

AAMA Briefs

Mark Your Calendar

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

AAMA Heeds HHS' Call To Support Organ Donation

In response to the U.S. Department of Health & Human Services' call for support, AAMA is joining healthcare associations across the country to promote organ and tissue donation. For information, visit www.organdonor.gov.

2002 CAAMAs Must Recredential in 2005

For details and applications, visit the AAMA website, www.aameda.org, call 847/759-8601 or email education@aameda.org.

Academy Launches Members Only Website

Beginning in mid-May, a cadre of colleague consultants will be available at the click of your fingers. The eagerly-awaited launch of AAMA's Members Only website brings you easy access to Academy members. Solicit the advice and counsel of nearly 3,000 healthcare administrators—to help you save time and learn the best from the best.

Designed as a virtual destination available only to AAMA members, the site will offer features intended to enhance colleague networking, including:

- Searchable online directory of AAMA members, with address and email contact information
- Advanced search functionality, allowing identification of colleagues by name, company, title, state, specialty, etc.
- Specialty group list serves that allow members to ask questions of their colleagues—and get answers
- Ability to update your personal profile, and/or block your information from being viewed

Once the initial site is up and running, content and functionality will continue to be added on this restricted-access site, eventually making it a one-stop resource for AAMA members.

"This is our first step in building an online community to enable our far-flung AAMA members to come together and communicate more easily with each other. Future enhancements will make the site even more valuable, so plan to visit frequently to see how it evolves," encouraged Penny Schmiede, Chair of the Academy's IT Advisory Task Force, the guiding authority in developing the members only website.

Additional details and individual member login information will be sent to all Academy members prior to the launch. Watch *Academy In Motion (AIM)*, AAMA's monthly electronic newsletter, for updates and future site enhancements.

Don't miss out—if your contact information has changed, call 847/759-8601 or email info@aameda.org.



Action, Options and Opportunities

By James G. Easter, Jr., FAAMA, 2005 Chairman of the Board

Success is about creating an impression of what we want to be and then making it happen. AAMA will become the premier healthcare administration association for the U.S. and worldwide because YOU are the key stakeholders. Please consider these facts and related concepts:

- AAMA understands healthcare administration.
- AAMA is about leadership committed to change.
- AAMA believes that administration requires superb business behavior.
- AAMA will use resources to be credible, credentialed and creditworthy.
- AAMA is innovative, visionary and proactive.
- AAMA has the power of influence.
- AAMA is expanding in many areas: Membership, College enrollment, College development, national presence and influence.
- AAMA is developing an exemplary organizational structure.
- AAMA is a strong public/private partnership.
- AAMA thrives on diversity.
- AAMA embraces administration, technology and caring.
- AAMA creates responsible leadership one member at a time.

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Inside the Spring 2005 AAMA EXECUTIVE:

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- Compliance with Stark II Phase II: A Hospital Perspective
- Case Study: Controlling Medical Training Costs While Maintaining Employee Qualifications and Readiness
- Aging and Health Care
 - Plus book reviews, Academy news and more!

In Search of Affordable Health Care: Health Savings Accounts (HSAs), Are They the Solution?

Author:

**Lt Col Rachel Lefebvre, MBA,
MSHA, CFAAMA**
Healthcare Administrator
F E Warren AFB, WY

Once again, healthcare expenditures were at the forefront of the presidential debate and took center stage as one of the most complex and contentious issues facing our nation. Both candidates attempted to tackle the \$1.6 trillion healthcare bill by extending new solutions to the age-old problem of runaway healthcare costs. How will Americans reign in medical inflation?

President George W. Bush signed into law *The Improvement and Medicare Modernization Act of 2003*, which created an innovative option to obtain healthcare benefits, known as Health Savings Accounts (HSAs). HSAs were created to ultimately lower healthcare costs and to expand healthcare coverage to the 45 million Americans without coverage. They rely on a three-pronged effect to reduce costs by awarding members a stake in their health care, inducing a

high-deductible plan with associated lower premiums, and constructing a 401(k)-like investment vehicle to allow one to save, tax-free, for future medical expenses.

As we move into a market, which the media is deeming “consumer driven health care,” HSAs foot the bill. The intent is to move away from employer-sponsored insurance and turn medical care into a product/service that consumers’ purchase like any other (Gleckman: 91). What’s the catch? Will HSAs become a revolution in health care or just another misaligned reform initiative? Will high deductibles and cost-conscious consumers reduce money spent unnecessarily for health care?

This article further evaluates the pros/cons of HSAs and asks some rather provocative questions about this healthcare option.

Compliance with Stark II Phase II: A Hospital Perspective

Author:

Cheryl L. Brooks, MSA, CFAAMA
Vice President, Compliance/Managed Care
Mary Rutan Hospital
Bellefontaine, OH

The Stark II self-referral ban prohibits physician referrals of Medicare and Medicaid beneficiaries to entities with which they or an immediate family member have a financial relationship for designated health services. The law also prohibits an entity such as a hospital from billing for services that were provided as result of a prohibited referral. Hospitals face significant financial exposure and must diligently review all financial relationships with referring physicians for compliance with the Stark law.

The significant financial impact of Stark II violations requires a compliance strategy to be developed, which includes a thorough analysis of the hospital’s contracting and the financial relationship with physicians. The self-referral law prohibits some physician referral patterns but also contains exceptions that allow physicians to structure certain financial arrangements and business practices. Each type of arrangement should be

reviewed against a standard template that covers the requirements for the appropriate exception to the Stark law.

Conducting a Stark audit will provide a better understanding of the regulation and identify arrangements at greatest risk of prosecution. The audit should identify the need to develop policies and procedures in obtaining information necessary to comply with reporting obligations and the importance of documenting reasonable, consistent and objective fair-market determinations in financial relationships with physicians.

In the current healthcare environment, physicians are looking more frequently for financial assistance, and hospitals must be prepared to enter into these financial relationships more frequently. But all financial relationships with physicians will be viewed with much more scrutiny in the post Stark II environment.

Case Study: Controlling Medical Training Costs While Maintaining Employee Qualifications and Readiness

Author:

**LT Kevin R. Williams, MSC, USN,
CFAAMA**

Deputy Director for Headquarters
Administration
BUMED
Washington, DC

While many healthcare organizations slash training budgets to improve the bottom line, the "Top 100 Companies in America" as reported in the March 2004 issue of *Training Magazine*, invest nearly \$7 million each, about 4.1 percent of their budget, in bettering the professional and personal lives of their employees. Through highly focused and tightly managed training programs, the 2004 *Top 100 Companies* have gained advantages over their competition by boosting likely business metrics, revenue, productivity and quality. The *Top 100 Companies* use the *Six Sigma Balanced Scorecard*, *Kirkpatrick's Level IV* and *Return on Investment Analysis* to measure training effectiveness.

Last year our organization, the Bureau of Medicine and Surgery (BUMED), spent \$600,000 on training, about 2.2 percent of the budget. BUMED had 500 employees on the payroll and invested an average of 11 hours of training per employee during the year. However, only 37 percent of the 500 employees received or took part in any form of the training beyond

basic orientation-type training.

The *Six Sigma Scorecard* indicates that we have the following strengths: customer service, leadership development and product output. The *Return on Investment Analysis* is based on gaining or retaining one full time equivalent employee. Since the average BUMED employee costs \$50,000 a year and \$13,000 is spent on employee development, our ROI is 28 percent per employee. BUMED also has a solid *Kirkpatrick Level IV Business Model* in place.

Due to the results of the data gathered, a decision was reached to develop a more structured online training program based on the industry standard. This move has allowed BUMED activity to realize gains in productivity and cost savings.

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

Aging and Health Care

Author:

**CDR Michael J. Holdridge, MSC
USNR, FAAMA**

Reserve Order Writer/BUMED Liaison
Naval Personnel Command PERS 46
Millington, TN

Since 1900, the percentage of Americans 65 and older has more than tripled. By 2030, there will be 70 million older people, twice the number in 1999. In 1996, 27% of older people assessed their health as fair or poor. Older people generally have at least one chronic condition and many have multiple conditions. (DHHS, 2000).

As America ages, there is a significant shift in the proportion of retired citizens to workers, as well as the sheer numbers of frail elderly, which results in an increased allocation of health resources to the old. A solution for the present crisis in health financing must take into account these projected demographic changes, as well as accounting for the health of individuals. It must be able to finance programs that will improve or at least hold stable the common good and vitality of society.

Out of pocket healthcare expenses of those over age 65 are approximately 12%

of their total income, even with Medicare benefits (Hacker, 1994). Medicare provides over 39 million elderly and disabled beneficiaries with coverage. Premiums and co-payments pay a portion, but payroll taxes on current workers pay a majority of Medicare's costs. The anticipated drop in the number of workers supporting each beneficiary is causing a crisis in this pay-as-you-go funding and the trust fund is expected to be bankrupt by 2029 (Aston, 2001).

Our elected leaders continue to struggle to find ways to reform Medicare to avert a financing crisis that will surely become a health crisis if allowed to fail. The time to start establishing the groundwork has nearly passed, and funding and benefit issues need to be addressed now if a solution is going to help.



Book: **Health Care Economics, Sixth Edition**

Author: Paul J. Feldstein

Publisher: Thomson Delmar Learning,
Clifton Park, NY, ©2005

ISBN: 1401859798

Reviewer: Robert E. Hoye, PhD, FAAMA
Professor Emeritus, University of Louisville
Faculty Mentor, Health Services
Walden University, Louisville, KY

This is a well-known and established text in health economics and should enjoy the same success as earlier editions. While used as a basic text in academia, this updated Sixth Edition provides documented, factual and authoritative information to all concerned with this timely issue in our healthcare system. The healthcare administrator and board member would be well advised to have a copy available for reference. It would be difficult to imagine that an individual charged with the administration or management of a healthcare system or sub-system would not be familiar with the concepts presented in the book. Social activists and politicians could well profit from understanding the ever-changing economics of our nation's healthcare system. Researchers should welcome this refined and current treatise on health economics. It is well documented and referenced in what makes up the body of knowledge known as health economics.

Learning objectives are stated at the start of each chapter, as well as a listing of key terms and concepts. These are important aids to readers as they attempt to master this complex subject. Readers are able to test or compare their understanding with the learning objectives stated by the author. Each of the 19 chapters in the book is well illustrated, contains a helpful summary and appendices with relevant materials referenced. The separate glossary at the end of the book provides updated definitions for terms used throughout the text. A complex subject matter is made easy for the reader to follow.

Other publishers should notice the attractive layout and learning aids made available. Complex issues, such as health economics, need not be presented as a mystery to the reader. Any discussion of health-related economics and trends should reference this well-written text.



Book: **Will the Last Physician in America Please Turn Off the Lights?**

Authors: James Merrit, Joseph Hawkins and Phillip Miller

Publisher: Practice Support Resources, Inc,
Independence, MO, ©2004

ISBN: 097599560X

Reviewer: Deryl Gulliford, PhD, MHA, FAAMA, FACCA
Chief Executive Officer
Seiling Municipal Hospital, Seiling, OK
Professor, Regis University, Denver, CO

This book is the best discussion that I've ever seen of America's doctor shortage. It describes the "dirty dozen" reasons for the looming shortage:

- The projection of an oversupply of specialist physicians was wrong.
- The primary care "gatekeeper" role of generalist physicians did not dramatically reduce the need for specialists.
- 68% of U.S. doctors are specialists, 32% are generalists, but the mix should be closer to 50%/50%.
- To quote the authors, "we're getting older, and fatter, and there are more of us!" which leads to more medical care and more doctors.
- More and more of America's doctors are retiring.
- The limited working hours of Residents-in-Training has reduced the availability of doctors in larger communities.
- Although, the increased number of female physicians has been positive, they on average work 18% fewer hours than their male counterparts.
- Some foreign medical graduates establish practice in rural areas to fulfill their immigration visa requirements, and leave as soon as they have the permanent visa.
- Doctors spend so much time on paperwork that their ability to care for patients is reduced.
- Since physicians now use a better process of care, they see fewer patients.
- Patient demand to utilize technology has grown, but we have not trained enough doctors to interpret the new technology.
- Maldistribution: In Massachusetts, there are 448 doctors per 100,000 people vs. 184 doctors per 100,000 people in Oklahoma.

All of these are factors, but the bottom line is that America will experience a shortage of nearly 200,000 doctors by the year 2020. What to do? The authors gave some suggestions: Establish more parity between specialist and primary care physician salaries; restore funding for training; recruit young people to the medical field; reform malpractice; better reimbursement for primary care, especially rural primary care from Medicare and Medicaid; medical faculty salaries must approximate practice salaries; and lessen the regulation and the administrative burden.



Book: **Achieving Safe and Reliable Healthcare: Strategies and Solutions**

Author: Michael Leonard, MD; Allan Frankel, MD; Terri Simmonds, RN; with Kathleen Vega
Publisher: Health Administration Press, Chicago, IL, ©2004
ISBN: 1567932274

Reviewer: Bruce McFarland, CAAMA
 Regional Safety Officer/Contingency Planner
 Providence Health
 Kansas City, KS

Every healthcare organization must address the issue of medical errors or face the negative consequences. This practical resource will provide you with a comprehensive blueprint for building and supporting a culture of patient safety. It includes contributions from experts who have created comprehensive and successful patient safety programs in their organizations. With the strategies and tools in this book you can:

- Assess the safety climate of your organization with a tool used at more than 300 hospitals
- Optimize teamwork and communication among staff members
- Build safeguards into your clinical care systems
- Develop policies that hold staff accountable for their own performance but not for system flaws
- Communicate openly with patients and family when an error occurs
- Create an adverse-event and potential-event reporting system that generates ideas for improvement
- Develop an executive *WalkRounds* program that involves meeting with staff and engaging in a two-way conversation about safety
- Employ tools that assist your organization in identifying potential trouble spots and in leveraging actions to prevent harm

When something goes wrong, the common tendency is to find out who did it rather than why. The authors introduce the concept of high reliability and discuss the components of a culture of safety, which include effective teamwork, structured systems, complete patient involvement and open communication surrounding errors.

This book includes suggestions on how to establish a safety culture, including how to measure a culture's perceptions about safety, set up reporting systems and involve leadership in change. Finally, it looks at how organizations can conduct patient safety projects that allow for the continuous improvement of quality and safety across an organization.



Book: **Saving Lives and Saving Money: Transforming Health and Healthcare**

Authors: Newt Gingrich with Dana Pavey and Anne Woodbury
Publisher: Alexis de Toqueville Institution, Washington DC, ©2003
ISBN: 0970548540

Reviewer: LCDR Richard G. Masannat, CAAMA
 Surveyor, Naval Medical Inspector General Staff
 U.S. Navy Bureau of Medicine and Surgery
 Bethesda, MD

This book is a straightforward yet thought-provoking read, examining both the flaws in our nation's healthcare delivery system and the potential solutions, drawn from real world successes, which taken together can transform our system into a more efficient, patient-centered, outcomes-based approach. Despite the principal author's politically partisan history, the book is surprisingly objective and equally critical of politicians on both sides of the aisle.

Chapters 1 and 2 briefly examine the root causes of inefficiencies in the current system. The authors also explain why reforms addressing elements of the system will not solve the overall problems. Chapters 3-10 expand on the thesis that patients must be active consumers for their own well-being and explains the roles of providers, government, insurers and employers. In addition to the moral reasons for change, the authors discuss the impact of health on the nation's future productivity as the labor pool shrinks, and the inability of the Federal programs to provide, or afford, adequate care in the coming years.

Readers may be surprised at chapter 9, where the authors advocate increased spending for the National Institutes of Health, the Centers for Disease Control and Prevention, the National Science Foundation and NASA. With medical breakthroughs and broader scientific knowledge a centerpiece of the authors' vision, they argue that these agencies are well positioned to fill this role, citing their track records in prevention, diagnosis, and treatment, both direct and indirect.

This book could have become a healthcare reform "wish list", but the authors keep it well-grounded in reality with discussion of topics such as lost opportunities in diabetes prevention and the need for an electronic medical records system. With HHS's recent appointment of a health information "Czar" to move the latter forward over the next 10 years, the transformation described in the book seems very doable.

The most practical parts of this book are the Appendix A case studies and the websites listed throughout and in Appendix C. This book is a good read for both administrators and medical staff leadership.

Members Ratify Illinois Reincorporation to Position AAMA for a Strong Future

With 70% of eligible members responding positively by the February 28 deadline, AAMA mustered the votes required to reincorporate from Massachusetts to Illinois, as recommended by the Academy Board last fall. The legal requirement was two-thirds, or 66.67%.

“A big THANK YOU to the members who responded on their dues statements and to mailings, faxes and emails, boosting responses past the two-thirds requirement,” noted AAMA Board Chair James G. Easter, Jr., FAAMA.

Positioned for Responsive Leadership

“This approval positions AAMA for strong and responsive leadership,” explained 2004 Board Chair Hank Chinnery, FAAMA, in whose term the reincorporation was developed.

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, sought member approval to reincorporate in Illinois.

“Illinois incorporation is expected to reduce



costs and annual reporting burdens, as well as allow the Academy to take advantage of the benefits of Illinois' very favorable non-profit laws (see *The AAMA EXECUTIVE*, Fall 2004 edition),” Chinnery said.

At its October meeting, the Board approved new Academy bylaws defining a revised governance structure for its new Illinois corporation (see *The AAMA EXECUTIVE*, Summer 2004 edition and the above chart).

Bylaws are available for review on the AAMA website at www.aameda.org.

Board Realignment Ensures Effective Oversight

Implementation of the new bylaws requires that AAMA members confirm their specialty group preferences and, for the first time, identify their primary specialty group. Beginning January 1, 2006, 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 have Board representation.

Members may join unlimited specialty groups without paying any extra fees. This provides member access to each selected group's communications, leadership and member benefits. Members can notify AAMA of their specialty group selections on their dues invoice, on the AAMA website (www.aameda.org), via email to membership@aameda.org or by calling AAMA at 847/759-8601.

Other bylaws changes include realignment of Academy Regions to four, and appointment of four new Board members to oversee AAMA programs. Elections for the Regional Director positions will take place this summer. The new Directors of Professional Affairs, Communications, Professional Development and Professional Achievement will be appointed by the 2006 Board Chair, Janet L. Jones, FAAMA, and confirmed by the AAMA Board of Directors. All will take office on January 1.

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

KORN/FERRY INTERNATIONAL

**Geisinger[®] FOX CHASE
CANCER CENTER**

**Administrator, Joint Program of the
Geisinger Health System/Fox Chase Cancer Center**

Geisinger Health System and Fox Chase Cancer Center (GHS/FCCC) are seeking a dynamic administrator/leader to work as a business partner with the medical director, who will lead this Regional Cancer Center. This joint program is a newly formed venture designed to provide extraordinary cancer care in the Wilkes-Barre/Scranton/Pocono region. The hub of the joint venture will be located in the Frank M. & Dorothea Henry Cancer Center at the Geisinger Wyoming Valley Medical Center in Wilkes-Barre. The Center is 2 hours from NYC and 90 minutes from Philadelphia.

We are seeking an experienced leader to focus on the joint development and operation of new and existing services for cancer patients in the Region. The candidate will demonstrate the ability to help develop and implement the vision for the cancer center. The administrator will be responsible for all aspects of the cancer center in partnership with the medical director. The joint venture will present an opportunity to partner in research with Fox Chase, one of the leading cancer centers in the country. This individual will ensure that the infrastructure is in place for these research activities.

Geisinger is a fully integrated, physician-led health services organization that is built around its 600-plus member group practice. Geisinger is comprised of two acute care hospital campuses and 41 clinical practice sites spread across 31 counties in Northeastern and Central Pennsylvania. Geisinger's large population base and its electronic medical record create a platform for outcomes, best practices, and population medicine-based research. Fox Chase Cancer Center is an NCI-designated freestanding comprehensive cancer center located in Philadelphia with a strong emphasis on population-based studies.

The successful candidate will have demonstrated:

- exceptional leadership and entrepreneurial skills
- collaborative style
- strong communication skills
- marketing and community outreach experience

Nominations and self-nominations are encouraged. Resumes and letters of interest should be sent to our consultant, Nancy Cook, c/o Korn/Ferry International, Suite 2626, 1835 Market St., Philadelphia PA 19103 or email the materials to her at: ghsfcc@kornferry.com. Relevant web sites are: www.geisinger.edu and www.fccc.edu

GHS/FCCC is an Equal Opportunity/Affirmative Action Educator and Employer. Women and minorities are encouraged to apply.

In Pursuit of Excellence: ACCA Cardiovascular Conference Directs Attendees' "Quest for Success"

Challenge: How to recognize and develop innovative cardiovascular leadership.

Solution: The American College of Cardiovascular Administrators' (ACCA's) 16th Annual Cardiovascular Administrators' Management Conference.

From the pre-conference tour to the closing moments, ACCA's March Cardiovascular Administrators' Management Conference focused on identifying, sharing and recognizing innovative cardiovascular leadership.

Keynoter William A. Hawkins, President and COO of Medtronic, Inc., challenged cardiovascular administrators to consider "Advancing Innovation in an Uncertain Environment."

"Less than forty percent of those who could benefit are getting access to the new healthcare technologies," he said, focusing on the development of new drugs and new materials in an environment of increased competition.

"Innovative Cardiovascular Leadership"

Both Hawkins and Award of Excellence recipient Roger S. Newton, PhD, demonstrated the Conference theme, "Innovative Cardiovascular Leadership: the Quest for Success." Newton co-discovered and was product champion for what is now the most widely prescribed drug in the world, atorvastatin (Lipitor®). Currently, he is Senior Vice President and Director of Esperion Therapeutics, a division of Pfizer Global Research & Development.

The prestigious Award of Excellence has been sponsored since 1992 by GE Healthcare BioSciences (formerly Amersham Health), in conjunction with ACCA. It recognizes those who demonstrate outstanding lifetime achievement in the field of cardiology, achievement that has profound effect on the quality of patient care in the United States and around the world. Newton's Award of Excellence address, "HDL Therapy as a Paradigm for Acute Treatment of Arteriosclerosis," focused on the "triumph of innovation" in leading a revolution in treating cardiovascular and metabolic diseases.

Recognizing Achievement & Commitment

In recognition of their leadership, achievement and commitment to cardiovascular health care, both Hawkins and Newton were named Honorary Fellows of AAMA.

Also recognized during the conference were "innovative ACCA leaders" R. Kyle Kramer, FAAMA, FACCA, Penny Schmiede, FAAMA, FACCA, and Andrew G. Cohen for contributing "their time, their creativity, their drive and their vision to help ACCA achieve success on behalf of our members," according to ACCA President Marilyn M. Henry, FAAMA, FACCA.



William A. Hawkins, Keynote Speaker



Craig Small, Product Manager, GE Healthcare BioSciences; Roger S. Newton, PhD, Award Recipient; and Marilyn M. Henry, ACCA President



Innovative ACCA Leaders: Andrew G. Cohen, Penny S. Schmiede, Marilyn M. Henry, R. Kyle Kramer

Kramer instilled a "contagious vision of success" during his 2003-2004 term as ACCA President. He is Executive Director of Cardiovascular Services, Yale-New Haven Hospital & Health System, New Haven, CT.

Schmiede, 2001 ACCA President, was recognized for "her volunteer spirit second to none," demonstrated through service on numerous AAMA and ACCA committees. She is Administrative Director of Cardiopulmonary Services, Boswell Hospital, Sun Health Corp., Sun City, AZ.

Cohen spearheaded a major evaluation of *The Journal of Cardiovascular Management*, leading to the selection of a new editor and editorial board, plus a full redesign of this important ACCA member benefit. He also serves as ACCA's liaison to the American Society of Chest Pain Centers and Providers. Cohen is a Health Services Consultant, Columbia, MD.

ACCA: Answering Call from HHS

ACCA President Henry also announced AAMA's and ACCA's support of a national organ and tissue donation initiative at the invitation of the U.S. Department of Health and Human Services.

"As healthcare professionals, we all certainly understand the need for increased willingness to donate organs and tissues. And as healthcare professionals, we need to support this worthwhile endeavor. This is a simple but extraordinarily valuable way for us to strengthen our service to America's patients."

Sixteen posters were presented during the conference, double those in 2004's introductory poster session.

Conference participants were also able to take advantage of additional educational opportunities. The pre-conference seminar, "Where Creativity Meets Operational Realities," joined *Walt Disney World*® Resort staff and Bill Shannon, Executive Director for Service Improvement with the Duke University Health System, for an interactive overview of service delivery systems backstage at *Disney*. The tour, *Innovation in Action*, demonstrated how creativity and traditional service tactics work hand in hand, and how creative ideas in an unrelated sector can be transferred successfully to improve the cardiovascular service environment.

Two industry-sponsored symposia also enhanced the educational environment. Boston Scientific Corp. presented "Cath Lab of the 21st Century: Are You Ready for Carotid Stenting?" Raytel Cardiac Services and St. Jude Medical presented "Remote Monitoring: A Prescription for Practice Efficiency."

The 2006 ACCA Cardiovascular Administrators' Management Conference will be held in Atlanta, GA, March 9-11, immediately preceding the 55th Annual Scientific Session of the American College of Cardiology.

AAMA Members Answer the Call to Iraq

It has been said that great opportunities may come only once in a lifetime, but small opportunities surround us every day. Most of us labor with valor in the everyday, but a few receive the call to rise above the ordinary to do extraordinary things.

The war in Iraq is one of those events that called for greatness in the midst of chaos, and dedication under sometimes terrifying circumstances. Many AAMA members, both military and civilian, have or are serving in support of the war effort, and continue to use their professional skills and personal talents to bring quality health care to troops in the area and to the Iraqi population.

In a tribute to all AAMA members involved in the Iraqi war, both abroad and at home, we focus on a few. Here are the experiences of two AAMA members who served during Operation Iraqi Freedom, performing their professional duties in unusual ways, answering their personal call with excellence.

Maj Ruben Matos, USAF, MSC, CFAAMA

As Administrator and Medical Support Squadron Commander of the 407th Expeditionary Medical Squadron and 332nd Expeditionary Medical Group during Operation Iraqi Freedom (OIF), Maj Ruben Matos coordinated ancillary services and treatment for more than 4,500 combat-related casualties in the first 45 days of operations alone.



Maj Ruben Matos, CFAAMA

Matos led the Pharmacy, Radiology, Laboratory, Biomedical Equipment Repair, Nutritional Medicine and Facilities Management elements in these facilities, providing logistics and operations support to U.S. and Coalition Forces throughout Iraq. He was responsible for deployment and maintenance of eighteen tents and seven ISO shelters while his team was exposed to daily temperatures of over 135 degrees Fahrenheit.

Maj Matos deployed clinic LAN and Internet systems and helped configure more than twenty computers, which were online within 48 hours of arrival. A unique, state-of-the-art medical control center was built, making the 332 EMDG the Aero medical evacuation hub of OIF. He also coordinated thirteen C-130 aircraft, twenty-seven UH-60 and seven CH-47 helicopter missions, transporting 200+ critical casualties in just two weeks.

Maj Matos managed the daily needs of 125 deployed personnel, procuring power, water, food, shelter and mail services and was the liaison officer between the Army and Air Force Mortuary Affairs. As Unit Redeployment Manager, Maj Matos also coordinated the timely arrival and departure of medics, making a seamless transition for both patients and clinic personnel.

Maj. Ruben Matos was awarded the Bronze Star Medal for his efforts in support of Operation Iraqi Freedom.

Thomas D. Yancoskie, FAAMA

Always Count Your Blessings

Leading the planning and equipment purchasing for 19 hospitals wasn't easy.

The daily bombing in the Green Zone leaves one awful queasy.

We worked twelve-hour days and seven days a week.

The job was getting done despite the oppressive heat.

Two Iraqi physicians were assigned to me, and we became friends.

The work was draining, always leaving you tired.

Can I get used to these shots being fired?

September 11th arrived and we were without power.

Terrorists bombed my compound with rockets and mortar fire lasting four hours.

The shrapnel was everywhere, so close and so near.

What the hell happened? I cannot hear!

My physicians arrived that morning with their car in tatters.

They survived a suicide bomber and that's all that matters.

Dr. Ali said, "My friend, you must go home and never look back.

The terrorists know about you and are planning another attack."

—Thomas D. Yancoskie

Tom Yancoskie was the lead facility planner for the Iraqi Ministry of Health and was responsible for \$128 million in facility planning and purchasing of new medical equipment. He was evacuated from the country September 12, 2004, after intelligence reported certain terrorists groups were targeting his location. After his flight departed Baghdad International Airport, terrorists bombed the airport and closed it for five days. Yancoskie arrived safely at his home in Virginia.



Thomas D. Yancoskie, FAAMA, in Iraq

In Memoriam

Louis M. Barber, MD, FAAMA, of Stockton, CA.

Barber, an Emeritus Fellow of the Academy, was a member since 1958. He was the fourth AAMA Chairman of the Board, from 1971-72.

John S. Spratt, MD, FAAMA, of Louisville, KY.

Spratt was a Professor of Surgical & Health Systems, University of Louisville, Brown Cancer Center. He was an Emeritus Fellow of the Academy and a member since 1985.

Treasurer's Report: Preparing for the Future

By Janet L. Jones, BSN, FAAMA, 2004 Treasurer

As healthcare administrators, it is our responsibility to prepare for and deal with change. Consider the future impact of HIPAA, quality healthcare initiatives, potential terrorist acts, the uninsured and the President's goal for electronic healthcare records.

As our professional partner, AAMA must also prepare for the future to provide us the tools to succeed in our job and career. We must be ready to utilize new technology and function effectively in a changing environment. Like it or not, most change comes down to finances. A strong financial foundation is necessary to allow investment in an effective infrastructure to promote growth and stability. As we say in the non-profit world – no margin, no mission.

I am pleased to report that 2004 was another strong financial year for the Academy. We were able to contribute significantly to our financial reserves for the third consecutive year, while providing meaningful programs to our members. At the same time, your leaders invested in several areas that position the Academy to be strong and dynamic:

- **Members only website** scheduled to be operational in mid-May.
- **Conference enhancements** to meet the changing needs of our members.
- **Member survey** to focus our efforts on the areas of most concern to you, our members.
- **Technological improvements** to meet the growing needs of our members.
- **AAMA Board of Directors** realignment that will take effect January 1, 2006, and AAMA's reincorporation in Illinois, effective this year.

I think back to our 47th Annual Conference, "Healthcare in Transition: Meeting the Demands." The focus applies not only to my role as a healthcare professional, but also to my role as an AAMA leader.

Preparing for the future requires accepting change, preparing for change and utilizing current technology to accomplish change. 2004 represents the culmination of a four-year effort to build a strong infrastructure that will allow the Academy to meet the needs of its members in the years to come.

AAMA To Recognize Healthcare Leaders

AAMA is privileged to count many outstanding healthcare leaders among its members, and annually we recognize several with AAMA awards. Honor those who have made significant contributions to healthcare administration. Nominate them for one of the following awards:

Distinguished Service Award – Presented to AAMA members in recognition of their outstanding service and dedication to the Academy and/or our specialty groups.

William Newcomer Healthcare Executive of the Year – Recognizes an Academy member who has demonstrated outstanding executive performance in their organization, with accomplishments revealing initiative, innovation, and performance results.

Harry Shubin, MD, Statesman in Healthcare Administration – Open to both AAMA members and non-members, this award recognizes a healthcare professional with at least 20 years of service, who has made a significant, innovative contribution to the aims of quality healthcare delivery.

State Director of the Year – Presented to one AAMA State Director for exceptional service to the Academy and its members while fulfilling the duties of the position.

Young Federal Healthcare Executive of the Year (*Open to ACFHA members only*) – This award recognizes the outstanding contributions and achievements of a young healthcare administrator (under 40 years of age) to the Federal healthcare management system.

Deadline for nominations is July 1. Recipients will be honored at a formal ceremony during AAMA's 48th Annual Conference, November 10-12, in Las Vegas. For an award nomination form call the Academy at 847/759-8601 or visit www.aameda.org.

Renew Your Dues and Select Your Specialty Groups

If you haven't yet renewed your AAMA membership and paid your 2005 dues, ***your time is running out!*** Renew now to continue receiving your Academy benefits.

If you have already renewed your AAMA membership and neglected to select your specialty groups or designate your primary College affiliation, please call 847/759-8601, or email your selections to membership@aameda.org.

Call for Regional Director Nominations

Implementation of AAMA's new governance structure begins this summer with election of Regional Directors who will take office January 1, 2006, according to Janet L. Jones, FAAMA, AAMA Chair-Elect and Nominating Committee Chair.

Since AAMA's current geographical representation will be realigned from seven to four regions, elections will be held for all four Regional Director positions. During this transitional year, Directors of Regions I and III will be elected to serve one-year terms and Directors of Regions II and IV two-year terms. New regional boundaries and complete election details are available at www.aameda.org.

"Serving as a Regional Director provides an opportunity to refine your leadership skills and play an important role in the governance of your Academy," noted Jones. "AAMA members are encouraged to submit nominations. Self-nominations are also accepted."

Nominations, including a 150-word statement for the ballot, must be submitted by July 15 to the Nominating Committee, c/o AAMA Headquarters, 701 Lee Street, Suite 600, Des Plaines, IL 60016, 847/759-8602 fax or info@aameda.org.

Academy Names 2005 AAMA State Directors

Welcome to the Academy members who have volunteered to lead local activities in their State or Area during 2005. *If your State is not listed, we need your help. To volunteer for State/Chapter involvement, contact Academy headquarters.*

- AL** – David M. Caston
- AK** – Mark L. Everett, CFAAMA
- AR** – Gary L. Baker, CAAMA
- CA** – Susan M. Goldberg
- CO** – John J. Mammano, CFAAMA
- DC** – Richard M. Guzman, CAAMA
- DE** – Thomas R. Defibaugh, CFAAMA
- FL** – Donald R. Crist, Jr.
- GA** – Dennis J. Quagliani
- HI** – Rod Poblete, FACCP
- IL** – Douglas E. Cathon
- IN** – Shery R. Purkeypile
- IA** – Francie Jahn
- KS** – Moussa T. Elbayoumy
- KY** – Robert E. Hoye, FAAMA
- LA** – Gary L. Baker, CAAMA
- ME** – Kevin J. McGovern, FACCA
- MD** – Benjamin G. M. Feril, FAAMA, FACCP
- MI** – Patrick G. O'Donovan, FAAMA
- MS** – Gary L. Baker, CAAMA
- NV** – Vicki A. Kocaja
- NJ** – Edward Gulko
- NY** – Joel M. Levy, DSW, FAAMA
- NYC** – Mark D. Gustin, FAAMA, FACMCA
- NC** – Yvonne Cobb
- ND** – James G. McFarland, FACCA
- OH** – William J. Lambert, Jr., DPA, FAAMA
- OR** – Shawne S. Marsh
- SC** – Felix A. Bigby, CAAMA
- SD** – James G. McFarland, FACCA
- TN** – Carol M. Parsons
- TX** – Dale A. Gogart, FAAMA
- VA** – Emmett W. Quensenberry, CAAMA
- VA (northern)** – Carl D. Wamble, CAAMA
- VA (Tidewater area)** – James L. Martin, CFAAMA
- WA** – Darrell W. Landreaux, CAAMA
- WV** – James M. Ross
- WI** – Janice B. Babcock, FAAMA
- WY** – John M. Ferry, FAAMA
- Europe** – Jason B. Darby, CAAMA, FACCP
- India** – Dhan R. Jangid, MD
- Japan** – Rene A. Pachuta, CFAAMA
- Mexico** – Victor R. Alvarez, MD

Get involved in local AAMA activities by contacting your State Director. For contact information, visit the Academy website at www.aameda.org/MemberServices/statechapters.html

Members Champion Academy Membership



Become an AAMA champion! Tell your colleagues and professional associates about AAMA and encourage them to join our winning team. Make sure they name you as the referring member on their membership application, and you'll become one of our "recruiting stars," gaining credit for Gain-1, the Academy's member-get-a-member program.

Champion AAMA and reap personal rewards. We'll tally the Gain-1 referrals and announce our Gold, Silver and Bronze Level winners at AAMA's 48th Annual Conference in November. Prizes include complimentary annual conference registration, Academy gift certificates, and free AAMA membership—it's a win for you and for the new members you recruit to our AAMA team.

For Gain-1 information and rules, visit www.aameda.org. Membership brochures and application forms are available from Von Yetzer, Director, Membership & Communications, at 847/759-8601 or at von@aameda.org.

2005 Foundation Contributions Off to a Strong Start

"Thanks to the generosity of AAMA members, AAMA Foundation contributions are off to a strong start for 2005," says Hank Chinnery, CFAAMA, Chair of the AAMA Research and Educational Foundation. "AAMA members are accepting AAMA Chairman Easter's challenge to become more involved in AAMA. Members' generous donations are helping support the Foundation's mission to drive excellence in healthcare administration through education, research, scholarship and policy development."

The AAMA Foundation works to ensure that resources are available to develop strong healthcare leaders.

Contributors to the Foundation demonstrate leadership by investing in the future of their profession. Make a donation securely online today at www.aameda.org.

AAMA Foundation 2005 Contributors

As of February 28, 2005

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Achieve the Recognition You Need to Succeed

You've worked hard to achieve your status and expertise in healthcare administration. Now make a difference in your career, your organization and your life by having them acknowledged and formally recognized through advancement to Fellow.

Choose the advancement option that best fits your professional situation and career plans:

Fellow of the American Academy of Medical Administrators (FAAMA)

Fellow of the American College of Cardiovascular Administrators (FACCA)

Fellow of the American College of Contingency Planners (FACCP)

Fellow of the American College of Managed Care Administrators (FACMCA)

If you are currently an FAAMA, advance to Diplomate, the Academy's highest status, which recognizes the achievement of true excellence within healthcare administration.

The application deadline is August 15, 2005, for formal recognition during AAMA's 48th Annual Conference, November 10-12 in Las Vegas. Advancement details and application forms are located on the Academy's website at www.aameda.org. Questions? Call Academy headquarters at 847/759-8601.

Action, Options and Opportunities *continued from page 1*

These attributes make us who we are. YOU are the HEALTH CARE in AAMA, and YOU are the ones touching our patients in the hospitals, on the battlefield, in the emergency department, the cardiac unit, on the academic campus, in the cancer center and the public health office. Your ability to support these concepts and work toward our common objectives is key to our future. By utilizing our collective management skills, we maximize our resources and assets to make AAMA THE association for an improved healthcare delivery system.

AAMA is the thread through the healthcare quilt of service, leadership and mission!

There are many opportunities to broaden our influence. Too many states are cutting entitlement programs and human services to balance compromised budgets. The elimination of early intervention efforts and disease awareness initiatives exacerbates the problem while increasing the demands on our emergency departments (the only access point to the system for many underserved and unemployed).

To effectively change the healthcare system, one must become politically involved!

AAMA is more than two conferences a year, more than a social experiment and more than a training ground for young administrators. We are leaders of our industry, poised to make a difference in society. We have the knowledge, skills and resources to make great things happen. Use the AAMA journals, the internet and your peer group as a forum to convey your passion for healthcare delivery and the system as YOU see it. Get involved!

YOU are the change agents. Use your administrative training wisely. Wear the AAMA badge proudly in your workplace and your care place. AAMA will be a change agent!

I attended the Army Reserve Medical Symposium, February 3-6, Atlanta, GA, hosted by two AAMA leaders: MAJ Ava C. Davis and Charles C. Freeman, FAAMA, who worked enthusiastically to help make this event happen. We spoke to reservists about the importance of joining AAMA and how it would enhance their professional career. We also made a presentation to the MSC/ Operations Leadership group. Good job Davis and Freeman, you are outstanding examples of "how we make it happen"!

James G. Easter, Jr., FAAMA, is President/CEO of Easter & Mason/EMhc, Nashville, TN. You may contact him by email at jeaster@aol.com.



MAJ Ava C. Davis, Judy Correa-Ruiz, and COL (Ret) Charles C. Freeman, FAAMA, discuss the benefits of AAMA membership at the February Army Reserve Medical Symposium in Atlanta, GA.

Our Thanks... to the Academy's "Strategic Partners"

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.

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- ★ Two dynamic keynote speakers, 36 tremendous concurrent sessions in six specialty tracks, pre-conference sessions including Federal Day, the AAMA Poster Session and Resume Review service offer you outstanding educational and networking opportunities.

Check the AAMA website for more conference details in early summer at www.aameda.org.



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