Developing Excellence in Healthcare and Leadership

THE AAMA EXECUTIVE

AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS | FALL 2005

AAMA Briefs

2006 Conference Days and Dates Changed

ACCA 17th Annual Cardiovascular Administrators' Leadership Conference
Wednesday, March 8 – Friday, March 10, 2006, Sheraton Atlanta Hotel, Atlanta, GA

49th AAMA Annual Conference
Wednesday, November 1 – Friday, November 3, 2006, Sheraton Atlanta Hotel, Atlanta, GA

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Have You Recredentialed Your CAAMA for 2005? See page 9 for details on recedrentialing.

For more details on AAMA Briefs go to www.aameda.org or call 847/759-8601.

Tailor 48th AAMA Annual Conference To Suit Your Needs

Whatever your specialty, your management level, or your career goals as a healthcare administrator, the 48th Annual AAMA Conference, November 10-12, in Las Vegas, offers you options to design your own conference experience.

The Future of Healthcare: Imagine the Possibilities, is packed with options. Choose among 36 sessions in seven concurrent tracks, pre-conference and general sessions, a new bonus session on job transition, and strengthened leadership development sessions. Networking opportunities abound during the opening reception, breaks, and especially at the new College Networking Breakfast.

Are you seeking a new position or thinking about the future of your career? Thursday afternoon's bonus session *Network or Not Work* features W. Boyd Kleefisch, FAAMA, presenting key ideas to fine tune your career planning and job search.

Back by popular demand, Paul H. Keckley, PhD, Executive Director of the Vanderbilt Center for Evidence-based Medicine, presents the pre-conference on Thursday, November 10. *Pay-for-Performance Programs and Evidence-based Medicine: What's Going on and What's Ahead?* reviews current data on pay-for-performance programs and provides a framework for understanding their likely evolution.

Broaden your healthcare administration perspective by attending AAMA's keynote sessions: Leland R. Kaiser, PhD, presents *The Changing Healthcare Marketplace* and Natalie R. Manor discusses *Leadership Legacy and Excellence: Aligning with the Core Competencies of the 21st Century*.

Enhance your leadership skills by attending *The Leader Is a Coach* also featuring Natalie R. Manor of NMA, Natalie Manor and Associates. Other Leadership sessions include *Do Something Different, But What?* presented by Dennis O. Kaldenberg, PhD, of Press Gainey Associates; *Journey to Excellence* presented by Brian Jones of the Baptist Leadership Healthcare Institute (a Malcolm Baldrige National Quality Award winner); and *Principled Bargaining: Ways and Means to Effective Negotiation* presented by Fred A. McCurdy, MD, PhD, MBA.

Jump start your career! Conference attendance counts toward advancement to Fellow and CAAMA recredential requirements. Register now! Connect with your colleagues at the AAMA Annual Conference in Las Vegas, Thursday-Saturday, November 10-12. Full details are available at www.aameda.org.

Labor Day – AAMA 2005 Plus

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

Let's see, what do I have on my list to do today…Labor Day 2005. It's still early I've got plenty of time to get in some practice balls at the golf range before I catch my plane to Portland for a second round of planning interviews. Beth asked me to go for a walk this morning. I'll finish this last *EXECUTIVE* article (wow, the year has gone by fast), run by the office for an hour, pack for my trip, call Dad and wish him a Happy Birthday, wash the car and, time permitting, run through today's emails!

But wait, what have I forgotten? It's the four or five family guests coming from Baton Rouge to stay with us at our church home over at Woodmont.

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Inside the Fall 2005 *AAMA EXECUTIVE:*

Your AAMA membership renewal is in the mail. Keep uninterrupted benefits. Save the Academy administrative costs and renew your membership now.

Avian Flu in Humans: The Challenge of Preventing a Pandemic

Authors:

Jacquelyn Jeffrey
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Orange Beach, AL

Deryl E. Gulliford, PhD, FAAMA, FACCA
Diplomate in Healthcare Administration
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Holdenville, OK

A strain of highly pathogenic avian influenza (HPAI), currently endemic in Asia, is causing worldwide concern. HPAI is a highly-lethal generalized viral disease of domestic poultry. The virus was observed to have crossed the species barrier in Hong Kong in 1997, infecting several people who came in close contact with affected domestic birds. In humans, the disease manifests as an influenza-like illness with upper respiratory or gastrointestinal manifestations, renal failure and pneumonia.

Today's human victims of the H5N1 subtype of the HPAI virus appear to have been infected through prolonged contact with chickens, ducks and turkeys. So far there has been only one reported case of human-to-human transmission of H5N1, between a mother and her baby in Thailand. New cases in Vietnam were found across a large area, which indicates the virus is not yet moving from person to person. Yet, if the H5N1 virus strain infects a person who already has the common flu, a hybrid airborne, highly pathogenic virus could arise.

The H5N1 strain, with a current estimated human mortality rate of approximately 67 percent, is believed to have the potential to start a pandemic. Problems in containing the spread of the H5N1 virus strain include: lack of precise information about infection and death rates; lack of adequate laboratory facilities, equipment, trained technicians and inspectors; distances between poultry farms and lab facilities; and lack of financial resources for aggressive monitoring of farms and markets. Governments are not completely forthcoming with information about HPAI epidemics for fear of monetary loss from decreased tourism and trade.

Electronic Medical Records: The Future Is Now

Authors:

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Georgia Southern University
Statesboro, GA

Charles J. Lathram III, CMPE, CCP
President/CEO
Advanced Physician Solutions, Inc.
Florence, AL

Electronic Medical Records...Electronic Health Records...Computerized Patient Order Entry...E-Prescribe...however you want to refer to it, we have all heard that this is our future in health care. Automation has been peeking its head around the corner at us for some time now, but, for the most part, it has only been adopted by the very brave.

Most of the early adopters of automated patient records did it for the financial benefits, or out of fear of up-coding, or possibly because it would give them better quality of life as providers. However, the real beneficiaries of automated patient records will be the patients themselves. Many medical and diagnostic errors occur because complete patient information is not available at the time of patient care. Physicians are forced to provide care, emergent or non-emergent, based upon a patient's recollection or, in worst cases, a family member's memory or no information at all. An integrated Electronic Patient Health Record (EHR) system could help resolve this lack of information dilemma. An EHR consists of an individual's health/medical information from "birth to death."

This paper discusses the EHR model, which defines the electronic patient health record system and its components. The EHR model explains how the integration of every department's information creates synergy by allowing data to be captured at any location in a physicians' office or hospital. This paper also describes how many physicians, group practices and hospitals can begin the implementation process of electronic patient health records in their own facility, to improve the quality of patient care.

High Occupancy Buildings: Are You Vulnerable?

Author:

Thomas D. Yancoskie, FAAMA
Senior Program Director
Jacer, Inc.
Falls Church, VA

Terrorism has prompted many building owners and hospital executives to focus on protecting the building infrastructure that serves both their customers and staff. As a leader in your particular organization, you rely heavily on your architect, engineers, law enforcement and other professionals to ensure proper protections are in place to protect your building, and those who step foot on your property. Is your facility really protected? Have you considered all the "what if" scenarios should a terrorist attack occur on your property? What are your vulnerabilities?

In today's environment, security should never be undertaken with a blasé approach. Many hospitals and building owners servicing large populations face the dilemma of providing an open and welcoming environment versus a barricaded and unappealing environment. There are many options available today that can provide protection without obvious notice to your external surroundings. The challenge is to also protect critical assets within your facility. So where do you start?

There are thousands of publications and opinions published on building protection. Most organizations rely on consultants to evaluate their internal and external vulnerabilities. This paper covers general building protection measures and steps to evaluate your present situation.

It is important to start by developing a Security Master Plan. Analysis should include area demographics, local crime index (available through your local police department or FBI), high profile iconic buildings, stadiums, amusement parks and other area attractions. Jurisdictional issues with local and federal authorities should also be addressed. Once completed, the Security Master Plan can be properly budgeted in the overall organization's strategic plan.

The Birth of the NCA Multi-Service Market Office

Author:

Lawanda D. Warthen, PhD
Chief, Managed Care Division
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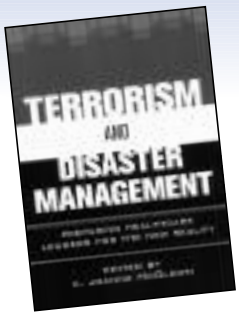
Wuerzburg, Germany

Now that health care has become almost 20% of the gross national product, anxiety about increasing costs and expenditures is a central, driving force in purchasing, paying for and delivering healthcare services for the Military Health Care System (MHS). The advent of "managed care," a term which encompasses a wide variety of techniques, compensation systems and corporate structures, has been paramount in the reordering of health care in the last ten years. With an increased emphasis on cost control has come a related emphasis on more businesslike approaches to organizing healthcare delivery.

This paper presents the way the National Capitol Area (NCA) Multi-Service Market Office created a consensus-driven process and methodology to assist the senior Military Treatment Facility (MTF) commanders to significantly streamline and improve access to health care for military beneficiaries. The office at Walter Reed Army Medical Center in Washington, DC, was designed to create integrated healthcare initiatives to optimize and improve the delivery of health care through systematic business planning and approval processes.

At the heart of these efforts were reengineering, reorganizing and reinventing methods to better define and balance the core competencies of service delivery. In so doing, it has enhanced consumer, provider and facility outcomes through a single business plan that includes all of the MTFs in the market area.

The views expressed in this academic research paper are those of the author and do not reflect the official policy or position of the United States Government, the Department of Defense, or the AAMA.



Book: Terrorism and Disaster Management: Preparing Healthcare Leaders for the New Reality

Editor: K. Joanne McGlown RN, PhD
Publisher: Health Administration Press, Chicago, IL, © 2003
ISBN: 1567932185

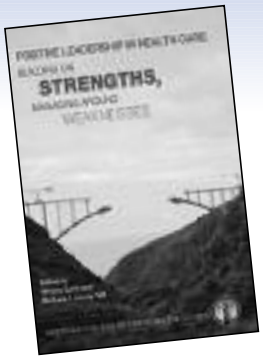
Reviewers: William J. Lambert, Jr., DPA, FAAMA
Diplomate in Healthcare Administration
Associate Professor and Coordinator
Health Services Administration Program
Ohio University Eastern
St. Clairsville, OH

Sarah J. Salk, RN, BSH
Area Emergency Manager / VISN 21
Emergency Management
Strategic Healthcare Group
Veterans Health
Department of Veterans Affairs

In recent years we find ourselves living in the "new reality" of disasters and terrorism. We continue to feel the aftermath of events and threats evolving over the past several years, not only economically and politically, but spiritually as well. We have been called to a higher standard of threat recognition, response and mitigation. Emergency management has "left the office" and Americans are finding that preparedness starts at home.

Healthcare managers at all levels must now face a "new reality" of disasters and terrorism, and began to plan for "when" instead of "if." This book reminds us that "no healthcare facility (HCF) nor any aspect of the healthcare community is immune to disasters." We must be ready to not only care for our own, but also to respond to the needs of the greater community.

The author makes it clear that "planning and preparedness for any disaster cannot be done in isolation, nor can hospitals develop plans based on untested assumptions of what other agencies will or will not do in a disaster response." There is a review of the interoperability of government agencies with each other, non-government agencies, and other organizations; key "legal and ethical considerations" are also discussed. A number of checklists, forms and schematics are useful. This book deserves the attention of HCF managers, public health officials and others who can benefit from a new reality check on the subject.



Book: Positive Leadership in Health Care: Building on Strengths, Managing Around Weaknesses

Editors: Wesley Curry and Barbara J. Linney, MA
Publisher: American College of Physician Executives, Tampa, FL, © 2005
ISBN: 0924674970

Reviewer: Pat Stanfill Edens, RN, MS, MBA, FAAMA
Diplomate in Healthcare Administration
Assistant Vice President, HCA
Nashville, TN

The negativity surrounding today's healthcare environment creates trying times for healthcare providers and often is counterproductive to delivering the quality of care needed by patients in the system. Contributors to this text encourage a move away from this negativity to focus energy on positive leadership.

Just as health care is moving from diagnosis and treatment to prevention and screening, management should move to a proactive, positive strategy to get the job done. According to the authors the weaving together of psychology, psychiatry, cognitive and neurological sciences into something called "positive psychology" will have enormous influence on the quality of both personal and professional lives. While the book seems to be focused primarily at the physician reader, the content can be equally useful to healthcare managers and their relationships with others, including physicians.

The gist of the early chapters is that self-control will not change behavior, but a conscious practice of redesigned behaviors can neurologically imprint a desired response to stimuli. Essentially the reader should define what behaviors he or she needs to implement, practice the behaviors, and then the likelihood of use is greater. Modeling these behaviors for staff leads to trust and an environment of creativity and innovation. Of particular interest in this text is the interesting approach of using personal behavior modification rather than attempting to modify the behavior of the employee. The modeling of one's own positive behavior creates a collaborative opportunity in the work environment which may lead to increased staff satisfaction and perhaps even improved financial performance. The authors maintain that developing positive actions and a positive work environment is the key to success.

For complete book reviews go to the Member Services section of the AAMA website, www.aameda.org, where book reviews from previous editions of *The AAMA EXECUTIVE* are also available.

Book: Ten Powerful Ideas for Improving Patient Care: What Every Healthcare Executive Should Know

Authors: James L. Reinertsen, MD and Wim Schellekens, MD
Publisher: Health Administration Press, Chicago, IL, © 2005
ISBN: 1567932363

Reviewer: LT Shekinah L. Magee, MPA
Dept. Head, Contingency Ops
U.S. Naval Hospital
Naples, Italy

Today's healthcare executives often take on the all-encompassing role of managing an entire medical care delivery system. In light of this new role, Reinertsen and Schellekens provide hospital leadership with 10 proven ideas in the healthcare field as tools for implementing improvement projects, executing organizational change initiatives and providing guidance to lower-level managers as they seek out opportunities to improve clinical care.

The authors considered ideas from the current healthcare field and selected those that were the most appealing, relying on their shared backgrounds as CEOs of large-scale hospitals. Ideas were selected if they were relevant, timely and significant in improving clinical quality initiatives. Also, they were chosen if compelling results could be directly attributed to their implementation. The authors detailed where and how the initiatives were being implemented and provided "bonus ideas" when appropriate.

Some very innovative ideas are presented, along with some relevant practices which you may have read about previously. The book is invigorating, challenging executives to renew their commitment to perfection: "it is not enough to be the cream of the crop" (noted in reference to the energy wasted on benchmarking and setting 'facility bests'). The examples and guides about where to find more information add credence to the ideas selected.

This book was created for the busy healthcare executive who just had improvement of clinical care practices added to his or her long list of assignments. Implementing just one or more of the 10 powerful ideas will help your healthcare facility work toward goal achievement.

Book: Health Care Finance and Economics

Author: Steven R. Eastaugh
Publisher: Jones and Bartlett Publishers, Sudbury, MA, © 2004
ISBN: 0763731463

Reviewer: Lt Col Cynthia Jones, MHA, CAAMA
Director, Multi-Service Market Management Office
Columbia, SC

Access, cost and quality – Americans want the best of all three. The author, Steven Eastaugh, defines economics as "the science of the allocation of scarce resources," and states Americans' conflicting desires are exactly why an understanding of finance and economics is vital to his intended audience of healthcare managers and providers. He succeeds in providing his audience "a synthesis of currently available study results and potential policy ramifications."

The book is organized like a text. Pertinent quotes and critical points are highlighted at the start of each chapter, with summary points, research and discussion questions closing each chapter. Cited references are also listed at the end of each chapter. The text contains 11 chapters: 1. Economic Incentives and Fund Flows; 2. Product Line Specialization and Standard Costing; 3. The Physician Marketplace; 4. Productivity Enhancement and Incentive Compensation; 5. Production Function; 6. Technology Assessment and Cost-Effectiveness; 7. Cost Benefit Analysis; 8. Pricing and Market Strategy Planning; 9. Capital Finance; 10. Debt Financing and Capital Structure; and 11. Future Issues and Alternatives.

Early in the text Eastaugh contends the fragmented American healthcare system suffers from the lack of necessity which impedes innovation, and applies this quote from Duncan Neuhauser: "Our past solutions are our current problems." What you might not expect to find in a healthcare finance and economics text are the concepts that cost effectiveness can improve quality, staffing cuts can improve morale and RN specialization increases productivity performance. The final chapter closes with the statement: "There is a delicate balance to maintain between health care as a social good and health care as a consumer good."

AAMA's 2005 General Membership Meeting will be held on Friday, November 11, 8:00 am, at the Riviera Hotel and Casino, Las Vegas, NV.

Members Honored for Earning AAMA Credentials

Congratulations to the Class of 2005, AAMA members who are being recognized for their expertise in healthcare administration. All worked with dedicated enthusiasm to earn their new AAMA credentials, through professional achievements, continuing education and service to the Academy. We salute them for their efforts in furthering the healthcare profession.

The following members will be honored during a formal advancement ceremony on November 11 during AAMA's Annual Conference in Las Vegas, NV.

Diplomate In Healthcare Administration

Alan J. Burgess
William Boyd Kleefisch
Clinton W. Schreckhise

Fellow, American Academy of Medical Administrators

James W. Barber
Kendrick J. Brown
Richard E. Carroll
William Todd Echols
Dawn M. Hardin
Leroy W. Harris, Jr.
Jack G. Hetrick
Sean A. Holloway
Vicki A. Kojeca
Randal K. LeBlanc
William H. Lyerly, Jr.
Richard G. Masannat
T. Bruce McFarland
Laura A. Miller
Manuel E. Naguit
Jeanmarie Patnaude-Jonston
Cheryl C. Ringer
Douglas E. Stephens
Frank H. Stubbs III
Christopher S. Upton

Fellow, American College of Contingency Planners

Andrew V. Bates
David A. Cain
Billy F. Hall, Jr.
Frank H. Stubbs III

Fellow, American College of Cardiovascular Administrators

Lynn E. Fischer
P. Anthony Long
Kathy A. Miller

Fellow of the Academy – Credential Demonstrates Commitment to the Profession of Healthcare Administration

By Michael K. Petty, FAAMA
Diplomate in Healthcare Administration
Chair, AAMA Credentials Committee

The highest membership level in the Academy is Fellow. It was established when AAMA was formed in 1957, and is conferred on those Academy members who have demonstrated their commitment to the healthcare administration profession. Within AAMA and its affiliated Colleges, there are now four Fellow opportunities: 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); and Fellow of the American College of Managed Care Administrators (FACMCA). Only members with the FAAMA credential are eligible to earn the Diplomate in Healthcare Administration designation.

The advancement process and requirements for each designation are detailed in application forms posted on the Academy's website, www.aameda.org. After the basic advancement criteria are met, applicants can pursue multiple options: a Personal Achievement Documentation (PAD) detailing service, continuing education and other professional achievements totaling 35 points; three case studies that relate to a segment or facet of healthcare administration; submission of an original thesis related to healthcare administration; or a combination of the PAD and sufficient case studies to achieve 35 points. Applications are submitted to Academy headquarters for review, and are evaluated by the Credentials Committee for approval.

> ***"Earning the FAAMA credential validated my professional efforts and served as a vehicle to continue learning. Being a Fellow demonstrates professionalism, and in our profession one can never stop learning and sharing knowledge. Now that I have the CFAAMA designation, people expect me to have answers, and that forces me to stay on top of current practices."***
>
> **Maj Clinton W. Schreckhise, CFAAMA,**
> Diplomate in Healthcare Administration
> Chief, Department of Clinical Operations,
> Brooke Army Medical Center,
> Ft. Sam Houston, TX

Obtaining a Fellow status opens the door to greater possibilities and responsibilities within the Academy, such as holding committee chair positions, Regional, State and Board Directorship positions. If not already involved, I challenge all Fellows to share your expertise and get involved in AAMA activities. Academy Committees and College Boards are always looking for talented and dedicated members to fill important leadership roles. Another avenue of service would be as a mentor. What better way to help our profession and mold future healthcare leaders than to be a mentor to our youngest and newest Academy members? The best way to help the Academy grow and improve is to become part of the process. After all, the more one gets involved in an association, the greater the personal and professional benefits they receive.

> ***"The decision to advance to FAAMA is a commitment to both the Academy and to excellence in the field of health care. At the same time, the advancement to Fellow offers recognition for knowledge and professional accomplishments."***
>
> **Cheryl Brooks, CFAAMA**
> Diplomate in Healthcare Administration
> VP, Compliance/Managed Care, Mary Rutan Hospital,
> Bellefontaine, OH

Renew Your AAMA Membership

Membership renewal invoices are in the mail. Don't miss out on exclusive AAMA benefits: access to multiple specialty groups, professional advancement/ credentialing opportunities, Vital Link™ and more! Renew your membership today.

AAMA's External Liaison Corner:
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

By Verne Baker, FAAMA, FACCA
AAMA Liaison to the Joint Commission on Accreditation of Healthcare Organizations

The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) Liaison Network program began in 1992 with the purpose of improving communications with health-care professional organizations. This program provides 230 professional organization liaison representatives an opportunity to interact with and address questions or concerns to JCAHO. Representatives are also regularly updated on JCAHO activities through newsletters, field reviews and informational materials. Once each year JCAHO holds a Liaison Network meeting during which a review of the past year and proposed initiatives of the coming year are discussed.

At the June 2005 Liaison Network meeting some of the topics discussed were:

- The January 1, 2006, shift of JCAHO surveys becoming totally unannounced, with Periodic Performance Reviews (PPRs) being required every year.
- The 4th annual issuance of National Patient Safety Goals that will occur on January 1, 2006, with special emphasis on the standardization of patient "hand-offs" between caregivers; new goals addressing the prevention of patient pressure ulcers; and the labeling of all medications, medication containers and other solutions used in perioperative settings.
- The continuation of the "Tracer" methodology of surveying.
- The recent announcement of collaboration between the World Health Organization (WHO) and JCAHO. As the WHO's first and only designated Collaborating Center for Patient Safety Solutions, JCAHO and Joint Commission International will have the opportunity to share proven patient safety solutions with healthcare organizations around the world, helping raise the bar for patient safety and quality of care for all of humanity.

The JCAHO Liaison Network is an excellent approach to enhancing the communication between this powerful organization and AAMA members. Please feel free to contact me with questions.

Verne Baker, FAAMA, FACCA, is Vice President, Cardiac and Vascular Services, Carilion Health System Belleview at Jefferson, Roanoke, VA. You may contact Verne by email at VFbaker@carilion.com.

Significant Efforts Reap 2005 AAMA Awards

They say the cream rises to the top, and that is certainly the case with the Academy members who were selected as recipients of the 2005 AAMA awards. Their significant contributions to AAMA and healthcare administration set them apart as visionary leaders and consummate professionals. The award recipients will be honored during AAMA's Annual Conference, November 10-12, in Las Vegas.

Congratulations to the 2005 AAMA Award Recipients:

William Newcomer Healthcare Executive of the Year Award
Deryl E. Gulliford, PhD, FAAMA, FACCA
Diplomate in Healthcare Administration
CEO
Holdenville General Hospital
Holdenville, OK

Harry Shubin, MD, Statesman in Healthcare Administration Award
Capt Eugene A. Migliaccio, DrPH, FAAMA
Senior Advisor to the Surgeon General, USPHS
Washington, DC

Distinguished Service Award
Penny S. Schmiege, FAAMA, FACCA
Administrative Director, Cardiopulmonary Services
Boswell Hospital
Sun City, AZ

LTC Scott F. Tanner, CAAMA, FACCP
Medical Plans and Operations Officer
United States Army Special Operations Command
Ft. Bragg, NC

State Director of the Year Award
CDR Gary L. Baker, CFAAMA
Director Project Management
Naval Medical Information Management Center
Bethesda, MD

Chairman's Award
Richard A. Harley, FAAMA
Diplomate in Healthcare Administration
President
R.A. Harley & Associates
London, OH

Vanguard Award
Michael K. Petty, FAAMA
Diplomate in Healthcare Administration
Chief, Business Operations
TRICARE Puget Sound
Tacoma, WA

Richard A. Harley Diplomate of the Year Award
John D. Harbaugh, FAAMA
Diplomate in Healthcare Administration
Mt. Gilead, OH

Young Federal Healthcare Executive of the Year
Maj John J. Mammano, DBA, CFAAMA
CIO, Office of the Command Surgeon
HQ Air Mobility Command
Scott AFB, IL

Capt Thaddeus F. Levandowski Achievement in Federal Healthcare Administration Award
Maj James W. Barber, CFAAMA
TRICARE Flight Commander
6 MDG
MacDill AFB, Tampa, FL

Federal Sector Recruiting Award
LTC Scott F. Tanner, CAAMA, FACCP
Medical Plans and Operations Officer
United States Army Special Operations Command
Ft. Bragg, NC

2006 ACCA Cardiovascular Conference in the Spotlight Moving from "Management" to "Leadership"

Highlighting strategic leadership rather than simply effective management, ACCA's 17th Annual Cardiovascular Administrators' Leadership Conference will focus on *Navigating New CV Frontiers: A Guide for CV Leaders*.

The conference will be held Wednesday-Friday, March 8-10, at the Sheraton Atlanta Hotel in Atlanta, GA.

The newly renamed Cardiovascular Administrators' *Leadership* Conference (formerly *Management* Conference), reflects changes in cardiovascular administration since the founding of the American College of Cardiovascular Administrators. "Today's CV Administrators are expected to strategically lead their organizations," noted P. Anthony Long, CAAMA, FACCA, President of INTEGRIS Heart Hospital in Oklahoma City, OK, and Chair of the ACCA Conference Committee.

Returning to the ACCA conference for the second time, keynoter Kim A. Eagle, MD, Clinical Director of the Cardiovascular Center at the University of Michigan, will set the conference tone presenting *Looking into the Future: Challenges and Opportunities in Cardiovascular Care*. Other sessions highlight ways to achieve excellence in cardiovascular care. Friday keynoter Joane H. Goodroe highlights *Gainsharing, A Model of Clinical Excellence and Cost Efficiency.* The pre-conference program features Leatrice Ford on *Optimizing Cardiac Margins through Revenue Cycle Management*. Three concurrent tracks present sessions on *Strategies to Increase Market Share, Services Beyond the Cath Lab* and *The ABCs of PVD*.

Call for Posters

Now in its third year, the ACCA Poster Committee encourages submission of abstracts covering a broad array of cardiovascular topics, including operations, clinical, research or education issues related to cardiovascular administration. Poster abstracts are due by November 30.

Details on the conference, including poster submissions, exhibits and registration, are available at www.aameda.org.

Members Talk and AAMA Listens: Member Surveys Lead to Conference Date Changes

Clearly, AAMA members want to be home on weekends. So they've told us in two recent surveys about their conference preferences. In return, AAMA has responded by moving conferences from our longstanding Thursday–Saturday pattern, to Wednesday–Friday, beginning in 2006.

Members can now network and learn at AAMA Conferences without sacrificing their weekends.

The pattern will change for both Academy conferences in 2006:

- ACCA's Cardiovascular Administrators' Leadership Conference, Wednesday, March 8 through Friday, March 10
- AAMA's 49th Annual Conference, Wednesday, October 31 through Friday, November 3.

Both conferences will be held at the downtown Sheraton Atlanta Hotel in Atlanta, GA.

More than 80% of Academy members who previously attended the AAMA Annual Conference highly or somewhat prefer the weekday pattern, as do more than 70% of those who had not attended, according to AAMA Director of Education, Holly A. Estal, EdM.

The new timing for the Cardiovascular Conference also reflects the new schedule of the American College of Cardiology, moved up one day to begin on Saturday; ACCA's Annual Conference always precedes the ACC meeting.

Along with the day and date changes, the name of ACCA's Cardiovascular Conference is now the Cardiovascular Administrators' *Leadership* Conference. Formerly the Cardiovascular Administrators' *Management* Conference, the new name reflects cardiovascular administrators' need to "lead their programs with a strong vision, not simply manage them effectively", Estal noted.

FAQs: Recredentialing Your CAAMA

CAAMAs who earned their credential in 2002 are required to recredential in 2005, as are those who earned their CAAMA in 1995-1999 and recredentialed in 2002. Notifications have been sent to all who must recredential this year. Are you confused about recredentialing? Here are a few frequently asked questions.

How many points do I need to recredential?

A total of 30 points is required to recredential. Half (15) of the points must come from AAMA credits while the remainder may come from non-AAMA *or* AAMA credits.

If I have to recredential in 2005, how do I know which points will count?

The points to recredential must be earned in the three years immediately before your recredential year. Points earned in 2003, 2004 and 2005 are eligible to be used toward recredentialing in 2005. Points earned in 2002 or earlier do not count toward recredentialing. For example, attendance at the 2002 AAMA Conference held in Boston may not be used to recredential in 2005.

What if I cannot recredential because I have been deployed and have not earned the points?

The CAAMA Committee has extended a waiver to those who have been deployed and have not been able to earn points. See the Recredentialing Fact Sheet on the AAMA website at www.aameda.org or call 847/759-8601 for details.

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.

Platinum Level

GE Healthcare BioSciences
Princeton, NJ

Bristol-Myers Squibb Medical Imaging
North Billerica, MA

Gold Level

Amgen
Thousand Oaks, CA

Boston Scientific
Maple Grove, MN

Silver Level

Cordis, a Johnson & Johnson company
Miami Lakes, FL

Elekta Oncology Systems, Inc.
Norcross, GA

Guidant Corporation
Santa Clara, CA

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A special session has just been added to the 48th AAMA Annual Conference program:

Lessons from the Gulf Coast:
Preparing American Healthcare to Weather Future Disasters

From the eye of the storm and with an eye to the future, find out how recent events have impacted patient care, healthcare delivery and healthcare systems.

Friday, November 11, 5:30-7:00 pm, Riviera Hotel and Casino, Las Vegas.
Go to www.aameda.org for conference details, exhibit information and registration.

Top Champions Named in GAIN-1 Member Recruitment Program

It's the end of a championship year for AAMA's GAIN-1 member-get-a-member program. In all, 80 "AAMA Champions" were directly responsible for 122 new members joining the Academy in the last year.

Among them are three Champions whose superior efforts took them to the highest levels, earning special recognition:

- The **Gold Level** is awarded to **LTC Scott F. Tanner, CAAMA, FACCP**, who achieved an all-time GAIN-1 record of bringing 28 new members into AAMA in the last year. Outstanding job, Scott!
- The **Silver Level** goes to **Lt Col Philip E. Jones, CAAMA**.
- The **Bronze Level** is presented to **Carol A. Norris, FAAMA**.

Their championship efforts will be rewarded with either complimentary 2006 AAMA membership dues, registration to AAMA's 49th Annual Conference, November 1–3, 2006, in Atlanta, GA, or an Academy gift certificate.

Thanks to all the AAMA "recruiting stars" whose enthusiastic support helped strengthen and grow the Academy. We all benefit from your efforts.

We're already tracking for the 2006 GAIN-1 year, so now's the time for you to become an AAMA Champion by introducing the Academy to your colleagues, other healthcare administrators or educators with whom you come in contact. Complete GAIN-1 rules are posted on the Academy website, www.aameda.org.

AAMA Foundation Awards Scholarships to the Annual Conference

The AAMA Research & Educational Foundation thanks the AAMA leadership, members and staff who, through their generous contributions, support its mission: to drive excellence in healthcare administration through education, research, scholarship and policy development. Thanks to donor support, two scholarship recipients, selected by the Foundation, will attend the 48th Annual AAMA Conference, November 10-12, Las Vegas, NV.

The AAMA Research & Education 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 annual conferences. 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 are considered based on financial need, as well as professional growth and participation. Deadlines for submission are:

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

To make a donation to the AAMA Research & Educational Foundation, please logon to www.aameda.org today.

With Special Thanks to AAMA Foundation Donors

As of September 30, 2005

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Gayle O'Donovan

Directors Elected to Lead AAMA's New Four Region Structure

AAMA members selected their Board of Directors representatives in elections ending September 28, announced Nominating Committee Chair Janet L. Jones, FAAMA.

This election begins implementation of AAMA's new governance structure, effective January 1, 2006, and includes the realignment of AAMA's geographical representation from seven to four regions. Each Regional Director provides leadership and guidance to the Chapters in the Region and is the main communication link between the members of the Region and the AAMA Board of Directors.

Elections for Regions II – IV were uncontested. In a close election, Region I voters selected Thomas E. Battles, FAAMA, over Benjamin G.M. Feril, FAAMA, FACCP. In 2006, elections will be held for Regions I and III, establishing a normal cycle of two regional elections per year.

New Region Directors

Region I (one-year term): CT, DE, DC, ME, MD, MS, NH, NJ, NY, PA, RI, VT, VA, WV	Thomas E. Battles, FAAMA, CEO MidAtlantic Nephrology Associates Phoenix, MD
Region II (two-year term): IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, OH, SD, WI, Canada	Guy L. Snyder, CFAAMA, Lecturer University of IL Champaign, IL
Region III (one-year term): AL, AR, FL, GA, LA, MS, NC, OK, SC, TN, TX, Mexico, Caribbean (PR, VI, CI)	Dennis Quagliani, VP, Contracts & Comm. Support Elekta Oncology Systems Norcross, GA
Region IV (two-year term): AK, AZ, CA, CO, HI, ED, MT, NV, NM, OR, UT, WA, WY, all other foreign locations	Alan J. Burgess, CFAAMA, Tribal Health Administrator – CEO Owyhee Community Health Facility Owyhee, NV

Labor Day – AAMA 2005 Plus *continued from page 1*

It's the welcome committee for the 5,000 people arriving by plane and bus from the south. I promised I'd drop off items for the folks in New Orleans and deliver a check to the Vanderbilt School of Nursing for those nurses and physicians heading off for Charity Hospital clinical and nursing support. It's the invitation to give money to the **Red Cross** (www.redcross.org or 1-800-Help-Now) and **Second Harvest Food Bank** (www.secondharvest.org) that your Executive Committee approved for distribution to AAMA members, and it's the time I need to spend watching TV to see how the recovery is going. Oh yes, it's the call I need to make to my friend in Houston to thank him and that great city for their gracious hospitality to the victims of the worst natural disaster in my lifetime. That friend is a good Cajun boy who also helped design and upgrade that beautiful Astrodome…God bless you!

I use the term "natural disaster" and I wonder if that is correct…completely? Katrina was certainly an "act of God," but the levee failure might be called "man-made". The wind, rain and water are natural, but the Superdome, houses and bridges are man-made. The people standing on the houses, riding in motorboats and sitting on porches are acts of God but the helicopters, food, trucks and buses are man-made. What powerful images come to mind! This is truly a time for quiet dedication, random acts of kindness, volunteerism from the bootstraps and heroic acts that will live on in each of our hearts and minds for years to come. It's time for all of us to step up, volunteer, be a proud AAMA member and be counted. Please give it some effort. Even when you read this, you can still be counted…and maybe you'll be with us at our annual meeting to help define the AAMA membership's own Contingency Plan!

We can do many things for these victims. We can work as the AAMA that not only acts out contingency planning as an association and a professional process, but also becomes the response team once the disaster happens! We're hearing from members worldwide who are eagerly contacting AAMA staff and colleagues to see *"what can we do"* to help out, and asking *"how many members are impacted."* We're also hearing of courageous acts by members giving up weekends, holidays and vacation time to shelter families, provide food, make calls, send clothing, remove trash along the coast, fly helicopters, house victims and drive buses. We are so proud of each of you for these **TREMENDOUSLY VALUABLE ACTS OF KINDNESS**. Thank you for being such caring people.

When you read this, my last editorial, as your Chair, the hurricane season may be "old news" and, God willing, most of the recovery will be complete, with the "good news" that our coastline is secure and rebuilding is underway. People are relocated and families reunited. Losses will be many, but time will initiate the healing process. There will still be sadness, pain, loss and fear, but America will respond as it did after the Civil War, hurricanes past, presidential deaths, 9/11 and foreign wars. America will move ahead and work diligently to restore hope, praise God, share wealth, volunteer and PRAY! I can hear past Chairman Charles Freeman say "Amen!" Now, back to work.

Thank You AAMA, for Being a Big Part of the Solution.

Jim Easter, FAAMA
Diplomate In Healthcare Administration, American!

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

In Memoriam

Lt Col Frank Ali, CAAMA, of Falls Church, VA.

An AAMA member since 1997, he died August 24, 2005.

Gayle O'Donovan, of Southfield, MI.

Wife of former AAMA President & CEO Thomas R. O'Donovan, FAAMA, and mother of Patrick G. O'Donovan, FAAMA, she died August 23, 2005.

The AAMA EXECUTIVE

FALL 2005
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The AAMA EXECUTIVE is the official journal of the American Academy of Medical Administrators (AAMA) and is published four times per year. Price is $5 per copy. Annual subscription price $20. The Mission of AAMA, a not-for-profit association of healthcare professionals founded in 1957, is to advance Academy members and the field of healthcare management, and promote excellence and integrity in healthcare delivery and leadership.

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