

Newsletter – Summer 2015

Georgia Association of Healthcare Executives (GAHE)

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PRESIDENT'S LETTER

Greetings and Happy Summer!

For the first half of 2015, your GAHE Chapter has been extremely busy! Since January we have been off and running with our newly elected officers and appointed board members. Thus far this year, we have had several excellent Face-to-Face Category I healthcare education sessions as well as Qualified Education Category II events held in Atlanta, Savannah, and Valdosta. Be on the lookout for upcoming sessions of benefit for you. Our goal is to provide stellar educational and informational programs which afford participants insight on timely and relevant topics as well as networking opportunities to build collaborative partnerships.

This past March, it was an honor and a privilege to represent each of you at the ACHE's 2015 Congress. Our GAHE Chapter was recognized as a 2015 winner of the ACHE Award of Chapter Merit. Each year ACHE recognizes local chapters with awards for meeting or exceeding performance measures. This program helps



ensure the delivery of high-quality services to ACHE members at the local level by acknowledging outstanding chapter accomplishments.

I'm grateful to our leadership over the past several years for building the foundation and working diligently to create the successful, active Chapter we have today. Our infrastructure is solid and our mission and values are hardwired. We have worked hard to build an outstanding and valued Chapter that is recognized for continuing the work of ACHE in our region. I am very proud to be a part of this professional organization.

A personal expression of appreciation to those of you who took the time to participate in the American College of Healthcare Executives (ACHE) annual Chapter Member Needs Survey (sent during the week of May 4th). Your input will afford GAHE as well as ACHE to learn what we are doing well and the areas where we can improve. I personally value your feedback and your willingness to share your ideas and thoughts and look forward to sharing the survey outcomes when they become available.

Once again, GAHE is offering an annual low-cost two day tutorial workshop to members interested in preparing for the ACHE Board of Governor's Examination in Healthcare Management which is an important step in becoming board certified in healthcare management as an ACHE Fellow. The two-day tutorial workshop, "Fundamentals of Healthcare Management" will be held July 17 – 18 at the offices of Georgia Hospital Association in Marietta. The sessions are a great way to learn more about the ten knowledge areas and lay the groundwork for preparing for the exam! We have a special offer this year for those attending: a new **Tutorial Rebate** - the cost of the July 17-18 exam tutorial will be rebated in full to GAHE members who take and pass the BOG Exam by December 31 after attending this event this year.

On Tuesday, July 21, GAHE will be partnering with the National Association of Health Services Executives (NAHSE), Professional Women in Healthcare (PWH), Healthcare Businesswomen's Association(HBA) and Women in Healthcare (WIH) in hosting the CEO Diversity Roundtable, "The Professional Journey of a Healthcare CEO." Please join us for a luncheon where four dynamic healthcare leaders will share their insight on their journey of healthcare leadership. You will not want to miss this impressive panel! Also, at this luncheon meeting, we will begin a new partnering with the American Heart Association to provide CPR training following our meetings.

In order to finalize the GAHE Strategic Plan, Terra Levin (Regional Director for ACHE) will be facilitating a Strategic Planning session for GAHE on July 31. Terra brings to our Chapter a wealth of knowledge and expertise and will be a tremendous asset in assisting in the development of our Chapter's Strategic Plan. Looking forward to sharing with all of you when completed!

On Friday, August 28, please plan on attending GAHE's Lunch with the Chairman of ACHE, featuring Edward Lamb, FACHE - ACHE Chairman-Elect and Western Division President, IASIS Healthcare. This is a great forum for networking with fellow GAHE Chapter members, the opportunity to meet a national healthcare leader, and earn ACHE continuing education credits. Looking forward to seeing each of you at the luncheon!

As you can see, our committees are working diligently to ensure the GAHE Chapter continues to be the leader in providing our members timely, relevant educational programs, a forum for professional exchange, and a network for career development. If you want to participate in any of these programs or volunteer to assist on a committee, please contact one of our Board members or me directly to get involved.

In my previous President's Letter, I closed with sharing how exciting the *change* in healthcare is for all of us! In order for all of us to be successful in this change, I believe, we must be of the mindset of a transformational leader. As such, we are facilitators of change and move the process through our organizations. We create a sense of possibility and vision for the future. Collaborating together, we the members of GAHE, have an opportunity to transform our Chapter, our organizations, and ourselves! To do this: attend GAHE educational

events, participate in networking and collaborative opportunities, advance to and maintain your Fellow Status, and, most importantly, encourage others along this journey of *change*!

Again, it is an honor and a privilege to serve as President of GAHE. If you have any feedback or suggestions on how we can improve GAHE, please feel free to call me at 678-312-4304 or email me at jdennard@gwinnettmedicalcenter.org. I look forward to hearing from you!

At your service,

Jay Dennard, FACHE
GAHE President

"The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly." – Jim Rohn

MEMBER NEWS

NEW! STUDENT NEWS PAGE PREMIERS

See the new navigation tab on our website [at www.gahe.org](http://www.gahe.org) "[Students](#)" for the premier of our Student Newsletter with articles, interviews, and how to get the best value from Student Associate membership in ACHE. Many thanks to the hard-working members of our Student Task Force for this great new feature!

MEMBERSHIP REPORT *(Second quarter 2015, as of publication date 6/30/15)*

Congratulations to the following **GAHE members who have achieved their Fellow of ACHE (FACHE) credential**. Please take a moment to congratulate your colleagues for their commitment to advancing their healthcare careers:

Mark C. Bowen Jr., FACHE
Jack F. Rogers, FACHE

We also congratulate these **Fellow Designate members** who recently passed the Board of Governors Examination in Healthcare Management and are well on their way to earning the distinction of board certification in healthcare management: **Samuel C. Williamson, Brian B. Yee, Ryan R. Chandler, David T. Early, LCDR Donald E. Mitchell.**

And we congratulate the following **members who recently recertified their Fellow status**:

David W. Sides, FACHE, Thomas C. Smith III, FACHE, Laura J. Caramanica, PhD, FACHE, Linda L. Jubinsky, FACHE, Louis D. Simmons, FACHE, William B. Stuart, FACHE, J. Larry Tyler, FACHE, Donald R. Avery, FACHE, Edward J. Bonn, FACHE, J. Michael Butler, FACHE, Clay Fowler, FACHE, Tommy L. Sands Jr., FACHE, Carrie C. Bennett, FACHE, Cynthia D. Borel, EdD, FACHE, Mary A. Germann, RN, FACHE, Page M. Etzler, PhD, FACHE, Ellen S. King, FACHE, James A. Nixon, FACHE, Jeffrey H. Whitton, FACHE

We welcome the following **new members of GAHE** and hope to meet you soon at one of our events:

Alecea Quintyne, James A. Alfano Jr., Kim Bentley, Cathie L. Brazell, Amie Cook, Lurline Craig-Burke, Daniel R. Crumby, JD, Natalie Davis, Zach Dunkerly, Anne Frechette, Cherise B. Giddens, Bryan Goble, Connie E. Hampton, RN, Kathryn Lancey, John McFarland, MAJ Beverly Miles, RN, Amy Montgomery, Dawn M. Morton-Rias, EdD, Rachel Myslinski, Eric Newton, Robert R. Norvel Jr., MD, Howard Peters Jr., MD, Michael L. Phillips, Michael Puestow, Chrystle Ross, EdD, Brandon B. Ryans, DHS, Lateia Scott, Krista Stiefel, Dawn Taylor, RN, Terry D. Thompson, RN, Cindy W. Vardeman, RN, Kathy Whitmire, Dorian L. Williams, Oliver Baehre, Steven Blubaugh, Khiara Cureton, Robert D. Evans, Brittany Hill, Kathryn A. Keaton, Stephen Kopech, Treyson A. Lawrence, Jason Lesandrini, Olive Medley, Belinda Minta, William B. Mitchell, Misty Neal, Albany, Elizabeth A. Norton, Abeni M. Peyton, Christopher E. Poole, Margaret Ratchford, Robert W. Russell, Jacob Vargas, CPT Matthew Woods, Ahmad J. Yasin,

Matthew Brohm, Leslie J. Brown, James A. Bue, MAJ Yuri Campbell, Dontricia Carty, Michael S. Collins, Nilsa A. Collins, Despina Dalton, Russell T. Durden, RN, Kimberly J. Foxworth, RN, Margaret Gaskill, Christine Green, Stephen T. Hatez, Matthew Hicks, Lakeisha Hill, Robin Holt, CPA, Kelly Hulsey, Kay Kennedy, Scott W. Luton, Cynthia Masters, Peterson Mirville, Howard A. Mosby, CPA, Chukwuemeka C. Nwankwo, Juanita Pratt, MD, Vashone Rawls, Pamela Saulsbury, Shameaka Williams, Mary Wren, James S. Zacharias

MEMBERS ON THE MOVE

Your news wanted -- GAHE members who have moved to a new position, received a promotion or other professional accomplishment, we would like to hear from you! Notices may be submitted to GAHE Administrator Karen Manno, kmanno AT gahe.org, or any member of our Communications Committee. A notice should not exceed 40 words and should tell the member's name and credentials, accomplishment /new position/ new location, former position and location, and effective date. The suggested form is "John Doe, FACHE, to Vice President Medical Center of Central Georgia, Macon, from Department Director, Houston Healthcare, Warner Robins, effective June 1, 2015." Photos are encouraged but not required.

FROM YOUR ACHE REGENT

Spring 2015

It has been an honor serving the American College of Healthcare Executives in various capacities for the past 30 years. The number of wholesome, intelligent and hard-working people motivated by a desire to help others has made being a part of ACHE that much more enjoyable. With each term, previous Regents for Georgia escalated the bar to great heights, and I'll seek their advice and counsel to serve you in the best capacity.



As most of you know, I have spent 37 years engaged in executive recruitment in healthcare. As such, I estimate that I have personally interviewed more than 3,500 individuals in my searches for exceptional leaders who would make great matches for my clients. As your Regent, I hope to influence you, my constituency, to develop outstanding leadership skills so as to enhance your careers.

My focus on finding leadership has been to find candidates who fit the situation at hand and for the foreseeable future. To a good extent Peter Drucker's definition of leadership is spot on: "Leadership is evidenced by the presence of willing followers." One needs willing followers in order to be a great leader.

There are many different leadership styles and thoughts about leading (on Amazon alone there are more than 138,600 books on leadership). Similar to completing a 1,000-piece jigsaw puzzle, one must organize pieces

(components) and focus on completing (understanding) a particular section. So what are the components that make a good leader? They include:

- Having a consistent vision and motivating others to realize that vision.
- Being transparent and clear in all types of communication; not having any hidden agendas.
- Being intelligent and confident.
- Being a good listener.
- Having high integrity and being trustworthy.
- Defending subordinates when the situation arises and standing by them even when they have erred.
- Keeping calm and collected, especially under stressful conditions.
- Staying consistent in making decisions.

Andrew N. Garman, PsyD, MS, now Executive Director of the National Center for Healthcare Leadership, and I embarked on a one-year research project for ACHE. Our report, "360 Feedback for Leadership Development in Health Administration" outlined 26 leadership competencies that could be grouped into seven clusters:

1. Charting the course (Strategic vision, innovativeness, systems thinking and flexibility/adaptability)
2. Developing work relationships (Individual understanding, mentoring and physician/clinician relations)
3. Using broad influence (Consensus-building, persuasiveness, political skills and collaboration/team-building)
4. Structuring the work environment (Work design/coordination, feedback-giving/performance management, use of meetings and decision-making)
5. Inspiring commitment (Building trust, listening/feedback receiving, tenacity and self-presentation)
6. Communication (Energizing, crafting messages, writing, speaking and availability)
7. Self-management (Managing limits, balance and resilience/self-restraint)

From this study, we devised a 360-degree feedback instrument, which allows a person to find out how his/her boss, peers and subordinates rate him/her on his/her competencies. For those who have the courage, a 360-degree instrument can be an eye-opener on leadership style. I am reminded of a verse from "To a Louse," a poem by Robert Burns, which is translated from Scottish to modern English below –

"O would some Power the gift to give us,
To see ourselves as others see us!
It would from many a blunder free us,
And foolish notions."

As Georgia Regent, I look forward to supporting our chapter and ACHE however possible. This includes representing Georgia favorably when interacting with other Regents, as well as the ACHE Board and administration in Chicago; being a career development resource for members; encouraging senior-level executives to become involved in GAHE; and promoting the benefits of earning a Fellowship to CEOs who are not yet credentialed. (Currently our membership is more than 45,000. Of those, over 9,200 are Fellows.)

Thanks again for your support. If I can do anything to help you and your career, please call me at (770) 396-3939, ext. 6441, or e-mail me at lt Tyler@tylerandco.com. I will appreciate your ideas and comments, as well as getting to know you.

Best regards,

J. Larry Tyler, FACHE
ACHE Regent for Georgia
Chairman Emeritus, Tyler & Company

UPCOMING EVENTS

Get the most current details and registration for all GAHE programs on the ["Events" page](#) (list here accurate as of publication date 6/30/15)

New at GAHE Meetings - CPR Training

GAHE is pleased to announce a partnership with the American Heart Association. Beginning with the July 21 meeting we will offer a 30 minute CPR course by the American Heart Association immediately after the program, free of charge to all attendees who are interested. We hope you'll take advantage of this great opportunity to learn the latest in CPR methods.

- **Friday-Saturday, July 17 & 18 - BOG Exam Tutorial Workshop**
at the office of Georgia Hospital Association, Marietta/Atlanta
Intensive 2-day workshop featuring content experts in the 10 knowledge areas of the exam.
Special rebate offer: Registration price rebated in full to GAHE members who pass the BOG Exam by December 31!
- **Tuesday, July 21 meeting - "CEO Diversity Roundtable: The Professional Journey of a Healthcare CEO"** - A joint program with NAHSE, HBA, and WIH
11:30 am – 1:30 pm at Maggiano's Little Italy, Buckhead/Atlanta
Speakers: Dr. Valerie Montgomery Rice - President & Dean, Morehouse School of Medicine; Dr. Ninfa Saunders, FACHE - CEO, Navicent Health; Leslie Wiggins - Director & CEO, Atlanta VA Medical Center; Moderator Neysa Dillon Brown, MHSA - Managing Director Health Care Practice, Diversified Search
CEUs: 1.5 hours ACHE Qualified Education (formerly "Category 2")
- **Tuesday - Friday, July 28-31 - UAB National Symposium for Healthcare Executives**
at Sandestin Resort, Florida
GAHE is a co-sponsor of this event presented by UAB Center for Healthcare Management & Leadership
CEUs: up to 12 hours ACHE Face To Face Education Credit (formerly "Category I")
- **Friday, August 28 meeting - Lunch with the Chairman of ACHE**
Speaker: Edward Lamb, FACHE - ACHE Chairman-Elect and Western Division President, IASIS Healthcare, South Jordan, Utah
11:30 am – 1:30 pm at Maggiano's Atlanta/Buckhead
CEUs: 1 hour ACHE Qualified Education Credit (formerly "Category 2")
- **Thursday, September 10 - Lunch with the CEO**
featuring Dr. Ninfa Saunders, FACHE - CEO, Navicent Health, Macon
For early-mid careerists, by invitation
- **Wednesday, September 23 - September meeting & double program**
11:30 am - 3:15 pm at Maggiano's Atlanta/Buckhead
Two topic presentations: "Green Hospitals – Quest for Excellence!" and "Delivering Patient Centered Care through Evidenced-Based Design & Evidenced-Based Medicine"
CEUs: TBA
- **Friday, October 9 - Augusta Region luncheon** - A joint program with GA HFMA
11:30 am – 1:00 pm at Enterprise Mill, Augusta
Speaker: Carie Summers - VP Healthcare Financing, Georgia Hospital Association
CEUs: 1 hour ACHE Qualified Education Credit (formerly "Category 2")

- **Wednesday, November 11 in Savannah - Joint GAHE/ACHE/NAHSE Breakfast at Georgia Hospital Association Meeting**
at Hyatt Regency, Savannah
Speaker: Colonel Paul F. Martin, FACHE - Deputy Command Surgeon, Air Force Special Operations Command, Hurlburt Field, and Air Force Regent to ACHE
CEUs: 1 hour ACHE Qualified Education Credit (formerly "Category 2")
- **Tuesday, November 17 - GAHE Annual Meeting - "Developing High Performance Teams"**
11:30 am - 1:30 pm at Maggiano's Atlanta/Buckhead
CEUs: TBA
- **Monday, December 7 in Macon - GAHE Annual Mini-Cluster, 6 CEUs**
7:30 am – 4:45 pm at Macon Centreplex
CEUs: 6 hours ACHE Face To Face Education (formerly "Category 1")

More events are planned throughout 2015, be sure to watch for announcements:

- **More opportunities for our small-group Lunch with the CEO events for early-to-mid careerists**

And lots more!

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CAREER CORNER

Chief Courage Officer

*By GAHE Board Advisor J. Craig Honaman, FACHE, CRC - Principal, H & H Consulting Partners, LLC
Healthcare Strategic Career Management Consultant, careerdir1 AT aol.com / www.careerpiloting.com /
770.394.2221*

Who is the Chief Courage Officer in your organization? Establishing goals and a commitment to doing the hard stuff by making a difference in people's lives is tough. There is a risk involved with the commitment. The risks could be to ones ego if the goal is not achieved; perhaps a change of status; there could some jeopardy to job security; or the organization success may not be met. The greatest risk however is not taking a chance in the first place. Having the courage to press on against all odds is a leadership characteristic which is learned.

There might be a fine line between being brave, courageous, and lacking pure common sense. Military combat situations often reveal actions of extraordinary bravery. However, the individual involved in the action may have reacted because of outstanding training coupled with a sixth sense of navigating the hazards to achieve results beyond expectations.

The challenges facing the healthcare industry just keep on coming. The traditional issues of cost management, new technology, tort reform, safety issues, staffing shortages, and on and on require bold management. Tough decisions must be made for organization survival. Making the necessary moves often takes courage to be "out on the limb" that could get cut off, or the "point person" who has the most visibility and vulnerability. Volunteering to take the leadership position is often risky and yet courageous.

The person who has the courage to step forward with the new ideas, strategic vision and the courage to execute the commitment while managing the risk will achieve the successes beyond the timid competition. The goals can not be all talk but must translate into action.

The stamina to have a relentless pursuit of action needs to be strong. Commitment to self, to the team, to the profession, and to the community is the starting point. Without commitment and the willingness to take calculated risks, the actions may not be pulled off. Waiting to make the perfect choice may stalemate the decision and wait forever. Tactical retreat to move in a different direction but not backing up may be just the action needed to move forward.

Career stamina and the ability to run hard against the competition means having a continuous life long learning curve, the courage to take on the new while shedding the old, and taking the risks needed to improve the health status of the community. Senior careerists are sometimes viewed as “slowing down, gun shy, or not taking risks.” The stamina to be running hard must be reestablished routinely. The emerging leader is often viewed as “fearless, the invincibility of youth, brash, or having the drive thru mentality.” If the young careerist messes up, they have a career lifetime to make amends and straighten things out. This is often not the case with the older executive. The senior careerist is running out of time and therefore may chose to avoid tough situations. Who then is assigned the Chief Courage Officer role?

The courage to make a commitment and implementing action to a successful conclusion reveal several characteristics:

- ...Being a player rather than simply a spectator in the organization game is key to being really committed.
- ...Execute for results with your team to make things happen with the quantified, measurable results of the accomplishments is tangible evidence of courage to fulfill commitments.
- ...Being action oriented and not allowing procrastination to seep into the process is key to moving forward.
- ...Being committed to help colleagues who are struggling or to repay those who helped you get to your level of success with your time and attention demonstrates leadership.

Taking a new path, less traveled, reduces the competition but it takes some courage. Competition is often the wake up call in many communities. The management DNA healthcare executives have acquired should include a certain level of risk tolerance and the courage to do what is right rather than what is popular. Moving in a new direction requires the courage to declare something is over. There has been an ending with a new start. The freedom of choice exists to give up what we have, give up where we've been and grab new directions while courageously launching out to the future.

There may be casualties along the way. Some people may have to leave their stagnated ways. If things were easy, everyone would have done them by now. Courage to take on the new is a calculated risk. However, the risk of not taking action maybe even greater.

Others have courageously stepped forward to help each of us in our careers. One might ask what the ROI (return on investment) is to the people who invested in us and our careers. We should not forget the organizations where we were allowed to learn and grow professionally. Courage to step back and offer some payback is a solid attribute. Most people can think back and identify someone who has taken some risk on their behalf. Perhaps it was the first job or the new position which was a solid jump but a reach position, or the boss who stood behind us with support when a mistake was made. We must not forget how we got to where we are or how we can help others by being a mentor.

Stepping forward to make a commitment for courageous, bold action will be felt throughout the organization. Sparse promises become highly visible.

The Chief Courage Officer role may be passed around. Grabbing the role and riding the bumpy road ahead at

high speed can be exhilarating, challenging, dangerous and rewarding in the career mosaic. Take the role and charge on.

2014 Hospital Executive Salary Information

ACHE's Career Resource Center has made available compensation data from Sullivan, Cotter and Associates, Inc.'s 2014 Manager and Executive Compensation in Hospitals and Health Systems Survey Report. ACHE affiliates may review the results of the survey, which contains data from over 1,500 healthcare organizations across the United States on over 250 system-level jobs and over 200 hospital-level jobs, online at www.ache.org/newclub/career/SALARY.CFM. After you review the data, remember to check out ACHE's Career Resource Center at www.ache.org/newclub/career/career_development.cfm for comprehensive career resources to enhance your professional development.

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INDUSTRY NEWS

The Supreme Court's Duel over the Affordable Care Act

By Roy W. Copeland, JD, LL.M. and

GAHE Member Ryan N. Schmidt, PhD, MBA, MS, CMRP - Langdale College of Business Administration, Valdosta State University (GA)

June 29, 2015

INTRODUCTION:

The bell signaling the beginning of the fight over healthcare rang as soon as the final gavel fell with the passage of the Patient Protection & Affordable Care Act (ACA). Opponents have vociferously contended the ACA would wreak havoc on the free market because the Act audaciously imposed a mandate on individuals to purchase insurance and on state governments to establish healthcare exchanges. Proponents, on the other hand, asserted affordable healthcare is a cornerstone right deserving the same level of protection as life, liberty and property. On June 25, 2015, the Supreme Court answered the bell, framing the issue succinctly. "The issue in this case is whether the Act's tax credits are available in states that have a Federal Exchange rather than a State Exchange". The dissent, written by Justice Antonio Scalia, predictably framed the issue quite differently. "This case requires us to decide whether someone who buys insurance on an Exchange established by the Secretary gets tax credits."

Hence, the stage was set for the final round in the U.S. Supreme Court. In 2014, the Court granted the petitioners' application for certiorari the case of King v. Burwell; and the matter was argued on March 4, 2015. The gravamen of the dispute centers on the Act's requirement of Exchanges. Exchanges are marketplaces which provide the general public with access to information that allows for the comparison of insurance premium costs and the purchase of insurance. Under the Act, in the event a state fails to create an Exchange, the federal government is authorized to establish a Federal Exchange. The Act mandates that the Secretary of Health and Human Services "shall... establish and operate such Exchange within the State." In 2014, an IRS regulation provided that tax credits are available to those who purchase insurance through an Exchange; State or Federally created. The four aggrieved petitioners in Burwell reside in Virginia, a state which has a Federal Exchange. They contended that the Federal Exchange in Virginia did not qualify as "an Exchange established by the

State.” Accordingly, they should not be qualified to receive tax credits. Without the tax credits, their income level would subject them to coverage under the ACA. Pursuant to IRS Regulations, the petitioners must either buy health insurance, an option they refused, or to pay a penalty to the IRS. The Fourth Circuit Court of Appeals affirmed the United States District Courts decision that the Act was unequivocal in making tax credits available to those enrolled via Federal Exchanges.

THE DECISION OF THE SUPREME COURT:

In a 6-3 majority decision, authored by Chief Justice John Roberts, the Court held “Congress passed Affordable Care Act to improve health insurance markets, not to destroy them. ... (W)e must interpret the Act in a way that is consistent with the former, and avoids the latter. Section 36B can fairly be read consistent with what we see as Congress’s plan, and that is the reading we adopt.”

Two critical observations tend to foreshadow the legal maneuvering, wordsmithing and analytical contortions undertaken by the Court. First, the Court in reaching its decision noted “We *must* interpret the Act in a manner not to destroy health insurance markets (emphasis added). This suggests that perhaps the court decided the issue and constructed the means by which to reach its ultimate conclusion. The word *must* implies that the Court would gap fill where Congress may have fell short in its legislative craftsmanship. Second, the choice of the adjective “fairly” in concluding the extent to which section 36B can be read and remain consistent with Congress’s plan. The pedestrian adjective to elucidate the point is indicative of the weakness of the Court’s position.

The fact that the Court felt it “must” salvage the healthcare markets and was lukewarm in the interpretation of Section 36B confirms the fragility of its decision. The frailness of the decision rests on other similarly weak pillars set upon a faulty syllogistic framework. For example, the Court acknowledges that great caution should be exercised when embarking upon statutory construction. It also notes that statutory interpretation calls “... for great wariness lest what professes to be mere rendering becomes creation and attempted interpretation of legislation becomes legislation itself.” In short, courts cannot and should not act as a super legislature and impose their prerogative in determining congressional intent. It supplants the maxim of that courts are obligated to employ the plain and simple meaning of a law, the majority, instead concludes “... the Act does not reflect the type of care and deliberation that one might expect of such significant legislation.”

Sure, the majority employed a significant amount of strained logic, but the Courts’ conclusion was clear and palpable. While acknowledging the ambiguity of section 36B, Justice Roberts wrote “... the statutory scheme compels us to reject the petitioner’s interpretation because it would destabilize the individual insurance markets in any State with a Federal Exchange, and likely create the very ‘death spirals’ that Congress designed the Act to avoid.” Justice Roberts acknowledges the petitioner’s contention that the language of 36B is unequivocal; specifically, a Federal Exchange is not “an Exchange established by the State.” The Court writes “Petitioners arguments about the plain meaning of Section 36B are strong.” Three reasons were offered by the Court in rejecting the petitioner’s “strong” argument:

1. A plan reading of the statute is untenable when viewing the statute as a whole
2. The “most natural reading” of the statute must be rejected in favor of a structural and contextual application
3. To read the statute in the manner advanced by the petitioners would lead to “...the type of calamitous results Congress plainly meant to avoid.

From a policy perspective, the Court’s conclusion regarding the statutory construction of Section 36B, strained as it is, has a scintilla of truth. In reality, it is difficult to digest the logic. Perhaps, this is a glaring example of “the somersaults of statutory interpretation” which agitated the dissent. The ACA is an extensive, complex piece of legislation that contains interlocking formulas which ties the guaranty of coverage, a community rating system which ensures that an insurance company cannot charge those insured higher premiums for the same

reason, tax credits and involves a multitude of state and federal agencies. Providing health insurance for six million previously uninsured Americans is laudable. As more and more people become insured, the passage of time and the silencing of the Act's major critics as a result of the Court's decision, the fight over the ACA and tax subsidies has finally been resolved.

THE DISSENTING VIEW:

The dissent, authored by Justice Scalia, was unapologetic in the scathing rebuke of the Court's majority. He begins by stating the Court's holding that a Federal Exchange is synonymous with an Exchange established by the State "... is of course quite absurd, and ... 21 pages of explanation make it no less so." The real insult to the majority is not Scalia's reference to the majority's conclusion, but his calling the decision an "explanation" as opposed to the more respectful nomenclature chosen when Courts refer to the published decisions as opinions. Not to be outdone, Scalia takes twenty one pages to respond to an opinion he says is based on an "eccentric theory" and laced with words given "bizarre meanings." He contends "the Secretary (of Health and Human Services) is neither one of the 50 States nor the District of Columbia, that definition (of an Exchange) positively contradicts the eccentric theory that an Exchange established by the Secretary has been established by the State," Such an interpretation of the Act, he writes "is not merely unnatural; it is unheard of." Scalia then incredulously asked "who would have ever dreamt that...?"

The vitriolic assaults continue as Scalia points out an adoption of the majority's interpretation of the phrase "Exchange established by the State" requires one to ignore the plain and simple meaning "again and again throughout the Act" for seven times. He then moves to "(T)he Court's next bid of interpretive jiggery-pokery (which) involves other parts of the Act that purportedly presuppose the availability of tax credits on both Federal and State Exchanges." The express words of less significant provisions of the Act marginally related to tax credits Scalia asserts "... is perfectly consistent with limiting tax credits to State Exchanges." He cites as an example, what the minimum function of an Exchange should include; and asks: "What stops a Federal Exchange's electronic calculator from telling a customer that his tax credit is zero?" The majority's concern that the ancillary provisions of the Act "would make little sense" if tax credits were unavailable on Federal Exchanges according to Scalia would constitute a mere "oddity" not ambiguity. Laws frequently contain odd or even unusual provision he argues "the Affordable Care Act spans 900 pages; it would be amazing if its provisions all lined up perfectly with each other." He adds slight mismatches are a natural occurrence when legislators endeavor to write a statute designed to cover a multiplicity of different scenarios.

The dissent unmercifully asserts it is indefensible to contend that Section 36B is unclear. "Perhaps sensing the dismal failure of its efforts to show that 'established by the State' means established by the State or the Federal Government, the Court tries to palm off the pertinent statutory phrase as 'inartful drafting.'" Scalia then accuses the majority of failing to remember that our government is one of laws not men. "That means we are governed by the terms of our laws, not by the unenacted will of our lawmakers." Courts have no authority to rewrite laws under the guise of implementing the will of the legislative branch of government. If Congress desires to amend the Act to make subsidies available in either Exchange, it is vested with the authority to do so pursuant to Article I of our Constitution. Scalia adds to his condemnation of the majority by stating "we should start calling this law SCOUTUScare," and concludes his dissent predicting that the Court's decision "will be cited by litigants endlessly, to the confusion of honest jurisprudence."

LOOKING AHEAD:

The question of whether those who purchase health insurance through a Federal Exchange are entitled to tax credits is now settled. The ominous clouds of uncertainty in the insurance industry and the prospect of millions being without affordable health insurance have vanished. The political bickering over healthcare is likely to wane as the decision left the opponents of the ACA with few options. States which were reluctant to implement the ACA using the Federal Exchange may now be willing to insure the success of those exchanges or

implement state exchanges. Whether or not one agrees or disagrees with the Court's decision, the ACA as passed by Congress is now the law of the land.

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TOPICS IN LEADERSHIP

Employee Engagement During Conference Calls

Adapted from Communication Solutions April 2015 newsletter, www.communicationbriefings.com

Conference calls are commonplace in many organizations across the world. However, they aren't always popular among employees, who may sometimes work on other tasks instead of focusing on the conversation at hand. Below are guidelines to maximize time and productivity in setting up a call.

Allow for Limited Involvement - Be selective about those you invite—not every team member needs to be part of the call. Also, allow employees to leave the call early if they have pressing deadlines or are not needed for the remainder of the call.

Make Use of Video - Video calls can be more engaging than those held by phone. The ability to hold eye contact is a strong way to engage others. Participants can view each other's reactions and body language and then respond accordingly. And with video, you will be able to monitor everything that is going on.

Train Employees in Technology - Whether you're meeting via a video or phone conference, you need to make sure both you and your employees understand the technology being used so that they feel as comfortable in participating as possible. Doing so will eliminate disengagement and boredom caused by confusion and frustration.

Limit Telecommunication - Although setting up conference and video calls is simple and effective, it also is imperative to meet face to face with your employees. Limit these calls to issues that need the whole team's input and those where a final decision can arise by the end of the call.

12 Things Successful Leaders Never Tolerate

Adapted from "12 Things That Successful Leaders Never Tolerate," by Lolly Daskal www.inc.com

Tolerance, for the most part, is an excellent trait. Accepting difference enriches both lives and organizations. However, there are some aspects of life that should never be tolerated, most importantly because they can tear down your success. Start by making the below list intolerable both for you and those around you.

1. **Dishonesty.** Living honestly brings peace to you and others. Dishonesty places a false reality on your life and is an easy way to bring down success.
2. **Boredom.** It tends to be the case that successful people are usually exploring something new. Life is too short to be inactive and remain in your comfort zone. Get out there and do something you've never done before.
3. **Mediocrity.** Settling for less is a huge temptation, and one that is easy to take. What makes people stand out is their willingness to strive for more and make tough decisions that can lead to a life of greatness.

4. **Negativity.** Every negative thought you have keeps you from being your best. If you hear yourself complaining either out loud or to yourself, find a way to shut it down and bring out the best in any situation.
5. **Toxicity.** Whether at work or at home, a toxic environment can leave you feeling ill. If something doesn't feel right, makes you tired or fills you with dread, either cut it loose or brainstorm ways to improve upon the situation.
6. **Disorganization.** Clutter and disorder cause stress and affects your emotional and mental well-being. Get rid of what you don't need and keep everything else where it belongs. Come up with an organizational system that works for you and stick to it.
7. **Unhealthiness.** Unhealthy food, relationships, habit—unhealthy anything—affects every aspect of your life. Remind yourself you deserve better and then give yourself better. Consciously make the decision that is healthiest for you.
8. **Regret.** Regrets are a fact of life, but dwelling on them will only bring you down. Find peace with yourself that whatever happens happens. Learn from it, right whatever you can—and then leave it behind.
9. **Disrespect.** Relationships are vital for success and respect is vital for relationships. Disrespect, no matter the form or who it may be directed toward, is one of the most destructive forces you can harbor. While cliché, it's important to think of the Golden Rule: Treat others how you would want to be treated.
10. **Distrust.** This can be bred through a succession of tiny compromises over time, so be mindful. Focus on growing your own integrity and surround yourself with others who do the same.
11. **Anger.** Anger is something none of us can avoid, and used positively, it can motivate you to action. But holding onto it is paralyzing and accomplishes nothing. Learn to direct anger toward problems, not people, and then work to get over the thing that made you angry in the first place.
12. **Control.** There are some things you will never be able to control. Focus your energy on what you can and learn to let go of the rest.

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[ACHE NEWS](#)

[New Video Details ACHE's Strategic Plan](#)

A video revealed during ACHE's annual Congress on Healthcare Leadership detailed ACHE's 2015–2017 strategic plan. The organization adopted the plan to ensure its ongoing value in today's rapidly changing healthcare environment. Based on input from members, chapter leaders and Regents, the ACHE Board of Governors created the plan to direct the organization's focus during the next three to five years.

[Watch the highlight video](#) and read more about [ACHE's 2015–2017 Strategic Plan](#).

[Exam Online Community Offers a Complimentary Interactive Learning Platform](#)

Members preparing for the Board of Governors Examination can access the Exam Online Community as a complimentary and supplementary resource that can boost their confidence and help them succeed. The online community is an interactive platform to learn and glean study tips from other Members taking the Exam. Plus, there is the opportunity to discuss Exam topics with experts for a higher level of understanding and the option to participate in study groups. Interested Members can join the Exam Online Community at bogcommunity.ache.org.

ACHE Launches New Social Media Accounts

ACHE has expanded its social media presence once again by relaunching its Facebook and Twitter pages. We will now share news about healthcare management and insight from our organization year-round, in addition to news related to the annual Congress on Healthcare Leadership. ACHE will post on topics relevant to healthcare leaders and share the organization's content and resources for members and events happening within ACHE. Join ACHE's more than 4,000 fans on Facebook by "liking" the [American College of Healthcare Executives page](#). You can also follow ACHE on Twitter at our recently relaunched account, @ACHEConnect.

Healthcare Consultants and Physician Executives Forum Education Programs

The [Physician Executives Forum](#) and [Healthcare Consultants Forum](#) provides added value to physician executive and healthcare consultant members via tailored resources to meet these groups' unique professional development needs. A one-day education program is a cornerstone benefit of both Forums that offers an affordable learning and networking opportunity. Dates and location for these programs are as follows:

- Healthcare Consultants Forum Education Program - September 11, 2015 at Hyatt Regency O'Hare, Rosemont, Ill. More details available at ache.org/HCPProgram
- Physician Executives Forum Education Program - October 10, 2015 at Hyatt Regency Washington on Capitol Hill, Washington, D.C. More details available at ache.org/PEProgram

2015 Fund for Innovation in Healthcare Leadership Education Programs

The 2015 ethics program, "An Ethical-Basis Move from Volume to Value," will be led by William Nelson, PhD, HFACHE, associate professor of community and family medicine, The Dartmouth Institute for Health Policy and Clinical Practice and the Department of Psychiatry at the Geisel School of Medicine at Dartmouth. Offered in conjunction with ACHE's New York City Cluster on August 7, this half-day session will explore effective, intentional and practical ways for healthcare leaders to strengthen their organization's focus on making the best decision when moving from volume- to value-based care. A select panel of healthcare leaders including Theresa Edwards, FACHE, president, Sentara Leigh Hospital, Norfolk, Va.; Nicholas Wolter, MD, CEO, Billings (Mont.) Clinic; Deborah Zastocki, DNP, FACHE, president, Chilton Medical Center, Pompton Plains, N.J.; will react to Nelson's remarks and share experiences and lessons learned during changes within their organizations. Full details are available at ache.org/Ethics.

The 2015 innovations program, "Thriving in Today's Healthcare Marketplace: Preparing for Tomorrow's Payer and Purchaser Expectations," will be led by Andrew S. Cohen, senior vice president Kaufman, Hall & Associates, LLC. Cohen will share examples of new business models in today's healthcare environment. A panel of healthcare leaders also will share their new models, challenges and various considerations they have made during transitions. This half-day program will be offered on September 11 at the Hyatt Regency O'Hare in Rosemont, Ill. Full details will soon be available at ache.org/Innovation.

Both programs qualify for ACHE Face-to-Face Education credits. These programs are funded in part by ACHE's Fund for Innovation in Healthcare Leadership. Your contribution matters. For more information on the Fund for Innovation in Healthcare Leadership, and to donate today, visit ache.org/Innovation.

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GAHE NEWSLETTER SUBMISSION GUIDELINES and CALL FOR CONTENT

Audience and Focus

The GAHE newsletter is published quarterly, with each issue focusing on topics relevant to both professional development and healthcare administration. The newsletter features messages from the President, Member Spotlights, Regent's Letter, Career Corner, news about GAHE events and recaps, and informative articles relating to strategies in leadership. The newsletter is distributed electronically to all GAHE chapter members. Previous issues of the newsletter can be found on the GAHE website.

Contributions to the newsletter may include: Articles on healthcare laws, regulations, finance, leadership, innovation, professional development, or healthcare administration; Member and GAHE event news; GAHE members who have moved to a new position, received a promotion, or other professional accomplishment ; Photographs from GAHE events.

Content Submission Requirements/ Deadlines

Content submissions to the GAHE newsletter are for reviewed for appropriateness by the Communications Committee. Please send your contributions, including articles, news, member accomplishments and photos to kmanno AT gahe.org, no later than close of business by the 10th day of the last month of each quarter (March, June, September, December). Approved submissions made after this date will be placed into the next newsletter.

Please note that GAHE reserves the right to reject submissions that are not consistent with the goals and purposes of the organization. Articles that endorse or appear to endorse specific products, businesses, services, and are self-promotional or advertorial will not be accepted. Subjects that are appropriate deal with healthcare industry news (national and local), career management, leadership, mentoring, diversity and other professional topics. If you are not sure, please ask.

Article Submission Instructions

Articles submitted for the newsletter must be relevant to professional development or healthcare administration. Please format content in a Microsoft Word document, left justified, and be 1-2 pages in length. The content of the article must include: Title; Name of the author; The source the article was obtained from; Full URL that links to the article (if applicable). Please submit photographs as email attachments in JPG file format. Please do not embed photographs in your article text. Provide name and affiliation of any person shown in photographs along with a brief caption. When using a reprint article, please provide credit to the author and/or obtain permission to use the article before submission.

Article Editing

GAHE reserves the right to edit, change or omit certain content (including photographs) because of length, style, relevance, or simply due to lack of space as deemed appropriate.

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