



THE

AAMA EXECUTIVE

Fall 2004

A M E R I C A N A C A D E M Y O F M E D I C A L A D M I N I S T R A T O R S

Developing Excellence in Healthcare and Leadership Since 1957

AAMA Briefs

Renew Your Membership for 2005

Membership renewal invoices are in the mail. Please read them carefully as action is required regarding AAMA's future leadership structure and your member profile. (See page 3 for further details).

Amgen Shines as Gold Level Strategic Partner

The Academy welcomes Amgen of Thousand Oaks, CA, as a new Gold Level Strategic Partner. Along with other Strategic Partners, Amgen's generous sponsorship helps AAMA provide quality programming for our members.

Save the Date

ACCA 16th Cardiovascular Administrators' Management Conference
March 3-5, 2005
Wyndham Orlando Resort
Orlando, FL

AAMA 48th Annual Conference
November 10-12, 2005
Riviera Hotel and Casino
Las Vegas, NV

ACCA 17th Cardiovascular Administrators' Management Conference
March 9-11, 2006
Sheraton Atlanta
Atlanta, GA

2001 CAAMAs Must Recredential in 2004

Those who earned their CAAMA designation in 2001 are required to recredential in 2004. Recredentialing information and applications are available on the AAMA website, www.aameda.org, under Professional Advancement, CAAMA. If you have questions, contact Syreeta Burnett, Education/Governance Coordinator, at 847/759-8601 or syreeta@aameda.org.

KEEP THE PROCESS ALIVE

By Hank Chinnery, CFAAMA, 2004 Chairman of the Board

My service as your AAMA Chairman, which began when I took the oath of office nearly a year ago, has undoubtedly been one of the most enjoyable opportunities of my professional career. In a few short weeks, I must bid farewell to you as your Chair, though I look forward to the opportunity for continued service to our beloved Academy on the AAMA Foundation Board.

Recently, someone asked me what I thought the hallmark of my term has been. That is a tough question to answer. The opportunity to serve the members of a wonderful organization like the AAMA, and to do it from a position where one might make a real difference, is very hard to fathom indeed. Additionally, I learned many years ago, it is not necessarily the leader or leadership per se, who get stuff done. Rather, it is the combination of members within the organization, and their professionalism, that does it. So in review, I guess I might say, "We got some important stuff done; but in so doing, there is now even more important stuff to do."

In that vein, and without being too clichéd, I believe this past year we have solidly positioned AAMA for future growth, setting in motion the opportunity for governance change that fits the needs of the Academy today. I believe we have had excellent multi-directional dialogue, as to what our members want/expect/demand and deserve for their involvement. Some obstacles were removed, and experiential resources were shared. We stuck to our strategies and the prospect for future growth is very bright. Simply stated, AAMA members get the job done, and done right.



*Hank Chinnery,
CFAAMA, 2004
Chairman of the Board.*

Soon: Reincorporating AAMA in Illinois to take advantage of a stronger non-profit climate is a real possibility.

Now: Restructuring the Board of Directors to position AAMA strategically to be more responsive to member needs.

Results: We have realized the strongest percentage of membership growth in nine years!

Strength: Stable, positive financial performance; largely due to strong attendance at both Conferences, support from the corporate sector, and increased membership retention and recruitment.

Recognition: Broader array of advancement options including FAAMA, FACCP, FACMCA, FACCA and CAAMA.

Solutions: Redesigned journals that provide "real world" information on cardiovascular and oncology administration.

Future: Surging interest in formation of local chapters, including student chapters!

Much has been done. But the process goes on. Membership means ownership. AAMA belongs to us, a diverse group of folks, to do what needs to be done. Members are uniquely our customers, and yet our workforce, as well. It is member commitment, energy and participation that ensure the value of the organization. So the challenge: "Keep the process alive into the future. Work together to solve common problems, meet common needs and accomplish common goals."

Please allow me the opportunity to thank everyone for all you have done,

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Member Action Needed To Activate New AAMA Leadership Structure. See Page 3 for Details

MEMBER NEWS

AAMA NAMES JANET L. JONES 2005 CHAIR-ELECT



Janet L. Jones,
BSN, FAAMA

The AAMA Board of Directors has named Janet L. Jones, BSN, FAAMA, as its 2005 Chair-Elect. She will succeed James G. Easter, Jr., FAAMA, as Academy Chair in 2006.

Jones has served on the AAMA Board of Directors since 1999. The first AAMA officer to have led both a College and a Region, she was 1999 ACOA President, held a two-year term as Region III Director and has been Academy and AAMA Foundation Treasurer for 2003-4. She has chaired the College Task Force and the Finance and Strategic Planning Committees and served on the Governance Task Force.

Ms. Jones has been committed to the national hospice movement since 1979 when she was a Charter member of Northeast Florida Hospice Association. In more than seven years as President and CEO of Nashville-based Alive Hospice, Middle Tennessee's first and only non-profit, community-based hospice, Jan has been instrumental in establishing

the agency's reputation for providing the community with the best in clinical care, bereavement services and financial stewardship.

Since joining Alive Hospice in 1997, Jan has also played key roles in promoting hospice care and shaping policy and legislation by serving on numerous local, state and national healthcare committees.

Jan received her nursing training at Maumee Valley Hospital School of Nursing in Toledo, Ohio, and her BSN at the University of North Florida in Jacksonville, Florida. She is a 2002 graduate of Leadership Nashville, a 1993 graduate of Leadership Miami, and in 2003, she won the CEO of the Year award from the Center of Non-Profit Management, Nashville.

Federal Sector Changes Name

At the request of the AAMA Federal Council, the Academy's Board of Directors approved an official name change for the Federal Sector specialty group. Effective immediately, the new name is the American College of Federal Healthcare Administrators (ACFHA).

REGIONS ELECT 2005-6 LEADERS

Members of AAMA's odd-numbered Regions selected their Board of Directors representatives in elections ending September 10, Nominating Committee Chair, James G. Easter, Jr., FAAMA, announced.

In an uncontested election, Timothy D. McInerney, FAAMA, of New York, New York, continues as Region I Director. He was appointed in 2003 to complete the term of CDR Daniel G. Whalen, CFAAMA, FACCP, who stepped down to serve as President of the American College of Contingency Planners. Region I includes Delaware, Maryland, New York, Virginia, District of Columbia, New Jersey, Pennsylvania and West Virginia. McInerney is President & CEO of Healthcare Capital, LLC, New York, New York.

Incumbent Connie U. Stenquist, FAAMA, was re-elected in Region III. Stenquist, Business Administrator for Vanderbilt University, Nashville, Tennessee, will serve a two-year term as Board liaison for Alabama, Florida, Louisiana, North Carolina, Tennessee, Arkansas, Georgia, Mississippi, South Carolina and the US Territories.

In another uncontested election, Edward H. Smith, Jr., VP/CFO, St. Anthony Regional Hospital and Nursing Home, Carroll, Iowa, was confirmed as Region V Director. Region V covers Iowa, Minnesota, North Dakota, Wisconsin, Kansas, Nebraska and South Dakota.

In a three-way race, Region VII voters selected incumbent Michael K. Petty, MBA, FAAMA, as Director over Alan J. Burgess, FAAMA, CHE, and Susan M. Goldberg, RN, MSN. Petty is Chief, Business Operations, Multi-Service Market Office, TRICARE Puget Sound, Tacoma, Washington. Region VII includes Alaska, Hawaii, Montana, Oregon, Washington, California, Idaho, Nevada and Utah.

2005 MEMBERSHIP RENEWAL INVOICE SERVES MANY PURPOSES

When you open your 2005 membership renewal invoice, pay special attention to its contents. Because of Academy reincorporation and bylaws changes, the 2005 membership renewal is more than an invoice, and requires additional action on your part. With this one document you can:

- Renew your AAMA membership
- Authorize AAMA's reincorporation in Illinois (*your signature is required*)
- Designate your primary specialty group affiliation
- Confirm your specialty group memberships
- Update your contact information (*especially your e-mail address*)
- Make a donation to the AAMA Foundation (*optional*)

With so many important issues affecting the Academy's future, we strongly encourage you to spend some extra time reviewing the 2005 renewal form and answer all required sections. Your complete response the first time will prevent the need for costly follow-up inquiries. Please contact the Academy at 847/759-8601 or info@aameda.org with any questions.



MEMBER NEWS

SIGNED MEMBER APPROVAL "CRITICAL" TO ACTIVATE STATE OF ILLINOIS REINCORPORATION AND NEW AAMA LEADERSHIP STRUCTURE

Direct member action is required on two "highly significant" issues to position AAMA for strong and responsive leadership, AAMA Chair Hank Chinnery, CFAAMA, announced.

"Members' 2005 dues statements will do double duty this year. Along with their regular membership renewal purpose, they will be used to collect members' votes on a proposed reincorporation in the State of Illinois, as well as members' primary specialty group (College) affiliations," he explained. "100% member participation on both is critical to AAMA's future."

Illinois Reincorporation Recommended

Due to changes in state laws over the years, Illinois (where AAMA is located) now has a more favorable operating climate for associations than Massachusetts, where the Academy was originally incorporated. As a result, the AAMA Board of Directors, with the advice of legal counsel, seeks member approval to reincorporate in the State of Illinois.

Member approval will be sought in conjunction with AAMA's annual membership renewal invoicing, beginning this October. Members will be asked to approve the resolutions to allow the reincorporation by signing their name on the front of the dues invoice and returning it along with their dues payment to AAMA as soon as possible, but no later than February 28, 2005.

Goal: Reduce Costs, Reporting Burdens

"AAMA's Board of Directors seeks approval of the merger of AAMA into the new Illinois corporation in order to reduce costs and annual reporting burdens and to take advantage of the benefits of Illinois law," Chinnery explained.

Reincorporation is accomplished by "merging" AAMA's existing Massachusetts corporation and a new Illinois corporation formed for this specific purpose. The process of "reincorporation" (by merger) is seamless. Members do not have to do

anything to "transfer" their membership, and it does not impact any existing AAMA business relationships. "Reincorporation by merger" requires the written consent of 2/3 of AAMA's eligible voting members. Upon passage, AAMA can immediately begin to do business under Illinois' very favorable not-for-profit laws.

"More Modern, More Flexible" Laws

"AAMA's current leadership will remain in place; all current AAMA directors, officers and committee members will remain in their positions. The merger will not affect the current AAMA structure with regard to our Regions, Chapters, Specialty Groups or Colleges. Membership in AAMA will not be affected in any way," Chinnery noted.

"The current AAMA bylaws will be replaced by the bylaws of the new Illinois corporation which will take into account the clearer, more modern and more flexible provisions of Illinois' not-for-profit law. Upon approval, AAMA's new governance structure will be implemented."

The new bylaws are available for review on the AAMA website at www.aameda.org.

Members in good standing as of the close of business on February 28, 2005, will be entitled to vote on the merger. Any member who has not paid their dues by February 28, 2005, will not be considered a member in good standing, and will not be entitled to vote on the merger.

New "Primary Affiliation" Sought

The governance restructuring announced earlier this year (see *AAMA EXECUTIVE*, Summer 2004 edition) impacts specialty representation on the AAMA Board of Directors. Members may continue to belong to multiple specialty groups without paying additional dues or fees. They will, however, be asked to select one specialty group as their primary affiliation for the purpose of determining Board representation and allocation of resources.

Beginning with the 2005 dues invoice, members will be asked to confirm all their specialty group memberships as well as identify their primary specialty group affiliation. Specialty groups that are selected as the primary affiliation by at least ten percent (10%) of all AAMA members will earn voting Board seats. Currently, only the four largest specialty groups earn Board representation.

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Advantages of Illinois Reincorporation

- Illinois provides important liability protection for its volunteer leaders; this is not currently provided in Massachusetts.
- AAMA will be able to use electronic communication and voting (most states don't allow electronic voting as Illinois does).
- In general, AAMA will be governed by a modern, well-written and flexible statute, specifically geared to not-for-profit corporations.
- The AAMA Research & Educational Foundation is currently incorporated in Illinois. This would allow the Academy to operate under the same statutes for both organizations.
- AAMA currently is incorporated in the State of Massachusetts and, as such, is required to make corporate filings every year in Massachusetts. AAMA otherwise has no ties to that state.
- Because AAMA headquarters are in Illinois, we are also required to make annual corporate filings in Illinois. By becoming an Illinois corporation, AAMA will reduce the number of corporate filings that are required annually.

MEMBER NEWS

ACADEMY STARS SHINE BRIGHTLY

Hats off and a big round of applause to AAMA's 2004 award recipients. The Academy's Council of Past Chairs had a difficult task of selecting this year's honorees from many outstanding nominees and members who contribute so much to our organization.

Congratulations to the 2004 AAMA Award Recipients:

William Newcomer Healthcare Executive of the Year Award

Joseph T. Vocks, Sr., CFAAMA
Divisional Vice President
Spectrum Healthcare Resources
San Antonio, TX

Harry Shubin, MD, Statesman in Healthcare Administration Award

Michael A. Petrochuk, PhD, FAAMA, FACHE
Director of Planning and Grant Support
Akron General Health System
Akron, OH

Edward H. Smith, Jr.
Vice President and Chief Financial Officer
St. Anthony Regional Hospital and Nursing Home
Carroll, IA

Distinguished Service Award

Maj Sabina C. Garrett, USAF, CFAAMA
Chief, Non-line Force Development
HQ, Air Force Personnel Center
Randolph AFB, TX

Kevin J. McGovern, MSN, MHA, FACCA
Associate Vice President, Cardiac Services
Maine Medical Center
Portland, ME

State Director of the Year Award

Christopher S. Upton, AIA, CSI
Director, Healthcare Planning
Kirksey Architects
Houston, TX

Chairman's Award

Joseph M. Spallina, FAAMA, FACHE
Director
Arvina Group, LLC
Ann Arbor, MI

Vanguard Award (formerly the Regional Director or College President of the Year Award)

R. Kyle Kramer, FAAMA, FACCA
Executive Director, CV Services
Yale-New Haven Hospital & Health Systems
New Haven, CT

Richard A. Harley Diplomat of the Year

CDR Daniel G. Whalen, MSC, USN, CFAAMA, FACCP
Assistant Officer in Charge
Center for Naval Leadership, Little Creek Detachment
Norfolk, VA

Young Federal Healthcare Executive of the Year

Maj(s) Bonnie E. Goodale, USAF, MSC, CFAAMA
Chief, Medical Resources Management
HQ AETC/SG
Randolf AFB, TX

Capt Thaddeus F. Levandowski Achievement in Federal Healthcare Administration Award

Maj Larry V. Parsons, USAF, CAAMA
Administrator
USAFSAM/EA
San Antonio, TX

Federal Sector Recruiting Award

LTC Scott F. Tanner, CAAMA, FACCP
Chief, AMEDD Battle Lab
San Antonio, TX

OUR THANKS... TO THESE "STRATEGIC PARTNERS" OF THE ACADEMY

Their contributions — through educational grants, event sponsorships, conference exhibits, committee participation and more — help sustain the Academy and allow AAMA to provide quality programming for our members. We extend our special thanks to these leading corporations whose major financial commitments support the Academy and our Colleges.

Platinum Level

GE Healthcare
Princeton, NJ

Bristol-Myers Squibb Medical
Imaging
North Billerica, MA

Gold Level

Amgen
Thousand Oaks, CA

Boston Scientific
Maple Grove, MN

Ortho Biotech Products, LP
Bridgewater, NJ

Silver Level

Cordis, a Johnson & Johnson
company
Miami Lakes, FL

Elekta Oncology Systems, Inc.
Norcross, GA

FreemanWhite, Inc.
Charlotte, NC

Guidant Corporation
Santa Clara, CA

Medtronic, Inc.
Minneapolis, MN

Siemens Medical Solutions USA
Iselin, NJ

Witt Biomedical
Melbourne, FL

KEEP THE PROCESS ALIVE CONTINUED FROM FRONT PAGE

each and every one of you. My term as Chairman has taken many roads, but to a person, our members have truly been consummate professionals in every way.

A special note of thanks goes to a wonderfully supportive Board and Executive Committee. A debt of gratitude must certainly go to Renee Schleicher, our President, and to all the hard working staff at AAMA Headquarters. Special recognition goes to Captain Don Ferguson ("Fergie") and his lovely bride Jeanne, for bringing me into the AAMA nearly 30 years ago. Fergie introduced me to "the most professional and friendliest folks, I could ever want for," and they both have given their never-ending support, friendship and mentorship.

Most importantly, however, I want to give my most heartfelt recognition and love to my wife Marty. She is the purest form of strength and inspiration I know. And then, of course, there are the "Chinnery Kids", who have the innate ability to make any day a sunny day. My family is the "Real Deal"; they are the reason for it all.

And now that Jim Easter has the Brown Pants, it is on to future challenge and opportunity!

Hank Chinnery, CFAAMA, is CEO of Chinnery Ltd, Corpus Christi, TX. You may contact Hank by email at hchinner@stx.rr.com.

MEMBER NEWS

AAMA MEMBERS ADVANCE IN RECORD NUMBERS

With a record number of honorees, 2004 has been an incredible year for member advancements. We recognize these distinguished AAMA members for their professional achievements, continuing education and service to the Academy.

Congratulations to the Advancement Class of 2004

Diplomates

Cheryl L. Brooks
Patricia Stanfill Edens
Tamara L. Gump
Kevin R. Williams

Fellows, American Academy of Medical Administrators (FAAMA)

Richard A. Christiansen
Donald Cole
Marcia M. Davis
Gregory B. DeWolf
Brent A. Epling
DeAnn J. Farr
Pamela S. Ferguson
Benjamin G. M. Feril
James T. Fish
Sabina C. Garrett
Michael W. Glass
Bonnie E. Goodale
Marguerite M. Guillory

Ian P. Hendricks
Linda M. Hill
Denise N. Holdridge
Michael J. Holdridge
Scott R. Isaacks
Paula M. Jonak
Joel M. Levy
John J. Mammano
Ruben A. Matos
Jeannie M. O'Leary
Byron Y. Owens
Theodore B. Podkul
Robert E. Retsch
Michael J. Reuss
Lillian M. Shepherd
William R. Tyra

Fellows, American College of Contingency Planners (FACCP)

Gert M. Bailes
William P. Brown
Jason B. Darby
Kenneth R. Franklin
Mark F. Gentilman
Michael S. Jette
Scott F. Tanner

Fellows, American College of Cardiovascular Administrators (FACCA)

Christopher L. LaCoe
Cindy L. Sutton

Fellows, American College of Managed Care Administrators (FACMCA)

Mark D. Gustin
James O. Wooten

Advance Anytime During the Year

While advancements are officially recognized during AAMA's Annual Conference, members can advance to Fellow or Diplomate anytime during the year, and begin using their credentials as soon as their application is approved. Visit www.aameda.org for advancement application details, or call 847/759-8601.



Cindy Sutton, FACCA, receiving her FACCA certificate from ACCA President R. Kyle Kramer, FAAMA, FACCA.

47TH AAMA CONFERENCE SCHOLARSHIP RECIPIENTS ANNOUNCED

The AAMA Research & Educational Foundation selected two scholarship recipients for the 47th AAMA Annual Conference at *Walt Disney World*® Resort, Florida.

Lance S. Loria, CPA, FAAMA, has been a member of the Academy since 1994. A Fellow of AAMA since 2001, Loria is also a member of the *AAMA EXECUTIVE* Editorial Board. Loria is President of Loria Associates, LLC, Houston, TX, and has been working in the field of healthcare for 32 years.

MAJ Noel C. Pace, MBA, MHA, CFAAMA, CHE, has been a member of AAMA since 2000. He became a Credentialed member of AAMA in 2000 and a Fellow of AAMA in 2003. MAJ Pace has been involved in healthcare administration for 11 years and is currently employed as Executive Officer with the US Army Trauma Training Center, University of Miami, Miami Beach, FL.

The AAMA Research & Educational Foundation is committed to providing the highest level of educational opportunities for AAMA members. To make our programs

more accessible, the Foundation offers two scholarships to each of AAMA's educational programs. Scholarships cover tuition for the specified educational program only. Travel, non-conference meals and hotel expenses are the responsibility of the scholarship recipient. Scholarship applicants must be AAMA members in good standing.

Applications will be considered based on financial need, as well as professional growth and participation. Deadlines for submission are:

- Cardiovascular Administrators' Management Conference: February 1, annually
- Annual Conference: September 1, annually

With Special Thanks to AAMA Foundation Donors

(As of September 15, 2004)

Patrons (\$500-\$1,000)

James G. Easter, Jr., FAAMA
John D. Harbaugh, FAAMA
Joseph M. Spallina, FAAMA, FACHE
Anonymous

Friends (\$250-\$499)

Janet L. Jones, BSN, FAAMA
Joseph T. Vocks, Sr., CFAAMA
David L. Woodrom, CFAAMA

Colleagues (\$100-\$249)

Nancy L. Anderson, CPA, CAE
Hank Chinnery, CFAAMA
Holly A. Estal, EdM
Amanda C. Goble, FAAMA
Richard A. Harley, FAAMA
Robert C. Kidd II, FAAMA
Carl E. Lee, FACCA, FAAMA
Michael K. Petty, MBA, FAAMA
Gary P. Riedmann, FAAMA
Renee S. Schleicher, CAE
Karen K. Wolf, RN
Von M. Yetzer, MSMC

Contributors (up to \$100)

Roger D. Cheesman, PhD
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Daniel G. Whalen, CFAAMA, FACCP
James O. Wooten, USAF, CFAAMA

Join them and make a donation today at www.aameda.org

MEMBER NEWS

GAIN-1 MEMBER RECRUITMENT CAMPAIGN A SUCCESS; 2004 WINNERS NAMED

The 2004 numbers have been totaled for Gain-1, AAMA's member-get-a-member recruitment program. In all, 84 members inspired 107 new members to join AAMA during the last year, making this one of the program's most successful years ever. Thanks to all AAMA members who participated—it was a great year!

Congratulations to the winners of the 2004 Gain-1 campaign. Our big winner was LTC Scott F. Tanner, CAAMA, FACCP, who recruited a whopping seven new members to AAMA this year. Also doing a stellar job were Albert E. Kinkead, Wanda C. Perry and CDR Stewart D. Smith, CFAAMA, FACCP, each recruiting three new members to AAMA.

Prizes won include complimentary 2005 AAMA membership dues, registration to AAMA's 48th Annual Conference, November 10–12, 2005 in Las Vegas, NV, and Academy gift certificates.

AAMA is already tracking sponsors for the 2005 Gain-1 Program, so it's

not too early to start introducing AAMA to colleagues, other healthcare administrators or educators. To qualify as a Gain-1 recruiter new members must indicate the sponsor's name on their application form. For more details, contact Von Yetzer, Director, Membership and Communications, at von@aameda.org or 847/759-8601.

Gain-1

Recruit Members with the New AAMA Story PowerPoint® Presentation

A new PowerPoint presentation, "The AAMA Story," is now available. Use it "as is" for a basic presentation about AAMA, or customize it to fit your specific audience. Contact Von Yetzer at von@aameda.org or 847/759-8601 for details.

AAMA EXECUTIVE

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For advertising rates for the AAMA EXECUTIVE, contact Laura Bowles, Editor, at executiveeditor@aameda.org.

AAMA WELCOMES TWO NEW STAFF

Syreeta Burnett and Vanessa Canteberry have joined AAMA staff.

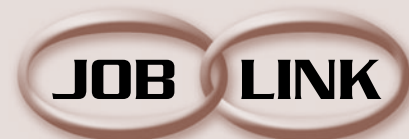
Syreeta Burnett, Education/Governance Coordinator, will provide project coordination and administrative support to education/conference services as well as Academy governance and sponsorship activities. Syreeta brings to this position experience in direct marketing, hotel catering & sales, client service, and coordination of educational symposia. She is a graduate of DePaul University in Chicago, with a major in communications and minor in organizational/industrial psychology.

Vanessa's cheerful greeting is now the voice of AAMA when you call Academy Headquarters. As our new Administrative/Membership Coordinator, Vanessa is AAMA's receptionist. She also provides administrative support for finance and administration activities as well as membership and communications services. She brings to AAMA skills gained in administrative support positions with a Palliative Care Center & Hospice and with Evanston Hospital, among other positions.

You can reach Syreeta at syreeta@aameda.org and Vanessa at vanessa@aameda.org or call 847/759-8601.



Syreeta Burnett and Vanessa Canteberry at AAMA Headquarters.



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MEMBER NEWS

ACCA 16TH ANNUAL CONFERENCE IN ORLANDO MARCH 3-5, 2005

Orlando welcomes the American College of Cardiovascular Administrators for its 16th Annual Cardiovascular Administrators' Management Conference, March 3-5, 2005 at the Wyndham Orlando Resort.

Innovative Cardiovascular Leadership: The Quest for Success

ACCA provides solutions for cardiovascular administrators striving to improve management, quality and outcomes within their organizations. Join your colleagues at ACCA's 16th Annual Cardiovascular Administrators' Management Conference where cardiovascular executives and industry experts gather to address the challenges and opportunities that exist in cardiovascular services today. Whether you are a cardiovascular, cardiology, cardiopulmonary, cath lab or electrophysiology program executive, this conference is designed for you.

Why Attend the ACCA Conference?

Notable Speakers:

William A. Hawkins, President and Chief Operating Officer of Medtronic, Inc., will open the conference with an industry perspective on the future of cardiovascular services. His session is titled *Advancing Innovation in an Uncertain Environment*.

Roger S. Newton, PhD, Vice President and Director of Esperion Therapeutics, Division of Pfizer Global Research & Development, will present the GE Healthcare Award of Excellence address. Dr. Newton was formerly with Parke-Davis as Chairman of the Atherosclerosis Drug Discovery Team and co-discovered what is now the most widely prescribed drug in the world, atorvastatin (Lipitor®).

Plus More:

Where Creativity Meets Operational Realities is the dynamic pre-conference program that will be presented by Bill Shannon, MEd, Executive Director, Service

Improvement, Duke University Health System and Medical Center, and formerly on staff at Disney. Through lecture and a backstage tour at *Walt Disney World®* Resort, titled *Innovation in Action*. Mr. Shannon will link innovation and traditional service expectations with a focus on healthcare delivery environments.

Cutting-edge education tracks, titled *Growing and Managing Revenue*, *Best Operational Practices* and *Focused on the Future*, will bring you business leaders and cardiovascular practitioners sharing their expertise. Are you looking for new strategies on reimbursement or marketing; new information on accreditation or credentialing; or new directions for the future of your cardiovascular program? Choose from 12 concurrent sessions designed to bring you fresh ideas on cardiovascular administrative issues.

ACCA Poster Session allows cardiovascular administrators to showcase and share successful projects. The Call for Poster Abstracts is available on the AAMA website, www.aameda.org. Abstracts are due November 19, 2004.

Gain new perspectives as you network with fellow professionals, brainstorm, problem-solve and develop new solutions to your every-day challenges.

Explore the ACCA Exhibit Hall where you will find more than 30 companies exhibiting the latest cardiovascular products and services.

Meet Your Cardiovascular Colleagues in Orlando

P. Anthony Long, CHE, President of Integris Heart Hospital and ACCA Conference Chair, invites you to attend ACCA's 16th Annual Cardiovascular Administrators' Management Conference. "Together we will gain new perspectives and develop innovative solutions in our quest to improve quality of care in cardiovascular services and improve outcomes in other areas as well."

For those staying for the ACC Conference, the Wyndham Orlando is only 1.5 miles from the Orange County Convention Center. The I-Ride Trolley which operates on International Drive will



Orlando/Orange County Convention & Visitors Bureau, Inc.

easily transport you to the Convention Center or the other International Drive destinations (restaurants, shopping, etc.). The Wyndham Orlando Resort, located on International Drive, is a lush tropical oasis conveniently close to all Orlando has to offer. While attending the ACCA Conference, you will enjoy the recreational opportunities of this 42-acre resort including three swimming pools, a whirlpool spa, jogging trail and health club. Orlando theme parks are minutes away and the Wyndham Orlando offers complimentary shuttle service to Sea World® and Universal Orlando®. Fine dining for discerning diners and exciting nightlife options will add to your conference experience.

SIGNED MEMBER APPROVAL CONTINUED FROM PAGE 3

Focusing Academy Resources

The primary specialty group selection serves several purposes. It focuses Academy resources on members' primary interests; it helps the Academy determine its strategic focus; and it ensures that Board representation follows the primary interests of AAMA members.

A transition plan guarantees the Federal Sector a voting Board seat for the first two years following implementation of the new bylaws. Following the two-year period, the guaranteed seat will be sunsetted, and the Federal Sector will be required to meet the same performance criteria as other specialty groups to maintain its Board seat.

Members with questions about the reincorporation in Illinois, the primary affiliation concept or the proposed governance reorganization should contact AAMA Headquarters at info@aameda.org or 847/759-8601.

ARTICLES

REDESIGN OF A BREAST CENTER INTO A COMPREHENSIVE WOMEN'S CENTER

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HCA, Inc.
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Abstract

Given that hospitals are facing a need to drive volume growth as cost efficiencies have achieved all that can be expected, the author explored strategies to drive volume growth utilizing an expansion in services of existing facilities within HCA, Inc. facilities, a for-profit hospital company. A Comprehensive Women's Center (CWC) is a concept designed to enhance the quality of both patient care and the care experience, while increasing patient volumes and related revenues to hospitals by detection of conditions

requiring additional diagnostic or therapeutic interventions. The concept of expanding a Breast Center into a CWC is predicated on the fundamental notion that consumers will become more involved in making healthcare decisions, particularly as healthcare information is more widely dispersed through multi-media channels. The empowered consumer is already being recognized with self-pay CT scans for lung cancer screening and other traditional diagnostic tests being offered in a screening modality. Although facilities across the country continue to increase the number of screening mammograms annually in Breast Centers, national statistics show that compliance with mammography guidelines has not improved dramatically despite massive media attention and the inclusion of screening as a reimbursed service under Medicare. Expanding an existing Breast

Center into a CWC attracts new patients by diversifying services offered from mammography and breast related services alone to providing services such as bone densitometry, cholesterol screening and even children's immunizations.

Expanding the Breast Center into a CWC is a relatively inexpensive undertaking and can generate additional revenues, patient visits and facility interactions for a hospital. Using a team approach and considering both the clinical and non-clinical attractions of a CWC are key to implementing this approach. Putting together a team across disciplines from obstetrics to cardiovascular services to oncology to plastic surgery that can discuss the potential services to be offered in a CWC proved to be a dynamic way to increase the attractiveness of the CWC to a broad population base.

A DECISION MODEL FOR SENIOR LEADERS: REINVENTING HEALTHCARE AT DEWITT ARMY COMMUNITY HOSPITAL

MAJ Pamela S. Ferguson, BSN, RN, MHA,
CFAAMA
Chief Administrative Support Officer
Walter Reed Army Medical Center
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Abstract

Effective management of today's comprehensive and complex healthcare systems requires an integrated and future-looking approach, if these systems are to survive in today's turbulent political and economic climate. Although rightsizing has begun in the Army North Atlantic Regional Medical Command (NARMC), most hospitals and clinics are operating at less than full capacity, in functionally obsolete facilities and with limited resources. Funding sources for large replacement hospitals in the military health system have been greatly reduced in an invigorated climate of downsizing and cost cutting.

It is obvious that decisions must be made regarding the long-term healthcare

planning strategy for Dewitt Army Community Hospital (DACH) in Northern Virginia, as well as the local and regional systems that support it. Because the Department of Defense does not currently have a viable long-term planning strategy for military healthcare in the National Capitol Region (NCR), decisions at the regional level are sometimes difficult.

The purpose of this study is to offer several alternative scenarios outlining the best courses of action for the future healthcare planning of DACH. This report will also make recommendations regarding the best possible options based on an economic analysis, current healthcare policy and healthcare facility renovation/replacement trends.

Based on the provided economic analyses and facility assessment surveys, senior leaders should also support the immediate funding for a major renovation project at Dewitt within the next several years. Further integration of healthcare

services in the NCR must become a priority for NARMC and all medical treatment facilities within the region.

Finally, and in keeping with the Military Health System (MHS) Strategic Plan, it is vital to the survival of our military healthcare system that senior leaders use cost/benefit analysis to determine when outsourcing and privatization are appropriate alternatives for achieving the MHS mission. The Defense Health Program continues to dwindle while the cost of health care skyrockets. The question should not be should we integrate and consolidate our military health systems, but when.

For complete AAMA articles and reviews, see the Member Services section of the AAMA website, www.aameda.org.

ARTICLES

PHYSICIAN ENTREPRENEURS AND THE AXIOMS FOR SUCCESSFUL PARTNERSHIPS WITH HOSPITALS: STARS, STRATEGIES, STYLES, AND STRUCTURES

Ronald J. Stupak, PhD
EMCO Consultants LLC
Earlsville, VA and
Fording Brook Associates
Bethesda, MD

William L. Hughes
Chief Financial Officer
Anne Arundel Health System
Annapolis, MD

Abstract

"Good leaders have a vision; better leaders share a vision; the best leaders invite others to join them in spreading the vision." – Bob Briner

During the past decade of working with and in healthcare systems, hospitals and physician practices, we have been surprised and disappointed with the overwhelming number of physician leaders and hospital executives who demonstrate a lack of understanding of, let alone a commitment to, mutual

coalition building. They seem oblivious to the fact that collaborative partnerships are essential ingredients for the economic and political viability of hospitals and specialist practices in this healthcare age of turmoil, transition and redefinition.

This relationship between entrepreneurial physicians and hospitals/ medical centers has been in a constant state of disequilibrium and flux. As clinical, economic and social contexts have changed, a series of permutations in the interface dynamics in this critical healthcare arena has been unleashed. In fact, the swings in the relationship appear at all the various points on the interface continuum...from collaboration to cooperation to open competition to mutual condemnation.

Clearly, from the physician leadership side (based on our experiences and observations as "reflective practitioners"), there is a proven set of capabilities, capacities and competencies (specifically elaborated upon in this article) that is

axiomatic for entrepreneurial success and that is mutually beneficial for both parties.

The triggering of the creative capabilities, collaborative sensitivities and behavioral skill-sets of successful entrepreneurial physician leaders is one of the critical anodynes needed for building trust. And trust is necessary at this historic crossroad of accelerating and transformational change of physician/hospital relationships.

Even though this article presents the strategic concepts, action guidelines and tactical suggestions from the physician's side, our hope is that this effort, "to walk in the moccasins" of our physician colleagues, will trigger, galvanize and challenge the administrative medical leaders to awaken to their obligations in this process. They must proactively fashion models, strategies and tactics from the administrative leadership side of the equation that will dovetail with, expand upon and realistically operationalize the axioms presented in this analysis.

MEDICAL SERVICE CORPS: JUNIOR OFFICER AND RECENT RETIREE STAY/LEAVE DECISIONS

LCDR Lillian M. Shepherd, MSC, USN,
CFAAMA
Assistant Professor
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Bethesda, MD

Abstract

This thesis examines stay/leave decisions of Medical Service Corps (MSC) officers in pay grades O-1 through O-4. Reasons why they choose to stay or leave the Navy and their attitudes toward continued service are identified and explored. Since few studies have been conducted on turnover intent in officers within the Navy Medical Department, previous studies, theories

and influencers on stay/leave decisions in Department of Defense officers are examined and compared with actual perceptions of MSC officers obtained through interviews. Thirty active-duty and eight recently-retired Medical Service Corps junior officers stationed on the East and West coasts were interviewed. Results indicated that active duty MSC officers' stay decisions are primarily influenced by the following factors: pay and benefits; job satisfaction; spouse and/or family; confidence in obtaining civilian job (specialty) employment; and graduate education opportunities. The strongest influencers are: pay and

benefits and civilian job (specialty) employment. Recently-retired MSC officers stated that the following factors mainly influenced their decision to leave: the booming economy (job availability); permanent change of station (PCS) moves; disconnection with leadership; the changing military; and being retirement eligible. Recommendations for further study are offered to aid in the recruitment and retention of Medical Service Corps officers.

The views expressed in this thesis are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.

BOOK REVIEWS

BOOK: PUTTING PATIENTS FIRST: DESIGNING AND PRACTICING PATIENT-CENTERED CARE

Editors: Susan B. Frampton, Laura Gilpin and Patrick A. Charmel

Publisher: Jossey-Bass, San Francisco, CA, 2003

Reviewer: William J. Lambert, Jr., DPA, FAAMA, FACHE
Associate Professor, Health Sciences/
Coordinator,
Health Services Administration Program
Ohio University-Eastern
St. Clairsville, OH

Winner of the American College of Healthcare Executives' 2004 James A. Hamilton Book of the Year Award, this book should be of interest to administrators, clinicians, support staff, patients, their families and those who advocate for them. The editors present the philosophy, rationale for and successes involved in "putting patients first" by the Planetree Alliance, a group of more than 80 hospitals and healthcare organizations across this nation and Europe.

The centerpiece of this transformation is a philosophy of "patient-centered care" that demonstrates "doing the right thing" can bring rewards to healthcare workers, providers and business interests. The authors believe "that the Planetree model's greatest value is that it is designed from the healthcare consumers'

perspective, and therefore effective in responding to the healthcare movement" (i.e., competitive advantage). Discussions relating to the healthcare workforce include the importance of a partnership between management, healthcare providers and supporting infrastructure. The authors support the view that, if the leadership is there, if the staff believes in what they are doing, that their tasks are proper, necessary and meaningful, that they are valued, then this will result in patient satisfaction, staff satisfaction and retention, better quality outcomes and an improved "bottom line."

Another facet of the book discusses how the Planetree Alliance incorporates nurturing, communication, healing arts, healing designs and environments, including supporting structures and functions, into patient-centered care, which help fulfill the obligation of the healthcare system to "do no harm."

BOOK: GOVERNING HEALTH: THE POLITICS OF HEALTH POLICY.

Authors: Carol S. and William G. Weissert

Publisher: Johns Hopkins University Press, Baltimore, MD, 2002

Reviewer: Lt Col James R. Clapsaddle, USAF, MSC, CAAMA
Administrator
Office of the Air Force Surgeon General
Washington, DC

Abstract

"People who love sausage and respect the law should never watch either one being made," is a paraphrase from a statement by Germany's Chancellor Otto von Bismark (1815-1898). Indeed, to those unfamiliar with how Congress creates laws, the legislative process, once revealed, can be very ugly. Healthcare laws are not born of the system one reads about in high school textbooks or observes in genteel speeches seen on C-Span. In reality, these laws are usually the product of years of behind-the-scenes power struggles, threats and tough bargaining among the 535 members of

Congress, the President, constituents and special interest groups.

Some see the process as dirty, ineffective, and unfair. Those holding this opinion usually do not understand how the system works. Carol and William Weissert, in *Governing Health: The Politics of Health Policy*, explain how the system works. They do so by describing the power brokers on Capitol Hill: the President, Congressional members, committees and interest groups to name a few. Then they describe the formal and informal methods used by these institutions to strongly influence how members vote. This inside story of Congressional behavior is sometimes juicy stuff: motivations include Presidential pressure, party loyalty, the strong arm of special interest groups, the drive to be re-elected and quite often the members' desire to simply write good laws.

Why read this text, let alone the full review on the AAMA website? Health care is the nation's largest industry. Congress provides this industry with more than half of its revenue and dictates almost all of its paperwork burden. Health professionals should understand the process that creates the laws to which they must adhere; if not to better appreciate and trust the system, then to understand how they may change it.

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Correction

In the Summer 2004 issue of the AAMA EXECUTIVE, the book review of *Superior Productivity in Health Care Organizations: How to Get It, How to Keep It*, by Paul Fogel, MBA, was mistakenly attributed to Maj Beverly A. Woods, CAAMA. The book was actually reviewed by Susan C. Wood, FACMPE, Administrator, Gastrointestinal Specialists Inc., Richmond, VA. We regret this error and apologize.

BOOK REVIEWS

BOOK: THE SIX SIGMA BOOK FOR HEALTHCARE: IMPROVING OUTCOMES BY REDUCING ERRORS

Authors: Clifford E. Brubaker, Robert Barry and Amy C. Murcko

Publisher: Health Administration Press, Chicago, IL, 2002

Reviewer: Maj Brent A. Epling, USAF, MSC, CFAAMA
Operations Officer
88th Diagnostics & Therapeutics Squadron
Wright-Patterson Air Force Base, OH

After living through versions of Management by Objectives, Total Quality Management, Malcom Baldrige or ISO 9000, you can't stand another program promising to improve your operations and return dollars to your bottom line. Added to your frustration is the amount of money your organization has sunk into its existing quality program. As the authors are quick to point out, Six Sigma is not a quality program. The purpose of Six Sigma is to reduce errors and improve quality. This makes Six Sigma the perfect companion for your existing quality program.

The Six Sigma Book for Healthcare is a training manual for students seeking a green belt in Six Sigma. Unfortunately, obtaining a green belt in Six Sigma doesn't better prepare you for that office bully. As the text adequately describes, a green belt simply identifies an individual that has completed a week of training and is prepared to carry out projects. This book is also a great introductory text to the Six Sigma process. If you are wondering if Six Sigma is right for your organization, the first chapter "Six Sigma: Why, What, How?" will leave you little doubt in only 18 pages.

This book isn't a light read for the plane ride home from a business trip or a day sunning at the beach. Although the authors break the major tenets into small digestible chunks, a classroom setting with an extensive question and answer session needs to accompany this text. Contrary to the authors' claims, successful

implementation of Six Sigma would require a stepped-down program with an extra day dedicated to the principles of statistics. A simple "knowledge" assessment could be used to group trainees and customize learning objectives.

If you are the education department head charged with selecting a managerial-level textbook to implement Six Sigma, *The Six Sigma Book for Healthcare* perfectly fits the bill. If you have the computer support in your training rooms, the companion website (<http://www.ache.org/pubs/barry/start.cfm>) provides sample cases, report templates and expanded information on the text. Microsoft Excel® or another spreadsheet program is required for working cases. You may need to add "spreadsheet knowledge" to your initial assessment as well.

BOOK: HEALTH CARE ADMINISTRATION: PLANNING, IMPLEMENTING, AND MANAGING ORGANIZED DELIVERY SYSTEMS; FOURTH EDITION

Author: Lawrence F. Wolper, MBA, FACMPE

Publisher: Jones and Bartlett Publishers, Sudbury, MA, 2004

Reviewer: Capt Christopher P. Filer, USAF, MSC, MHS
Medical Logistics Flight Commander
92nd Medical Support Squadron
Fairchild Air Force Base, WA

Abstract

This is an excellent textbook that covers a great majority of healthcare topics today. Although it is a lengthy book, it is easy to read. Selecting one chapter of interest at a time made the read all the more interesting and main ideas retainable. The textbook also includes a 12-country comparison, which greatly adds to the understanding and appreciation of this complex market. The target audience is not limited to students; rather the author attempts to target all individuals who

have a stake in the current and future of health care; thus the intent is directed at providing the reader with a thorough understanding of the majority of the topics relevant to the healthcare industry today.

This is a thorough textbook consisting of 27 chapters written by 57 contributors, all with impressive reputations in the healthcare industry. Their biographical briefs are presented after each chapter, following the references. There are two parts to this book. In Part 1 the chapters are related to organized delivery systems from the systems and corporate perspective. In Part 2 the chapters concentrate and are taken from the hospital's perspective within such systems. This is an excellent resource that does not require the reader to read in a sequential order. The authors do an excellent job of utilizing and listing referenced material, which can be used to immerse the reader in the topic of choice allowing for greater understanding and comprehension of that particular topic. There are also multiple examples, charts and tables that can be used and modified by the reader.

Overall, this textbook truly offers more technical detail and an understanding of multiple topics, focusing on organized delivery systems and the role of the hospital within that system. This edition also does an excellent job of capturing and presenting such real world events as bioterrorism preparedness and biomedical ethics in a clear and concise manner. This textbook provides details and, where the details are not sufficient for the intended purposes of the reader, the references allow for much greater immersion within that chapter's or chapters' topics. This is a definite add to any library.

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