

FEATURE ARTICLE

What Happens in Vegas...? Why Your Employer Might Know More Than You Think

By Marie Bouvier, Wordsculpture

If you think you're searching for your next new job on the sly, you might want to think again. These days, employers may know more about you than you realize—including your job search, your relationship status, or even your bad habits.

It's smart to look for a new job (or at least keep an eye on the market) while you're still employed. But there are certain caveats that apply. Even if you're not involved in a job search, it's a good idea to be aware of these potential pitfalls.

1. Job posting boards are a two-way street.

Maybe you posted your resume on Monster.com, figuring it couldn't hurt to keep yourself out there. But in the meantime, your current employer did a search to find a new candidate for a job—and your name popped up. Not good.

Human resources departments may even proactively search for their employees' names on job boards. They hope to determine which employees are "dedicated" to the company and which aren't. Guess which ones get promoted?

If you're engaged in a job search, you will probably be better served by answering specific advertisements or by contacting a recruiter. Don't make it easy for your boss to know you are looking for a new job.

2. Your email may say more than you think.

It is far more common than it used to be for companies to use software to analyze outgoing email automatically. The software can be set up to flag all types of things, including specific keywords, types of attachments, or number of addressees. You may think you're telling your

best buddy about Friday night's fun—but in reality, you may be telling your boss too.

Keep your private emails private. Don't use your business email for anything but business. If you really need to send personal emails while you're at work, get a cell phone that will allow you to check and send email outside of the office network.

3. MySpace is your space too.

It's a pretty common practice for employers to Google your name before they hire or promote you. It serves as sort of a free background check, an easy way to determine whether you have potential issues outside the work-

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Contact Michelle at mtui@ca.rr.com for more information.

AUGUST EVENT

Healthcare Trends: Where the Industry is Moving

By Elena White

On August 13, 2008, Women in Health Administration hosted a presentation on “Healthcare Trends: Where the Healthcare Industry is Moving” at Valley Presbyterian Hospital in Van Nuys, California. The WHA guest speaker for the evening was Jim Lott, Executive Vice President, Healthcare Policy Development and Communication of the Hospital Association of Southern California (HASC).

The main purposes of this event were to increase awareness of key factors that influence trends in the healthcare industry, and to generate a dialogue that would empower both consumers and healthcare professionals regarding the direction that health care coverage should go.

Contrary to what many might believe, the American Hospital Association reports that profit margins at hospitals are low, collectively running between about 2 percent and 4.5 percent since 1990. Contributing to this predicament, California hospitals provided approximately \$2.7 billion of uncompensated healthcare in 2007, according to Lott. The Hospital Association of Southern California has been in support of legislation and reform that could provide much needed relief to California hospitals. In January, the Governor proposed healthcare expansion that would have increased revenue to hospitals by the federal government by \$3.7 billion. Unfortunately for the California hospitals, this proposed expansion did not pass. Lott talked about the disparity that exists among hospitals and noted that hospitals are now falling into two categories in California: the “haves” and the “have nots.”

Lott pointed out that healthcare reform is no longer an issue that only affects the poor, but has developed into an issue that also impacts middle class Americans. In particular, due to the anticipated aging population and the capacity of the Medicare system, we can expect to face even greater challenges in meeting healthcare needs in the future.

Some of the challenges faced by healthcare reformers include:

- **Starting in January 2008-** 10,000 people will sign up for Medicare every day until all 90 million people in the Baby Boomer generation transition into the program.
- **October 01, 2008-** New Medicare MS-DRG



Event speaker Jim Lott

- **2014-** Medicare and Medi-Cal will reach \$1 trillion of the Federal budget.
- **2017-** Medicare is projected to go bankrupt.

What Does This Mean For The Healthcare Industry?

The healthcare industry must be able to meet the needs of this growing elderly population. This means ensuring that community hospitals keep their doors open and have adequate staffing. The United States is in the midst of a nursing shortage. Mr. Lott stated that each year 6000 nurses graduate but the need at hospitals is double the graduation rate. Demographic changes may limit access to health care unless the number of nurses and other caregivers grows in proportion to the rising elderly population.

Additionally, as the healthcare industry continues to move toward transparency regarding quality, this nursing shortage may contribute to less than desirable hospital quality results since they are forced to staff the facility with floaters. Mr. Lott indicated that the lack of permanent licensed healthcare care professionals will become more evident as hospitals strive to increase their quality standard. We can expect this to be an even greater issue among the “have not” hospitals that struggle to cover their costs and maintain financial solvency.

What's On The Horizon In The Future?

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AUGUST EVENT (CONT'D)**....Jim Lott**

Lott believes that in the future health insurance companies will be under scrutiny for reform and standardization. He suggested an “all payor” structure, similar to the healthcare coverage in Switzerland. Under that system, the insurance companies would provide certain basic services to all individuals, and people who preferred a more rich benefit could opt to purchase supplementary coverage.

He also anticipates that there will be an increased interest among consumers to understand their healthcare benefits and the cost for such care. People will be paying more attention to the cost for services and reimbursement differences to healthcare providers. Additional medical specialists will be needed to care for these consumers as well.

The most baffling trend discussed by Mr. Lott was his projection of the closure of several California hospitals, especially among the small rural hospitals. Over the past five years, forty-three percent (43%) of hospitals have been operating at negative margins, averaging approxi-

mately 5.13%. Under California law, thousands of buildings—including hospitals—must be brought up to seismic standards. Many struggling California hospitals facing the imminent seismic upgrade deadline are wondering where the capital to fund the mandate will come from. With no relief in sight, the smaller hospitals may be faced with closing their doors.

What Solutions Can We Expect?

Mr. Lott did end the discussion by stating that solutions are coming. Hopefully they will arrive far enough in advance before the health of community members are at risk. At the end of the day, Mr. Lott suggested that the solution to the issues can be resolved through a healthcare reform plan that is supported by the both the government and the healthcare industry, and that provides funding for basic individual healthcare and assistance to structurally stabilize the safety net and ER services. ☒

FEATURE ARTICLE (CONT'D FROM FRONT PAGE)**... What happens in Vegas...?**

place. They may also check Facebook, MySpace, LinkedIn, and other networking sites. Unfortunately, if your friends can find you, so can your boss.

While your personal time is indeed personal, you might want to ensure that your online image is a relatively benign one. Take a few minutes to do a search on yourself, and see what comes up. Keep anything truly private on a password-protected space. Be smart about what you post and where you post it.

Don't let your current or prospective employer know *too* much about you. Be prepared, and you'll stay a step

ahead of these technology tricks. You'll be more likely to be hired and promoted in the long run. ☒

*Marie Bouvier is a professional business writer and editor with WordSculpture. She has extensive experience with resume writing and job searches. For more information, visit www.wordsculpture.com. **Mention WHA for a 25% discount off all services.***

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SPOTLIGHT ON BENEFIT EVENT

Dr. Susan Love Research Foundation

WHA will be commemorating National Breast Cancer Awareness Month at its Fall Gala on October 28, 2008. The program will include a screening of the short film, *Jenny's Journal*, chronicling the life of Idaho resident Jenny Meyer. Jenny, who recently succumbed to breast cancer following an eight-year long battle, achieved her goal to live long enough to see her daughter begin school.

The registration fee for the event includes a \$20.00 donation to the Dr. Susan Love Research Foundation. Please join us for an evening of networking and fundraising for an important cause.

About the Dr. Susan Love Research Foundation

The Mission of the Dr. Susan Love Research Foundation is to eradicate breast cancer and improve the quality of women's health through innovative research, education and advocacy.

We will meet this challenge by being fast, flexible, and project-based. We will identify needs and determine how these needs can be quickly met, not by emulating existing nonprofit organizations but by designing a new model specific to the tasks at hand.

We will find the most effective route to breast cancer eradication, whether it is in the not-for-profit arena, the for-profit arena, or both. We will approach problems by collaborating and coordinating with other organizations. We will facilitate solutions to be adopted by others.

The goal of the Dr. Susan Love Research Foundation is to identify the barriers to research and to then create new solutions. With your help, we will achieve our goals—and end breast cancer in our lifetime.

What Makes Us Different

More than \$4 billion dollars has been spent on breast cancer research in the United States. Yet we still do not know what causes breast cancer or how to prevent it. At the Dr. Susan Love Research Foundation, we believe that to eradicate breast cancer we need to begin where breast cancer begins—in the breast ducts. The Foundation is engaging in an extraordinary opportunity to focus research on the breast ducts and understand how the breast works. With your support, we will determine how to prevent and eradicate breast cancer once and for all. ☒

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LEGISLATIVE UPDATE**Recent Changes in California Law Governing Patient Information Privacy**

By Mark A. Kadzielski, Esq. & Dayna Nicholson, Esq., Fulbright & Jaworski L.L.P.

Patient information privacy has long been an important topic in California. The Confidentiality of Medical Information Act ("CMIA") was enacted in 1981 (more than 10 years before the federal Health Insurance Portability and Accountability Act) to create a framework for the proper use and disclosure of medical information. Effective January 1, 2009, state regulators have two powerful new tools for protecting patient information privacy.

Assembly Bill ("AB") 211 creates a new state agency to enforce the CMIA and to assess fines for violations of patient information privacy. Its companion, Senate Bill ("SB") 541, creates new fines against certain facilities for similar violations. These new protections and penalties are in part a result of recent highly-publicized breaches in the privacy of medical information, including the improper disclosure of the records of the Governor's wife. Used separately or together, these two new laws expose individual and institutional health care providers to significant financial penalties for privacy violations.

A New State Agency May Levy Fines For The Improper Disclosure of Medical Information

The CMIA currently sets out a number of penalties that may be assessed against a person or entity who obtains, uses or discloses medical information in an unauthorized manner. Depending on the circumstances of the violation, those penalties include misdemeanor prosecution, action against a professional license, liability in a civil lawsuit, and administrative fines ranging from \$2,500-\$250,000 per violation. The factors that impact the amount of any such fine include: whether the violation was negligent (versus knowing and willful), whether the violator is a person or entity other than a licensed health care provider, whether the violation resulted in financial gain to the violator, and whether the disclosure is a first, second, or subsequent violation.

The CMIA may be enforced by any number of state and local authorities. However, there has never been a specific state agency responsible for such enforcement. AB 211 changes the landscape by creating the Office of Health Information Integrity ("OHII"), which is specifically tasked with enforcing state law that mandates the confidentiality of medical information and imposing administrative fines for the unauthorized use of medical

information.

In assessing an administrative penalty under this provision, the OHII or other enforcement agency must consider whether the violator has made a reasonable, good faith attempt to comply, the nature and seriousness of the violation, any harm caused by the violation, the number of violations and persistence of the misconduct, the length of time over which the misconduct occurred, the willfulness of the misconduct, and the violator's assets, liabilities and net worth.

Hospitals May Be Fined For Failing To Protect Patient Information Privacy

SB 541 requires licensed primary and specialty clinics, hospitals, intermediate care, congregate living, nursing and correctional facilities, home health agencies and hospices to (1) prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, and (2) within five days of discovery, report violations of patient information privacy to the California Department of Public Health (the "Department") and the patient. Failure to report such violations within five days of their discovery can result in penalties of \$100 per subsequent day of non-reporting.

The Department may assess an administrative penalty if it identifies an unlawful or unauthorized access, use, or disclosure of a patient's medical information, and determines that a provider has failed in its obligation to prevent the privacy breach. The maximum amount of any such penalty is \$25,000 for the first occurrence and \$17,500 for each subsequent occurrence (related to the same patient), up to a total combined penalty (including fines for non-reporting) of \$250,000 per reported event.

In assessing an administrative penalty under this provision, the Department must consider (1) the provider's history of compliance with the new provision and other state and federal law related to information privacy, (2) the provider's identification and correction of violations, (3) any action taken by the provider to prevent past violations from recurring, and (4) factors outside the provider's control that restricted its ability to comply with the new provision. ❖

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