

GAHE Student Newsletter

November 2015

Upcoming Healthcare Events

- American College of Healthcare Executives
 - Congress from March 14th – 17th, 2016 in Chicago, IL at the Hyatt Regency Chicago
- Georgia Association of Healthcare Executives:
 - GAHE/ACHE/NAHSE Breakfast at GHA Meeting on November 11th in Savannah, GA
 - GAHE Annual Meeting on November 17th in Maggiano's Atlanta/Buckhead from 11:30am to 1:30pm*
 - GAHE Annual Mini-Cluster on December 7th in Macon, GA from 7:30am to 4:45pm
- Healthcare Financial Management Association (HFMA):
 - Fall Seminar: November 10th – 12th in Denver, CO
 - Annual Conference: HFMA National Institute from June 26th – 29th, 2016 in Las Vegas, NV
- Healthcare Information Management Systems Society (HIMSS)
 - Revenue Cycle Solutions Summit; December 7th – 8th in Atlanta, GA from 8:00am to 5:00pm
 - HIMSS16 from February 29th – March 6th in Las Vegas, NV

Event Spotlight: GAHE Annual Meeting on November 17th in Maggiano's Atlanta/Buckhead from 11:30am to 1:30pm

In addition to the panel presentation, the event will feature a “table clinic,” where students will have the opportunity to rotate among six different tables that are each focused on a different area of the healthcare industry—finance, IT, human resources, practice management, strategy & operations, and consulting. Each table will have at least one representative from that field discussing the state of the field, job opportunities, “a day in the life,” etc. Students will also get the opportunity to ask questions so they can learn more about these prominent areas within the healthcare industry.

GAHE Student Associate Spotlight



Kimberly Wu

Dual Masters in Health Administration/Masters in Business Administration

Candidate Spring 2016

Georgia State University

1. What sparked your interest to further your studies in healthcare management field?

“My interest in healthcare management began when I was working in an allergy clinic. Not only was I doing clinical work but I was also responsible for the administrative side which included marketing and operations therefore increasing productivity and efficiency for the organization. I then realized that dealing with everyday challenges was something that I loved.”

2. What area of healthcare are you interested in and why?

“I am currently interested in operations and hope to pursue this further in my career. I currently work in business intelligence, which is a combination of health IT and operations. In the future, I hope to focus more on operations because I like the ever changing hustle and bustle of operations.”

3. Who is your biggest role model and why?

“My biggest role model is my mother, she was able to raise a great family and work her way up to senior leadership in a large consulting firm, an industry that is male-dominated. She has broken down barriers for future women and has inspired me to never give up and fight for what is right.”

4. What advice do you have for ACHE Student Associates to get the most value out of their membership?

“My best advice is to get involved whenever and wherever you can. Attend the luncheons, the networking sessions, volunteer at the events and for committees that interest you. The more involved you are, the more people you will meet, and the more insight you can gain into healthcare through other people's experiences.”

What's going on in Healthcare today?

- **ICD-10 is here!**

October 1, 2015 ICD-10 became reality for thousands of healthcare practices, hospitals, laboratories, specialists and doc-in-the-box walk-up clinics. After years of planning, software upgrades, complaints, varying degrees of panic and numerous delays, the new generation of U.S. healthcare codes finally went into effect this year! The journey to ICD-10 has been a very, very long (Lilleston).

The World Health Organization adopted ICD-10 more than 20 years ago. Sweden was on board by 1997. Canada adopted its version in 2000. China picked up ICD-10 in 2002. And then there's the U.S. Many issues contributed to a slow transition to ICD-10 implementation which included cost concerns, technical worries and raw politics (Lilleston).

- **Rural Hospitals Closing**

Rural hospitals have been struggling for decades, but the during th past few years there has been an increase. According to the National Rural Health Association (NRHA), 58 rural hospitals out of 2,322 have shut their doors since 2010, the latest one Mercy Hospital in Independence Kansas. When a rural hospital closes, and the impact is immense. Rural hospitals represent as much as 20% of the communities' local salaries and wages. The impact of a hospital closing in these rural communities is huge. The average rural critical access hospital alone creates around 195 jobs and generates about \$8.4 million in payroll annually (Flanagan).

- **Merger Mania - down to the "big 3"**

The Affordable Care Act (ACA) is likely the biggest driving force for the current insurance industry mergers. Even though the ACA is bringing insurers more revenue with additional customers, greater pricing transparency and government funding cuts have also put more pressure on their profit margins (Henry).

Some research has shown that insurance companies are increasing their scales in an effort to cut administrative costs since the ACA has limited the amount of profit the plans can make. With larger companies insurers will be able to make more efficient technology investments and eliminate duplicate departments as well as give insurance companies more negotiating power when dealing with hospitals and physicians (Henry).

- **CMS releases Meaningful Use Stage 3 Rule**

In early October, Centers of Medicare & Medicaid Services (CMS) released the final rule for Stage 3 of the Meaningful Use program. The final rule is intended to simplify requirements and add new flexibilities for providers utilizing electronic health information. According to HHS, major provisions in the Stage 3 rule include - 10 objectives for eligible professionals which includes one public health reporting objective (down from 18 total objectives in prior stages) and 9 objectives for eligible hospitals and critical access hospitals (CAHs) including one public health reporting objective (down from 20 total objectives in prior stages) (Byers).

References:

Byers, J. (2015, October 6). CMS releases Meaningful Use Stage 3 rule. Retrieved October 10, 2015.

Flanagan, N. (2015, September 23). Surviving the rural hospital closing challenge. Retrieved October 16, 2015.

Henry, J. (2015, July 27). What's driving the big health insurance mergers? Retrieved October 12, 2015

Lilleston, R. (2015, October 1). Hell freezes over: ICD-10 becomes a reality. Retrieved October 14, 2015.

What is Administrative Fellowship?



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Gaining an Administrative Fellowship is an excellent way to gain exposure to what healthcare administration is post graduate school. Most fellowships have a similar structure, starting with departmental rotations, project management and ending with an interim management position. Every institution has a unique way to incorporate fellows into their organization. At Jersey City Medical Center-Barnabas Health over the course of a year, fellows gain insight into every department through departmental rotations. They are also given projects ranging from process improvement, workflow analysis to community outreach. In addition to their rotations and projects fellows are included in all administrative meetings and have one on one weekly meetings with senior leadership. By having a close relationship to senior management, fellows understand how decisions are made that impact the financial viability of the organization and how to improve the quality of patient care.

Through working on multiple projects in different departments throughout the organization fellows learning valuable skills such as: time management, building relationships and teamwork. In addition, a fellowship offers hands on experience through project management such as ED workflow, decreasing patient wait time and expanding ambulatory sites.

As a previous Administrative Fellow, I highly recommend applying to fellowships around the country. They are an excellent way to get started in a long career in Healthcare Administration.

For more information about the JCMC Barnabas Health Fellowship Program please visit www.barnabashealth.org/adminfellowship.

For more information about Administrative Fellowships please visit <http://www.ache.org/postgrad/splash.cfm>.

Advice from the Authors:

- Any experience is better than NO experience. Volunteer at your local hospital and/or a healthcare facility. This will look great on resume and help you learn more about the healthcare field.
- Becoming a Program Assistant for a conference is great way to attend a conference for free and network with other healthcare leaders. Program assistants are reimbursed their Congress registration fee in exchange for 10-12 hours of working the conference. ACHE Program Assistant applications open Friday, November 13th, 2016. For more information: <http://www.ache.org/congress/progasst/progdesc.cfm>
- Plan ahead to attend Congress 2016 March 14th - March 17th, 2016 in Chicago, IL. This conference is beneficial to any student interested in the healthcare management field. Additionally, Congress offers a student track at a cheaper rate and interesting seminars aimed toward early careerists.
- Application Deadlines for Postgraduate Fellowships are this Fall. Be sure to check out ACHE's Directory of Postgraduate Fellowships for more information about Administrative Fellowships at <http://www.ache.org/postgrad/splash.cfm>.

Get Involved!

Take the opportunity to get involved with the GAHE Student Task Force. Through the Student Task Force you will have the opportunity to improve your experience as a Student Member by interacting with GAHE leadership, collaborating with your peers, and setting the direction of/implementing GAHE's offerings to Student Members over the next year. If you are interested in joining the GAHE Student Task Force or have any questions, please contact Chelsea Colleran at chelsea.colleran@gmail.com and Shinal Patel at shinal.patel@gmail.com.

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