



HASC Briefs

Inland Empire Health Exchange Is Now Live

The Inland Empire Health Information Exchange (IEHIE), a self-funded collaborative of Riverside and San Bernardino County hospitals, medical centers, physician practices, health plans, public health organizations and other health care providers, is now live at <http://iehie.org/>.

The go-live represents a major milestone in the development of IEHIE, which will enable clinicians to access and share patient health records and improve care coordina-

tion for more than 4.1 million people living in Riverside and San Bernardino Counties. IEHIE, one of the country's largest health information exchanges, was founded in 2010 and is fully and privately funded through 52 participating health care organizations in the region.

The exchange is powered by Orion Health technology and was put into production in just over 80 days from the project's initiation.

The 52 organizations currently involved in IEHIE include 21 hos-

pitals, 25 medical groups, the two local medical associations, HASC, both County Public Health Departments and Clinics, and Inland Empire Health Plan, a not-for-profit public health plan serving more than 530,000 low-income members. Eighteen organizations, supporting roughly 3,000 hospital beds, 900 physicians and more than 1.1 million patients in the region, have enrolled in IEHIE to date.

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St. Mary Medical Center Victorville Campus Receives Planning Commission Approval

St. Mary Medical Center received approval from the Planning Commission last week to proceed with building a new hospital in Victorville. The Victorville campus will add 128 hospital beds to St. Mary's existing 202 beds in Apple Valley. According to the site plan, the Victorville campus also will provide wellness facilities and retail

space. The project will bring 2,100 construction jobs and 3,000 permanent and secondary jobs to the Victor Valley, as well as \$7.8 million in annual sales and property taxes.

The High Desert region has an average of 1.1 hospital beds per 1,000 population compared to 1.9 in California and 2.7 nationwide.

Hospital officials estimated the pop-

ulation in the desert will grow by 42 percent between 2008 and 2018.

The project is scheduled to move to City Council for approval in May. The new 98-acre campus, which will be built between Bear Valley Road and Main Street west of Interstate 15, is on track to open in 2016.

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Los Angeles County Releases Recommended Budget

The chief executive officer (CEO) for Los Angeles County released the \$23.781 billion FY 2012-13 Recommended County Budget. This recommended budget represents a total 2.3 percent decline from the 2011-12 budget of \$24.346 billion. A reduction in the Hospital Enterprise

Fund is attributed to decreased state revenue collected from court fines/collections.

At the department level, no countywide curtailment plan is being proposed in the recommended budgets submitted by Health Services, Public Health and Mental Health.

LA County's projected deficit is estimated to be \$75.8 million in terms of Net County Cost portion of the budget financed with local revenues. The CEO proposes to use one-time funding sources to help bridge this gap. The primary

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HASC Launches Palliative Care List Serve

The HASC Palliative Care list serve is now available at HASC_palliative_care@listserve.hascnet.net.

This new online community provides an opportunity to share questions, solutions or new ideas regarding palliative care with colleagues across the Southern California provider landscape. List serve colleagues are trained clinicians and administrators from hospitals and pre- / post-acute care providers,

including integrated medical groups, physician practices, hospices and home health agencies.

HASC is committed to being a strategic partner in efforts to provide innovative services for the palliative care community. In February, HASC's Palliative and Transitional Care Conference attendees requested a list serve be formed to maintain an ongoing bridge for communicating on this subject. Broadening our scope

allows HASC to join with other continuum stakeholders in meaningful, constructive collaborations on how to best deliver high-quality, patient-centered palliative care that is also cost effective in our dynamically changing and challenging environment.

For technical questions regarding the list serve, please contact Katrina Quinto at kquinto@hasc.org.

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HASC Encourages Members to Support MICRA

HASC and CHA support the Medical Injury Compensation Reform Act (MICRA), and encourage hospital members to learn more about the Californians Allied for Patient Protection (CAPP) for up-to-date information on MICRA.

MICRA ensures injured patients are protected and fairly compensated, and protects patient access to care, by balancing the interests of patients with those of providers. MICRA provisions build in incentives to explore resolving claims outside of the court system, and rebalance incentives to go to trial and seek huge damages awards by

juries, by placing a cap on damages for "pain and suffering," permitting evidence of health insurance coverage, and limiting the amount a trial attorney can take as payment for representing an injured patient. MICRA also allows for periodic payments to balance the economic impact to providers while ensuring a steady stream of income to the patient for current and future needs. By rebalancing the incentive to sue for medical malpractice, MICRA helps to keep medical liability insurance coverage affordable, so that more hospitals, health care providers, health facilities, commu-

nity clinics and health centers can continue to provide patient care.

The CAPP coalition has the support of more than 600 organizations representing hospitals, physicians, nurses, community clinics, dentists, local governments, public safety advocates, labor and business groups. For more information, contact AJ Kennedy at (916) 448-7992 ext. 3 or akennedy@micra.org to add your hospital as a supporter at no cost and receive updates on MICRA legislation.

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Information on PDS Bundled Payments Now Online

Slides from PDS University's recent webinar *Using PDS to Develop Bundled Payments Strategies* are now available online at www.hasc.org/sites/main/files/pds_bundled_payment.pdf.

The course covered preliminary results for bundled payments, the conditions best suited for bundled payments, and how PDS data can identify your patient populations that may be best suited for bundled

payments.

For more information on how PDS can help you create strategies, visit <http://www.2.pds-data.com/>.

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driver for this unavoidable cost increase is the estimated 5 percent increase in employee benefits due

to losses in the retirement system. On the revenue side, the county is forecasting increases in locally generated revenues.

A public budget hearing is sched-

uled for May 16, with final adoption expected on June 18.

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May 4 LEAD Academy to Highlight Change Management, Performance Improvement

The LEAD Academy's third session gets underway May 4 at Verdugo Hills Hospital. Titled *Leading Others through Change* and *Managing Performance*, these two dynamic modules are designed to help recently hired, newly appointed or previously untrained health care leaders to hone their skills and guide their employees to successful change.

This third session is part of a six-session, 12-module program taught by Marcey Uday-Riley, MSW, CPT, a leading facilitator in human performance improvement and organizational development.

"Marcey is a very active, persuasive and effective communicator. She is an expert in her field," says one participant.

Earlier sessions, filled to capacity, explored ways to meet organizational goals by managing interactions, using effective communication and coaching employees to higher performance. Each LEAD Academy session offers opportunities for participants to remain engaged and interact with peers, putting into play many of the skills highlighted throughout the course.

Citing it as one of the best workshops they've attended, 100 percent of participants responding to the course evaluation noted an increased understanding of communication styles and methods



Filled to capacity, April's LEAD Academy session explored communication and employee coaching.



LEAD's small groups keep participants engaged.

along with using those techniques to effectively coach employees.

Participants can register for a single session or choose to enroll in the complete program to earn a certificate. Each session is \$250. Enrollment is limited to 30 participants per session to maximize the

small group process. Please visit www.hasc.org/lead-academy for more information or <https://www.signup4.net/public/ap.aspx?EID=LEAD445E&OID=50> to sign up for the May 4 course.

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Join HASC on Facebook at <http://www.facebook.com/pages/Hospital-Association-of-Southern-California>.

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LinkedIn: <http://www.linkedin.com/pub/hospital-association-of-southern-california/33/95/5b8> and <http://www.linkedin.com/company/hospital-association-of-southern-california>.

2012 Claims Adjudication Workgroup

The Claims Adjudication Workgroup met April 27, bringing together hospital and provider representatives from across the nation. Formed in partnership with Blue Shield of California, this multi-specialty work group began in 2009 as a subgroup of the Contracting Committee. The work group serves as a forum to improve claim payments to hospitals. The group meets quarterly.



Photos, from top:

Left to right: Susan Satterfield, Atlanta Shared Services Center, Parallon Business Performance Group representing Hospital Corporation of America; Brenda Bell-Cline, CEO, Parallon; Wendy Bavan, Director, Provider Relations, Blue Shield of California; and Hank Smith, Director, Patient Financial Services, Blue Shield of California.

Left to right: Theresa McManaman, VP, Medical Management, Blue Shield of California; Shirley Fierstadt, VP, Claims, Blue Shield of California; and Kenny Deng, Sr. Director, Blue Shield of California.



Left to right: Dan Martinez, Patient Financial Services Director, Mission Hills Hospital, SJHS; George Mack, HASC; and Kenny Deng.

Left to right: Ira Meiselman, Director, Managed Care, Good Samaritan Hospital; Steve Garcia, Director, Patient Financial Services, Good Samaritan Hospital; Caroline Balfour, Regional Director, Patient Financial Services, Providence Health - California; and Tina Peterson, Manager, Conifer Health Solutions Central Business Office representing Tenet Health.

