



EXECUTIVE FORUM

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PRESIDENT'S MESSAGE

WHA RINGING IN THE NEXT QUARTER CENTURY OF SERVICE TO MEMBERS

By Judy Vaccaro, President

Greetings!

I am deeply honored to be serving as President of WHA for the second time. My first term was in 2004, just three short years ago. I am also thrilled to be working with a group of extraordinary women who have been elected to the 2007 Board of Directors. The New Year is well underway and we are planning an exciting year of member events and working hard to meet your needs.

As you may know, WHA marked its 25th anniversary last year. Many of our members attended our gala celebration to commemorate this glorious milestone. Twenty-five years and our membership is still going strong – quite an accomplishment in this day and age when over-achieving and over-scheduling leave little time for extra-curricular events. But even when time is short, we all still manage to make time for activities that are valuable to us.

It has become clear to me over the years that WHA members value the sense of community and system of support that are unique to our model. We are an organization comprised of professional women and proud of it. WHA is devoted to providing forums for professional growth and career development; creating opportunities for quality networking and personal growth; raising awareness and understanding of current health care issues; and providing mentoring opportunities for young professionals. Our mission and our purpose continue to ring true even after crossing into the 21st century.

I invite you to help us accomplish our mission and purpose by getting involved in 2007. Take advantage of the great networking at our events, volunteer to serve on a committee (Communications, Events, Finance or Scholarship), or sign up for our mentoring program. We welcome your involvement on any level.

Please feel free to contact me or any of the members of the

WHA Board of Directors if you have any questions, comments or concerns. The Board's contact information is provided on the last page of this newsletter. Your ideas and opinions are important to us and we would love to hear from you.

Join me in looking forward to another great year for WHA! ☒

IT'S NOT TOO LATE TO JOIN US!

WHA FIRESIDE CHAT

"What Makes a Leader"

featuring

Diana Hilberman, DrPH

Associate Professor and Director of the Program in Health Policy and Management

UCLA School of Public Health,
Department of Health Services

FEBRUARY 24, 2007

11:30AM - 1:30PM

PASADENA MUSEUM OF HISTORY,
CURTIN HOUSE

\$35 REGISTRATION FEE

Contact mtui@ca.rr.com to Register.

FEBRUARY EVENT SPEAKER**Diana Hilberman to Discuss Leadership in Healthcare at Fireside Chat***By Nina Niu-Ok*

WHA is proud to present Diana Hilberman as the speaker at the first WHA Fireside Chat of the year. Dr. Hilberman is Associate Professor and Director of the Program in Health Policy and Management in the Department of Health Services at the UCLA School of Public Health. She teaches management practice and the capstone field study course, integrating field practice with classroom theory. Her presentation on February 24th in Pasadena will focus on leadership in healthcare.

Fireside Chat attendees will be treated to a lively discussion on the leadership topic, as Dr. Hilberman's particular research interests lie in the health services management areas of interorganizational relations, strategy development, and organizational behavior. "I really enjoy organizational management research about healthcare organizations," says Diana. "I come from a social psychology background, so this interest is a logical evolution of that." Dr. Hilberman believes that everyone in an organization can possess and exhibit leadership behaviors, as leadership is part of organizational behavior. "Leadership is not just for top balcony view of the organization, but is part of everyday management and the way you lead your life."

As part of her teaching responsibilities, Dr. Hilberman advises students preparing their consulting papers for the field study course in the Health Services Department at UCLA. She also directs the Department's Field Studies Program. When asked about what it is that she enjoys about her work, Dr. Hilberman says that her "greatest satisfaction is when students come back years later and tell me how much they appreciated our program and were able to use the skills and knowledge they received here." She finds herself challenged on a daily basis to ensure her students receive the most current knowledge and skills to prepare them for their careers. "This means I have to keep up on the latest research and trends in the field. I love this."

Dr. Hilberman is currently completing a project that is reviewing evolving health administration program curriculum and evaluating the relationship between educational processes and outcomes.

On a personal note, Dr. Hilberman describes herself as "an inveterate walker and hiker...I generally walk up to



10 miles a week. This is probably why I like cross country skiing as well." She is also an avid reader, particularly mysteries.

Dr. Hilberman has been a member of WHA since the early 1990's. "I really enjoy the meetings, the content and being with other professional women." She is the Departmental liaison to professional groups and associations in the professional practitioner community, including the Departmental alumni association.

Dr. Hilberman received her MSPH and DrPH from the UCLA School of Public Health, Program in Health Policy and Management, her Masters in Social Planning from Boston College Graduate School of Social Work and her BA from UCLA's Department of Sociology. ❖

Executive Forum is published four times a year by Women In Health Administration of Southern California. We welcome your comments, suggestions and article submissions. Please contact:

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WHA would love to hear from you! Please let us know of any important news in your lives, ideas for events and activities, book reviews, articles, etc. Better yet, get involved and lend your talent and ideas by joining one of the WHA committees!

AT A GLANCE**California State Health Care Coverage Initiatives***Contributed by Trudi Carter*

There are four major health care initiatives proposed thus far in the current legislative session, including proposals from the Governor, the Senate Republican Caucus, President Pro Tem Senate Perata, and Assembly Speaker Nunez. The following table summarizes the major components of each proposal:

PROPOSAL	INDIVIDUALS	EMPLOYERS	INSURERS	PUBLIC PROGRAMS	FINANCING
Governor's Health Care Proposal	<i>Individual mandate</i> <ul style="list-style-type: none"> Insurance required for all Californians 	<i>Pay or Play</i> <ul style="list-style-type: none"> Employers with 10+ employees required to offer insurance or contribute 4% payroll to State Fund Required to establish Section 125 plans (pre-tax contributions for health insurance) 	<ul style="list-style-type: none"> Guarantee coverage 85% premiums go to patient care "Healthy Actions" rewards and incentives included in benefit packages Individual rates based only on age and geographic area 	<ul style="list-style-type: none"> Undocumented included Expand Healthy Families Program (HFP) eligibility to 300% FPL Shift some adults on Medi-Cal to purchasing pool Increase Medi-Cal rates by \$4 billion 	<ul style="list-style-type: none"> Total cost of \$12.1B Increase federal funding Provider fees (2% on physician revenue, 4% on hospital revenue) Redirect county funds Employer in-lieu
Republican Caucus, "Cal CARE"	<i>No individual mandate</i> <ul style="list-style-type: none"> Tax equalization for those who buy insurance on individual market 	<i>No employer mandate</i> <ul style="list-style-type: none"> Employer incentives to offer insurance (e.g., flex-time) Incentives to offer Section 125 plans 	<ul style="list-style-type: none"> Allow plans increased flexibility in product design Allow plans increased flexibility for rates in the small group market 	<ul style="list-style-type: none"> Undocumented excluded Realign Medi-Cal benefits closer to private healthcare benefits Increase Medi-Cal rates to be more aligned with Medicare rates 	<ul style="list-style-type: none"> Within existing budgets Reallocate First 5 funds to cover children Reallocate funds to DSH hospitals for primary care clinics Savings from realignment of benefits
Perata Health Care Proposal, "The Perata Health Care Proposal"	<i>Individual mandate for working Californians and dependents up to 300% FPL</i> <ul style="list-style-type: none"> Enforced through payroll tax deductions 	<i>Pay or Play</i> <ul style="list-style-type: none"> Employers required to pay a certain % on insurance or pay an equivalent amount to State Fund with an employee contribution 	<ul style="list-style-type: none"> Guaranteed issue and community rating for plans participating in purchasing pool 	<ul style="list-style-type: none"> Undocumented children included Expand Medi-Cal to working parents up to 300% FPL Expand HFP for children up to 300% FPL No impact on rates 	<ul style="list-style-type: none"> Total cost of \$5-\$7B Increase federal funding Employer and employee contributions
Speaker Nuñez, "Fair Share Health Care"	<i>No individual mandate</i> <ul style="list-style-type: none"> Cover working Californians and dependents and all children up to 300% FPL 	<i>Pay or Play</i> <ul style="list-style-type: none"> Employers required to provide insurance or pay a fee based on "fair share" % of payroll 	<ul style="list-style-type: none"> Standard applicant screening and pre-existing conditions used to deny coverage Surcharge on premiums to cover those denied coverage based on pre-existing conditions Uniform benefits 	<ul style="list-style-type: none"> Undocumented children included Medi-Cal and HFP expanded to families up to 300% FPL regardless of residency Wraparound Medi-Cal and HFP benefits for eligibles with employer sponsored coverage No impact on rates 	<ul style="list-style-type: none"> No cost estimates available Increase federal funding Employer and employee contributions Surcharge on premiums

CALIFORNIA LEGAL MATTERS

Adverse Event Reporting & Fines for Patient Safety Violations

Submitted by Mark A. Kadzielski, Esq. and Dayna C. Nicholson, Esq. of Fulbright & Jaworski L.L.P.

With last year's adoption of **Senate Bill 1301**, California became one of the few states that require health facilities to report, in addition to existing reporting requirements, the "Never 27" adverse events listed in the National Quality Forum's 2002 report, "Serious Reportable Events in Healthcare." Also adopted last year, **Senate Bill 1312** requires the California Department of Health Services ("DHS") to perform expanded inspections of health facilities and, for the first time, allows DHS to levy significant fines on health facilities for state law violations.

SENATE BILL 1301: **MANDATORY REPORTING OF ADVERSE EVENTS**

Who must report? General acute care hospitals, acute psychiatric hospitals, and special hospitals.

What must be reported? Adverse events in these categories: (1) surgical, (2) product or device, (3) patient protection, (4) case management, (5) environmental, and (6) criminal, as well as an adverse event or series of adverse events that causes the death or serious disability of any patient, facility personnel or visitor. Reportable adverse events include:

- Wrong-site surgery.
- Foreign object retention in a surgical patient.
- Death or serious disability associated with a patient's disappearance for 4⁺ hours.
- Death or serious disability related to medication-error.

When is reporting required? Beginning July 1, 2007, an ongoing, urgent or emergent threat to the welfare, health or safety of patients, personnel or visitors must be reported within 24 hours of discovery; a non-urgent or non-emergent adverse event must be reported within 5 days of discovery.

How must DHS respond?

- DHS must investigate an ongoing threat of imminent-danger or serious bodily harm within the greater of 48 hours or two business days, and complete its investigation within 45 days. Until the problem is resolved, DHS must conduct an unannounced inspection at least annually.
- DHS must complete an investigation of other reports within 45 days.

What if a required report is not made? DHS may fine the facility up to \$100/day of non-reporting.

Will DHS disseminate reported information? Beginning January 1, 2009, DHS will maintain printed information about substantiated reports and investigation outcomes. Beginning January 1, 2015, DHS will post such information on its website. Individual practitioner's names will not be made public.

SENATE BILL 1312: **EXPANDED INSPECTION OF HEALTH FACILITIES & NEW SIGNIFICANT FINES FOR PATIENT SAFETY VIOLATIONS**

Senate Bill 1312 requires expanded inspections of health facilities, particularly, long-term care facilities, and allows DHS to fine general acute care hospitals, acute psychiatric hospitals and special hospitals for violations of state statutes and regulations.

As of January 1, 2007, DHS may assess penalties of up to \$25,000 per "immediate jeopardy" violation, which is a deficiency that has caused or is likely to cause the patient serious injury or death.

DHS must also establish criteria for assessing penalties of up to \$50,000 per immediate jeopardy violation, and up to \$17,500 per non-immediate jeopardy violation. This criteria must include:

- The patient's physical and mental condition;
- Any actual financial harm to patients;
- The probability, nature, scope, and severity of the risk to the patient;
- The facility's history of compliance with related state and federal requirements; and
- The extent to which the facility detected the violation, and took steps to immediately correct it and prevent its recurrence.

CONCLUSION

These Bills subject California health facilities to drastic new requirements. California's new reporting law is not preempted by the federal Patient Safety Quality and Improvement Act of 2005, which establishes organizations to analyze voluntarily reported medical error data. California's new fines for deficiencies are among the highest in the nation. ❖

SPONSOR SPOTLIGHT**Greenberg Levinson LLP – New Bronze Sponsor***By Dayna Nicholson*

WHA welcomes Greenberg Levinson LLP as its newest Bronze sponsor. Greenberg Levinson is an accounting firm owned by Stuart J. Greenberg, CPA, and Andrew Levinson, CPA, both of whom have over 25 years' experience in the accounting industry. Greenberg Levinson has a broad spectrum of clients. Clients include individuals, as well as several hundred businesses, ranging from small at-home operations to prominent California companies. Greenberg Levinson has about one thousand clients in total.

Greenberg Levinson's Mission is to work with their clients to help create outstanding lives through defining goals and implementing strategies. As a result, this will strengthen their clients' careers, finances and personal lives and enable them to achieve their immediate and long-term goals.

In order to help clients achieve their goals and objectives, Greenberg Levinson has developed the "Three Steps to Success," which are:

1. Tax Preparation & Planning Session
2. Mid-Year Check-up Session
3. Year-End Planning Meeting

The Greenberg Levinson team uses these face-to-face meetings with their clients during the year to stay on top of their clients' needs and financial situations, so

that the tax preparation process runs smoothly and effi-

ciently.

Although they primarily provide assistance with preparing personal and business tax returns and minimizing overall tax liabilities, the services provided by Greenberg Levinson also include:

- Preparing current and future year income tax projections for strategizing and minimizing tax liabilities on a proactive basis;
- Set up and training in QuickBooks or QuickBooks online;
- Assisting with various tax compliance issues, such as sales tax, city business licenses, personal property tax, and Form 1099; and
- Assessing financial situations and making broad recommendations regarding investments, retirement accounts, retirement planning, college planning, estate planning, and insurance coverage.

Greenberg Levinson currently has three full-time CPAs (and a fourth during tax season), a senior accounting professional and QuickBooks consultant, and two administrative staffers. They are located at 20335 Ventura Boulevard, Suite 208, Woodland Hills, CA, 91364, (818) 887-1130, Fax: (818) 887-1226, or online at www.gladvisors.com. ☒

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MEMBERS ON THE MOVE & NEW MEMBERS**New Members:**

Terrilynn Cunningham is a Vice President, Executive Services at MedAssets Supply Chain Systems.

Anne Lauren Tamayo is a Student at California State University of Long Beach.

Kathy Magliato MD MBA FACS is Director Cardiac Services at Saint John's Health Center.

Xochitl M. Perez is a Compliance Advisor at LA Care Health Plan.

Members on the Move:

Melissa Blaser is now Program Analyst at SYS Technologies.

Marcia Penido is now Project Manager (Social Work) at Huntington Hospital.

Zan Dubin Scott is now PR/Marketing Manager at USC University Hospital and USC/Norris Cancer Hospital.

Mona Snyder is now Regional Revenue Recovery Manager at Adventist Health.



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