked Congress to allow the CDC to fund federal research through its National Center for Injury Prevention and Control office, but those requests have been denied ever since a 1996 bill-rider barred the CDC from using federal funds to "advocate or promote gun control." In April of this year, 141 medical associations signed a letter asking Congress to lift the ban on federal funding for gun violence research at the CDC, stressing that simply researching an issue does not "advocate or promote" a stance on the issue. The letter concludes by saying, "As professionals dedicated to the health of the nation and to the application of sound science to improving the lives of our fellow Americans, we urge you to take action this year. Americans deserve to know that we are working with the best tools and information in the fight to reduce gun violence deaths and injuries."

Gun violence is an important issue for Americans and for America's healthcare providers. In order to find effective solutions, more research is needed to show how gun violence affects the healthcare industry and to point communities toward gun violence prevention programs that will work. Healthcare providers are on the front lines of this issue everyday and no industry better understands the costs and consequences of firearms violence. This is why it is so important for the healthcare industry to speak up and speak out on this issue. There can be no more sitting on the sidelines; it is time to come together and speak loudly as one voice on the issue of gun violence in America.

*The full letter, submitted to Congress, can be found at http://files.dr sforamerica.org/blog/blogs-from-dc-climate-change-and-health-at-the-white-house/CDC_letter_4-6_FINAL.pdf.

By Jonathan Scriven, PhD

Stay Connected

www.healthcare-council.org



@HCNCA

HC
NCA

Inside this Issue:

Salary Surveys Ready to Order	2	Care Logistics "Production System"	6
Save the Date: Fall Conference 2016	3	Welcome Jill Tipton & Board Corner	7
Vendor /Member Update	4	Current Events & Area News	8
Vendor Update: Premier Energy	5	Current Events & Area News, continued	9

2016

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA

CENTERPARK II - FIRST FLOOR 4061 POWDER MILL RD, STE 100 CALVERTON, MD 20705 PH: 301-731-4700

Wage and Salary Survey:

The surveys are currently being sold. Don't forget to order!

We are pleased to be "The only Maryland, Virginia, Washington, DC healthcare specific wage and salary survey which includes allied."

- * Specific, up-to-date information on over 120 positions
- * PRN positions
- * 100 benchmark jobs
- * Represents almost 40,000 employees

EXECUTIVE DEPARTMENT HEAD SALARY SURVEY

- * 55 positions
- * Same data as above, but includes FTE's supervised

The 2016 Wage & Salary Survey and the Executive/ Department Head Salary Survey are ready for purchase and can be ordered directly by contacting Cheryl Thomas at 301-731-4700 or emailing her at cethomas@healthcare-council.org. There is a fee for each of the publications to assist with the production cost. Feel free to visit our website at www.healthcare-council.org where you may also order directly online.

Did You Know?

According to Brookings Institute:

Over half of all Americans suffer from chronic illnesses such as cancer, heart disease, diabetes and Alzheimer's, which now constitute the largest segment of health care in America and cause 7 out of every 10 deaths yearly. These chronic diseases are also costly, with 86 percent of our nation's total health care spending on those individuals with one or more chronic conditions. Millions of Americans with these conditions are covered by Medicare, and many have more than one condition, which makes treatment even more complex and exponentially more expensive. The Senate Finance Committee is currently crafting bipartisan legislative solutions to improve outcomes and to better coordinate care for Medicare patients with multiple chronic conditions.

Did You Know?

The States where it's hardest to fill RN positions are:

1. New Mexico, 2. Arizona, 3. Washington, D.C., 4. Washington,
5. Colorado

DIVISIONAL MEETINGS:

CFO Executive Forum Meetings/Round Table

CONTACT: Camille Bash, CFO Ex. Forum Chair, 301-552-8028, cbash@dchweb.org

IT Divisional Meeting:

CONTACT: Nathan Read, IT Division Chair, 202-715-4299, Nathan.Read@gwu-hospital.com

Volunteer Divisional Meeting

CONTACT: Pam Fogan, Volunteer Services Division Chair, 301-896-3093, pfogan@suburbanhospital.org

HR Divisional Meeting:

CONTACT: Paul A. Hagens, Jr., HR Division Chair, 301-552-8085, phagens@dchweb.org

Quality Divisional Meeting (DCAHQ)

CONTACT: Derdire Coleman, DCAHQ (DC Association of Healthcare Quality), President, 240-375-9940, nakuone@aol.com

Supply Chain Divisional Meeting (MASHMM)

CONTACT: Chris Holmes, President, 410-362-3566, Christopher_Holmes@bshsi.org

Rehab Divisional Meeting

CONTACT: John Baker, Rehab Division Chair, 301-639-6611, john.baker@bakerrehabgroup.com

Pharmacy Divisional Meeting

CONTACT: Ursula Tachie-Menson, Pharmacy Division Chair, 202-476-2697, Pager - 202-259-1404, UTmenson@childrensnational.org

Nurse Leadership Divisional Meeting

CONTACT: Dr. Simmy Randhawa, Director for Clinical Information Systems & Professional Development at Children's National Health System, 202-476-4151, SRANDHAW@childrensnational.org

Divisional Meetings are held quarterly. Please contact the chair person for more information about the 2016 schedule. You can also call HCNC at 301-731-4700 for meeting information.

Fun Facts - Did You Know?

- You are about 1 centimeter taller in the morning than in the evening
- It is possible to go blind from smoking too heavily
- Right-handed people live, on average, nine years longer than left-handed people

Save The Date

**HEALTHCARE COUNCIL/PREMIER
FALL CONFERENCE**

**MOVING FROM ILLNESS TO WELLNESS:
CHANGES AND CHALLENGES IN HEALTHCARE**

NOVEMBER 10, 2016

8:00 a.m. - 5:30 p.m.

5:30 p.m. - Cocktail Reception

Congressional Country Club

Ballroom

8500 River Road
Bethesda, MD 20817

Dear Executive:

Please join other health care leaders at the 2016 Premier/Healthcare Council Conference. We look forward to seeing you at the Congressional Country Club on November 10, 2016. There is no charge to attend.

Les Pitton
President & CEO
Healthcare Council, NCA

Kevin DeBruyne
Region Vice President
Premier Inc.

*Register today by calling Cheryl
at: 301-731-4700*

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.

Sessions to Include:

- CEO Panel Discussion
- Top Regulatory Issues in 2017
- Innovative Provider Collaboration
- Care Transformation in Value-Based Care
- Driving Down Healthcare Environments Cost



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.





Vendor Member Update: Roberts Oxygen Continues Expansion

Roberts Oxygen has expanded to open a new branch in Raleigh, North Carolina. Their new location is at 2200 Westinghouse Boulevard, Suite 106, Raleigh, NC 27604, phone: 919-373-2138. They now boast 45 retail locations from Pennsylvania to Florida. They were founded in Rockville, Maryland by the Roberts family in 1966 as a local distributor of compressed gases and welding supplies. Since those early days they have expanded their capabilities and service to meet and or exceed the needs of their customers. Providing compressed industrial and medical gases and equipment and consumables, as well as technical support services.

National Capital Area Shared Services (NCASS) continues to offer Medical Cylinder/Specialty Gases through Roberts Oxygen Agreement #55. If your organization is not taking advantage of the aggregated savings offered we encourage you to contact, Tom Peacor, 301-948-2205, tpeacor@robertsoxygen.com. The agreement is available to all providers, hospitals/allieds/schools, universities. Contact NCASS at 301-731-4700 for specifics.

Roberts Oxygen has always been committed to providing the highest level of customer satisfaction, at all their locations. They say the achievements of their organization are the results of the combined efforts of each individual in the organization working toward common objectives. These objectives speak for themselves and have enabled them to build positive, long term relationships with their customers, relationships characterized by mutual respect, courtesy & integrity. By providing a helpful, effective response to customers needs and concerns, and maintaining a strong commitment to providing products and services of the highest quality, they are able to build lasting and rewarding relationships with their customers. It is for this reason that NCASS is proud to partner with such a quality company.

Did You Know?

Obesity is associated with increases in annual healthcare costs of 36% and medication costs of 77% compared with being of average weight.

Did You Know?

Kardia Band for Apple Watch Delivers Medical-grade ECG Anywhere:

AliveCor introduced the first medical-grade ECG band for the Apple Watch, Kardia Band (pending FDA 510(k) clearance, along with a new app for smartphones. The Kardia Band for Apple Watch and new Kardia app allow people to discretely capture a single-lead ECG by touching an integrated sensor that communicates with the Watch app. It offers atrial fibrillation (AF) detection. For more information visit: www.alivecor.com.



Prosperata, LLC Joins the Healthcare Council

One of the newest associate members of the Council is Prosperata. They provide essential professional patient experience and healthcare information management services to executive leaders at care-providing organizations across our region. They create beneficial patient experiences that lead to customer loyalty, improved outcomes, and profitability. Prosperata offers a unique approach to the combination of process and technology strategies and implementation services necessary for hospitals, health systems, and payors to maximize revenue generating care opportunities today and into the future. The company was co-founded by healthcare customer experience and information management executives, Sanjay Sarma and Rahul Ghate. Both bring decades of executive-level experience in the healthcare industry, and have chosen to focus their talents on helping healthcare organizations move from transactional relationships with their customers to those of lasting and mutual benefit. Please welcome the team at Prosperata and contact them directly through their website at www.prosperata.com or via phone at 703-224-8223.

**Associate
Member Update**



Explore your options.
Act with confidence.

Poor Energy Decisions Can Be Costly

An Important Message From One of HCNCA's Preferred Vendor Members

Energy prices are currently near a 13-year low but seem poised to rise. This is due to natural gas production declines and an increase in natural gas demand resulting from the retirement of coal-fired power generating stations. With the likelihood of both utility delivery and market price increases in the short and long term, now is a great time to evaluate your Natural Gas and Electricity purchasing strategy to make sure you are adequately protected. There are many energy products available in the marketplace. Knowing which ones to choose for your company can be overwhelming, and poor energy decisions can be costly.

Premier Energy Group, LLC has extensive experience working with health care facilities in the mid-Atlantic region. We have been working with numerous hospitals, nursing homes and extended care facilities for nearly 15 years. As health care continues to transform and evolve, we understand your need for cost control and budget certainty. We will educate you on the array of energy products and help your organization develop a natural gas and electricity procurement strategy that is aligned with your corporate objectives and risk appetite. Our scope of services includes:

- Review and analysis of the economics specific to the state and utility in which you conduct business
- Data collection and the development of usage profiles
- Establishing procurement criteria based on your risk tolerance
- Development and implementation of RFPs using our web-based bidding platform
- Invoice reconciliation and reporting of energy use and cost data
- Ongoing monitoring of the energy markets to identify opportunities and threats
- Budget preparation and other analysis as needed

To learn more about us, visit our website at www.premierenergygroup.com. To schedule a complimentary consultation with one of our team members, please call Scott Fawcett at 732.302.0608

Fun Fact - Did You Know?

During your lifetime, you'll eat about 60,000 pounds of food – that's the weight of about 6 elephants.

Did You Know?

CMS Releases Interactive Mapping Medicare Disparities Tool



The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) released a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The Mapping Medicare Disparities (MMD) Tool contains health outcome measures for disease prevalence, costs, and hospitalization for 18 specific chronic conditions, emergency department utilization, readmissions rates, mortality and preventable hospitalizations. The MMD Tool provides a user friendly way to explore and better understand disparities in chronic diseases, and allows users to: 1) visualize health outcome measures at a national, state, or county level; 2) explore health outcome measures by age, race and ethnicity, gender; 3) compare differences between two geographic locations (e.g., benchmark against the national average); and 4) compare differences between two racial and ethnic groups within the same geographic area. For more information visit: www.cms.gov.

HCNCA IS PLEASED TO WELCOME CARE LOGISTICS AS OUR NEW ASSOCIATE MEMBER

Keep Your Hospital and Patients Healthy with a "Production System" for Care Delivery

A healthy hospital provides predictable, reliable, quality patient care and outcomes that keep the patient community happy and healthy

Hospitals have characteristics and symptoms of good and poor health just as people do:

- Unhealthy: Departments work in isolation and conflict, communication and visibility are poor, information is scarce and outdated, operations and results are unreliable.
- Healthy: Hospital works as a system, everything is visible, everyone has updated information when it's useful, all activities and outcomes are reliable.

So what are your hospital's vital signs? These measures determine whether you are making your patient community healthy and happy, building strong physician relationships, making care coordination efficient and reliable, controlling costs, and delivering maximum margins. They include:

- Unified, passionate patient-focused culture
- 90+ percentile patient satisfaction
- Medicare breakeven or better
- Engaged, fulfilled employees
- Reliable, predictable operations across the entire hospital
- Lowest cost per case

If you are concerned that your hospital can't confidently and consistently meet your health goals for these vital signs, consider a bold model for clinical transformation.

The Production Model for Care Delivery

We think a lot about milestones in healthcare. The major milestones now are the shift from volume to value-based care and the evolution to community health management. These healthcare milestones change everything about the way hospitals operate, provide care and succeed financially. So how do hospitals thrive in this evolution? By embracing bold thinking and adopting production system culture, processes and tools that deliver exceptional care to happy patients at the lowest costs.

Now let's consider the milestones of care delivery that define and measure efficient, quality care and an excellent patient experience:



To complete these milestones for all patients under care as efficiently as possible, people and departments must work in harmony, not isolation and conflict. This becomes challenging with simultaneous high demand for limited resources across the hospital.

The solution lies in the hub-and-spoke production system principles of other industries. Consider the logistics that delivery companies use to ensure that your package arrives on time, or that manufacturers use to deliver the right number of quality products exactly when they're needed. The same principles apply and succeed robustly in hospital care coordination.

Patients are where they're expected to be for timely treatments and services. People and resources are available exactly when needed to advance all patients' care plans. Beds and rooms are ready when needed. Transport is on time. Caregivers and patients have a clear and reliable itinerary for services and care. Communication and coordination are seamless. And hospital executives have accurate, live information they can act on quickly to ensure prompt, quality care.

The results? Improved quality and safety. Happier and healthier patients. More satisfied and engaged employees. And sustained throughput improvements that keep cost-per-case low and ensure Medicare breakeven. Learn more at www.carelogistics.com.

Article by Karl Straub, President



Karl Straub brings more than 30 years of healthcare information technology and services experience to his role as President for Care Logistics. Prior to joining Care Logistics, Straub held a variety of executive leadership positions with Per-Se Technologies, McKesson Provider Technologies, and SmithKline Beecham HealthCare Services. As a recognized Healthcare Information Technology (HCIT) leader, Straub has led the growth of clinical, revenue cycle, and resource management businesses by focusing on the customer experience with an operational philosophy that puts excellent customer results as priority number one. To complement his "focus on our customer's results" approach, Straub emphasizes the creation and maintenance of a workplace culture that values each individual contributor within a team setting of honesty, openness, and integrity. Straub is a reputable industry speaker and has conducted a number of interviews with hospital and HCIT publications. He is a magna cum laude graduate of West Chester University with a Bachelor of Science degree.

We are pleased to welcome Jill Tipton as Office Assistant



Jill Tipton recently joined the Healthcare Council of the National Capital Area, Inc. (HCNCA) and its wholly owned subsidiary, National Capital Area Shared Services, Inc. (NCASS). Jill will be working with the Executive Assistant and Office Manager, Cheryl Thomas in providing administrative, secretarial and clerical support in the office and to maintaining updated records of our membership. She joined the organization on June 7, 2016. Her 32 years of experience at Verizon, most recently as an executive assistant, managing employee contact lists, overseeing weekly schedules, tracking records, coordinating supply needs, will serve her well in her position with HCNCA/NCASS. During her career at Verizon she received numerous Ovation Awards for flexibility, perfect attendance & loyalty to confidential information. We are pleased to have someone of her background and experience join our organization. Join us in welcoming Jill to this new position.

“Meetings are at the heart of an effective organization, and each meeting is an opportunity to clarify issues, set new directions, sharpen focus, create alignment, and move objectives forward.”

— Paul Axtell, Meetings Matter: 8 Powerful Strategies for Remarkable Conversations

THE BOARD CORNER:

Most boards have job descriptions but don't review them often or update them when changes are needed. Here is a sample job description that has been used by some not-for-profit organizations.

BOARD JOB DESCRIPTION

Position Title: Member, Board of Trustees

Function: Provide governance to the organization, represent it to the community, and accept the ultimate legal authority for it.

Duties:

Planning

- Approve the philosophy and review management's performance in achieving it.
- Annually assess the environment and approve the corporation's strategy in relation to it.
- Annually review and approve the corporation's plans for funding its strategy.
- Review and approve the corporation's three year financial goals.
- Annually review and approve the corporation's budget.
- Approve major policies.

Organization

- Elect, monitor, appraise, advise, support, reward, and, when necessary, change top management.
- Be assured that management succession is properly being provided.
- Be assured that the status of organizational strength and manpower planning is equal to the requirements of the long range goals.
- Approve appropriate compensation and benefit policies and practices.
- Propose a slate of directors to members and fill vacancies as needed.
- Annually approve the Performance Review of the Executive Director and establish his/her compensation based on recommendations of the Executive Committee and Chair of the Board
- Determine eligibility for and appoint Board Committees via the Executive Committee and Chair of the Board.
- Annually review the performance of the Board and take steps to improve its performance.

Operations

- Review the results achieved by management as compared with the corporation's philosophy, annual and long range goals, and the performance of similar organizations.
- Be certain that the financial structure of the corporation is adequate for its current needs and its long-range strategy.
- Provide candid and constructive criticism, advice, and comments.

“If you had to identify, in one word, the reason why the human race has not achieved, and never will achieve, its full potential, that word would be 'meetings.'”

— Dave Barry

CURRENT EVENTS & AREA NEWS

The HSC Pediatric Center: Named Deborah Holson, RN, MSN, CPN, NE-BC as COO in 2015. She provides leadership and oversight for both inpatient and outpatient care organization, professional services, support services and management of The HSC Pediatric Center. Debbie joined The HSC Pediatric Center in 1993 as a staff nurse, gradually focusing on the management of care services to enhance practices from a system level. She became vice president of patient care services in 2006 and was appointed chief operating officer in 2015.



Judy Brown Retires from Howard County Hospital Johns Hopkins Medicine:

After 34 years at Howard County Hospital Johns Hopkins Medicine, Judy Brown will retire in July. She started as shift director in 1982 and serves today as senior vice-president of Outcomes Management. She implemented many programs at Howard County General Hospital during her years serving the quality of care, two of which were the Sexual Assault Forensic Examiner Program and The Center for Wound Healing.



Construction Underway at Brooke Grove Retirement Village:

The basement concrete walls have been framed and the first floor framing has begun for the 70-bed, dedicated rehabilitation facility. The \$25 million project will add an additional 77,000 square feet to the nursing center's existing 83,000 square feet and increase capacity to 190 beds. The rehabilitation facility is designed to meet the post-acute needs of the aging population in Brooke Grove's service area. Research indicates that the local senior population is expected to grow two-and-a-half times faster than in the rest of the metropolitan area through 2040.



Documentary Film – "A Certain Kind of Light" screened on April 1, 2016 at SON-screen Film Festival, Chantilly, Virginia:

The film features Dr. Wilber Alexander, who serves patients at Loma Linda University Health (LLHU) in California and the Center for Spiritual Life and Wholeness. The documentary reflects on his vision for transforming lives through whole-person care. At 94 Wilber Alexander does rounds each week and calls the rounds (Love Rounds). A Certain Kind of Light is a short form documentary film produced by Loma Linda University Health's Center for Spiritual Life and Wholeness. This film explores the transformative power of story that provides the foundation of whole person care. Told through the life of Dr. Wil Alexander, the audience watches him embody the value of story in relation to health and illness. This is a moving documentary of a man who dared to bring the art and science of story into every patient experience. His legacy not only inspires a new generation of healthcare providers but also highlights the importance of story in every personal encounter. To schedule screenings go to: www.explorewpc.com.



Children's National Health System: Children's National Health System named Alec H. King as the new Executive Vice President and Chief Financial Officer in May. King comes to Children's National from Texas Children's Hospital (TCH) where he was the Senior Vice President of Finance. Prior to TCH, King served as Vice President of Clinical Strategy and Operations for Baylor College of Medicine.



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.

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 its 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>.



Les H. Pitton
 President & CEO
lpitton@healthcare-council.org

Cheryl E. Thomas
 Executive Assistant
cethomas@healthcare-council.org

Jami Shaffer
 Member Services Manager
jshaffer@healthcare-council.org

Debbie Johnson
 Director, Partner Development
djohnson@healthcare-council.org

Jenn Johnson
 Accounting Supervisor
jjohnson@tbd.com

Jill Tipton
 Office Assistant
jtipton@healthcare-council.org

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA
 CENTERPARK II - FIRST FLOOR 4061 POWDER MILL RD, STE 100 CALVERTON, MD
 20705 PH: 301-731-4700

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.

Healthcare Council Report is published by:

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA
 CENTERPARK II - FIRST FLOOR 4061 POWDER MILL RD, STE 100 CALVERTON, MD 20705
 PH: 301-731-4700
 FAX: 301-731-8286
 WWW.HEALTHCARE-COUNCIL.ORG

LES H. PITTON
LPITTON@HEALTHCARE-COUNCIL.ORG

CHERYL E. THOMAS
CETHOMAS@HEALTHCARE-COUNCIL.ORG

Did You Know?

In the United States, multiple sclerosis (MS) affects approximately 400,000 individuals; worldwide, the disease affects 2.5 million individuals, and varies greatly by geographic region. The disease is predominant in women, being more than 3 times more likely in women than men.

Did You Know?

75% of U.S. employees in 2030 will be millennials