

CAHL NOW

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CAHL
California Association
of Healthcare Leaders

An Independent Chapter of

 American College of
Healthcare Executives
for leaders who care®

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A MESSAGE FROM OUR CHAPTER REGENT



ACHE Regent's Role

Regents are the elected representatives of ACHE members residing in a set geographic territory and are the primary liaison between ACHE, state and local ACHE Chapters, and healthcare associations in their jurisdiction. Regents are also the primary conduit for communications between ACHE higher education network student chapters (HENS) and ACHE. As the elected representatives of ACHE members, Regents serve as advisors within the ACHE governance structure to the Board of Governors.

The CAHL membership – across all 50 of the Northern Californian counties CAHL covers – is lucky to count in its membership such an incredibly talented, dedicated, and passionate group of leaders. A common theme that infuses our members is professionalism and integrity, specifically advocating and emulating the high ethical conduct in all we do, personally and professionally.

In the past weeks and months, our health institutions where we work, communities we serve and live in, counties, regions, states, country, and the entire world have been transformed by COVID-19. We are facing an unprecedented time where the challenges and obstacles we are working to address and overcome are unlike any that we have faced before. Eventually, I know, we shall indeed overcome.

My confidence in this outcome is borne out of the fact that we, as health professionals, continue to collaborate, consult, and create across all disciplines and industries, untethered by organizational titles and names, nor by city, county, or state political or geographical boundaries.

The unwavering ideal of embodying this change we wish to see in our peers permeates all the discussions and highlights the integrity with which we are discharging our duties, some that we chose and others that we are now thrust into.

One question I'm often asked by peers, but ruminated on often by professionals at all levels of experience, is: "How can integrity be practiced?" My answer has been refined over time to one core concept: Integrity can continue to be practiced and nurtured via the modeling of kindness, empathy, mentorship, and leadership development. As CAHL and ACHE members, we are leaders in the field of healthcare that have embraced the principle that a leader's job is to develop other leaders. As we continue to work to keep our communities safe from the spread of COVID-19 – and all other maladies, ailments, and afflictions – we are in unique positions to mentor, model, coach, counsel, and talk through rapidly evolving events and situations to practice high ethical conduct.

Traditionally, this time of year

brings a refreshed energy for many who are returning to their organizations having been rejuvenated by the Annual ACHE Congress. However, despite the cancellation of this year's Congress to allow all attendees to focus their energy and time on supporting their organizations and communities, I call upon all CAHL members to be

“we are leaders in the field of healthcare that have embraced the principle that a leader’s job is to develop other leaders.”

the creators of this refreshed energy. Continue to inspire your colleagues – direct and indirect care providers alike – and be inspired by them: by their dedication to long hours of work, integrity to protect and serve all, courage, kindness, compassion, wisdom,

humor, and heart. Embody that change we wish to see in others and nurture this integrity within our profession and the world. For our peers, personal and professional, that you see getting tired and starting to lose steam, continue to stand shoulder to shoulder and give them the support they need to be raised up, in the same way they will raise you up in the moments you need them.

I look forward to seeing many of you soon and reflecting on our challenges, success, and growth we have all experienced in these formative times.

Warmly,

A handwritten signature in black ink, appearing to read 'Baljeet Singh Sangha', with a stylized flourish at the end.

Baljeet Singh Sangha, FACHE

A MESSAGE FROM OUR CHAPTER PRESIDENT



As leaders – whether it be in healthcare, business, or everyday life – our integrity is what defines us. It speaks to who we are at our core. Do we act in ways that instill trust in others? Do we admit our mistakes? Do we hold ourselves accountable? Do we share our knowledge? Do we do our best for ourselves, our families, our communities, and humanity each and every day? If the answer to those questions is “yes,” then we have integrity. If the answer is “no” – if we cut corners and sometimes act differently when we feel we are unobserved – then a lack of integrity exists. Consistency is key.

In our current climate, integrity plays a profound role. Many here in California and around the world are faced with shelter in place as a mechanism to break the chain of spread of COVID-19. No matter a person’s belief about the validity of the pandemic, we are being asked to take simple steps to keep ourselves, our loved ones, our community, and humanity safe. How we show up as leaders during this time is a reflection of our integrity. Do we take the best information available and share it? Do we lead by example, taking recommendations and putting

them into practice personally and professionally? Do we communicate widely and often in an attempt to allay fears and create a sense of camaraderie? Do we work with community leaders to identify how best to support the public and stand together on messaging? Now more than ever, working from a place of integrity is vital.

I want to take this moment to thank nurses, physicians, and hospital staff for their selfless commitment to the health of their patients and communities. Without these angels of mercy, those in need would be without, and the death toll would be even greater. On behalf of the Board of Directors for the California Association of Healthcare Leaders, be safe, be well, and take each moment of life as the precious commodity that it is.

With gratitude,

A handwritten signature in black ink, appearing to read 'Kim Brown-Sims'.

**Kim Brown-Sims, MBA, RN, FACHE,
NEA-BC, LBBH
Chapter President**

INTEGRITY IN THE MILITARY

By Amy H. Hartman, Capt, USAF

Integrity is characterized by being honest and having strong moral principles. This equates to doing the right thing even when no one is looking. Every now and then you may question a decision. You ask yourself, “Is this going to hurt anything if I take a shortcut in the process?” When this happens, do you think about the second- or third-order effects of taking a harmless shortcut? There may not be any, so what’s the harm? In some cases, you may not even realize your integrity is being challenged because the matter seems simple.

The military is an organization that functions similarly to a hospital. There are always eyes on the big picture regarding vision, mission, and values. These guiding principles give workers purpose and meaning and guide them in making difficult decisions. Although organizations may have set

policies, doing what is right may vary from what personally feels right. For example, do you feel skipping a process to help a patient receive a special treatment is the right thing to do? Is following a process and denying a patient special treatment the right thing to do? Either situation may have different second- or third-order effects that should be considered.

All in all, it is imperative for healthcare leaders to have an internal set of standards to guide decision-making. It is also imperative for organizations to have formal sets of standards. We must all be cautious of those occasions when a small harmless act outside of doing what is right has a significant negative downstream effect. The purpose of integrity is to be your best self for your colleagues and peers, your organization, and your community.



GETTING READY FOR CAHL CONGRESS

In Conversation with Kim Brown Sims and Navpreet Atwal

Tell us how the concept of CAHL Congress (CAHLCon) came to be?

Kim: As committee chair of the Sacramento Local Programming Council (LPC) in 2010-2011, organizing educational events in the evenings after work was a challenge – even back then we were talking about the idea of doing consolidated education events once or twice a year, similar to HFMA. The Sacramento and Bay Area LPC’s had great participation in education events. Panel development was not difficult due to the abundance of healthcare leaders in those areas. The challenge was in developing panels and educational events outside of those concentrated geographic areas. Covering 50 of the 58 counties in California, CAHL has to overcome distance in order to provide meaningful education to its more than 1,400-member constituency. Last September, we were at the chapter leaders’ conference in Chicago, and I went into a

president’s session where one of the Texas chapters said they planned for a two-day chapter event every

“CAHL Congress (CAHLCon) is not only an opportunity to learn, but it is also an opportunity to connect with peers within our networks and beyond.”

year. They said this was much easier for members to attend because it consolidated the hours and provided

MONTEREY, CA
AUG 20 - 21, 2020

CAHL CONGRESS & ANNUAL AWARDS

COLLABORATE. INNOVATE. ELEVATE.

Join **California Association of Healthcare Leaders** for the first annual **CAHL Congress (CAHLCon)** in beautiful **Monterey, CA**. **CAHLCon** will bring together healthcare professionals from all disciplines for two days full of education and networking. Current and prospective ACHE fellows can earn **12 Face-to-Face** education credits.

Built on the theme of **Collaborate, Innovate** and **Elevate**, CAHLCon will encourage powerful discussions and the sharing of ideas in improving the lives of our patients and workforce. In an era of unprecedented competition and demand for transformation, CAHLCon attendees will reimagine the future of healthcare in America.

Congress attendees, CAHL members, and guests are cordially invited to attend 2020 CAHL Annual Awards Gala and evening reception on Thursday, August 20th.

Full two-day CAHLCon agenda and registration options are available at <https://ache-cahl.org/congress>.

**By registering to this CAHL event, you give your permission for photos taken of you at the event to be archived as a matter of record and memorialization of the event, and/or marketing purposes.*

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two days of networking in a tight geographic space. Furthermore, they are seeing attendance from people both in their area as well as those at some distance, which makes it more financially palatable than ACHE's annual conference (easier to gain support for funding from employers). Our District 5 Regent, Baljeet Sangha, jumped right on board, as did the rest of the board members in attendance. The fact that it's a proven success helps. Already we've had people from Texas and other parts of the country reach out to other members of the Board about what we're doing.

I have been on District 5 conference calls and have been sharing the details of our plan as well as the value of the event compared to the cost; support and interest have been expressed by the members of that call, which are chapter leaders from the western states. We are excited to say that thus far, under Navi's excellent project management leadership, we are on track for an educational, fun, and meaningful event.

What can attendees expect over the two-day event?

Navi: Attendees can expect a full two days of education immersion. We have expert speakers coming out to speak on topics that are relevant to all of us. CAHLCon is not only an opportunity to learn, but it is also an opportunity to connect with peers within our networks and beyond. We expect the gala on August 20 to be a joyous dinner celebrating the accomplishments of the chapter and recognizing individuals.

Kim: Attendees will be actively engaged with leaders from throughout Northern and Central California. We are very pleased at the response and commitment to participate on panels and in networking events from CEOs, COOs, CNOs, and directors and chiefs from diverse arms of healthcare. That said, seating will be limited; our crowd will be 200+ strong, so early registration is recommended.

Any teasers on what speakers have been invited and what topics will be discussed?

Kim: The Executive Committee is sponsoring the Health Equity Panel. Tosan Boyo, COO of Zuckerberg San Francisco General; Santos Vera, Bureau Chief Officer of Solano County Medical Services; Phil Chuang, Senior Vice President, Clinical Services, Northern California KP; Darrielle Ehrheart, Director of Ambulatory Services, Stanford; and Ken Graham, CEO at MayView Community Health Centers have all committed their time and expertise.

Navi: The eight committees in charge of putting together the eight panels have each selected remarkable candidates for the discussions. All of the panelists are local senior leaders and executives and bring with them a wealth of knowledge for the discussions.

Kim: To have so many leaders together at the same time talking about these topics – it's going to be amazing. The relationship building with local talent in and of itself will be invaluable.

What makes Monterey the perfect setting for CAHLCon?

Kim: There are so many reasons; when do you want us to stop? Oprah calls San Luis Obispo the happiest place on earth. One of the reasons is that it's near the ocean, just like Monterey! There is actual research showing that when you are near the ocean, a metabolic effect of raising one's sense of well-being occurs. Specifically, the negative ions (oxygen ions with an extra electron attached, produced via water molecules) in the ocean air can actually help calm your brain. There's also a blue light counter-effect and hearing the repetitive crash of the waves on shore brings an additional sense of calm.

Navi: Monterey in the summertime is just gorgeous. Attendees can look forward to beautiful views, wonderful weather, and the opportunity to reconnect with peers.

How will this year's annual award ceremony be different from those in the past?

Navi: This is really coming from Kim's vision, and I'm happy to be making this vision come to life! In the past, we have done light appetizers and drinks with the award ceremony, and everyone goes home afterward. We are doing a 180 with an annual awards gala with nice flowers, delicious food, great presentations, awards, scholarships – and people will be able to sit down to enjoy it. Then they will have time to hang out afterwards, to keep the conversations going. And then that night, we will have our DJ set up, or people can go downtown for a drink. It's creating a hub environment to tender relationships.

Kim: It will truly be a celebration of our members contributions and time for us to gather, connect, and reflect. It is important to take the time to appreciate the accomplishments of our members.

What will change in regards to availability of F2F credits?

Kim: We are offering our max available face-to-face credits as an affiliate of ACHE, and that number is 12. The individual events that typically occur throughout the year in the three different LPCs will be consolidated to this one event to provide better value in an atmosphere conducive to concentration and learning.

Navi: We are no longer offering credits throughout the year because we realized how much travel and work it was for our members and planning teams. Consolidation of F2F events will allow members to get a lot of bang for their buck with a small travel commitment. CAHLCon offers great value in terms of cost per credit and is a great investment for individuals and organizations

needing to get credits completed and looking to network!

Kim: This is a good inexpensive way for organizations to facilitate professional development for top performers and teams – especially because of ACHE's status as a premier professional society for healthcare executives.

What can members expect to pay, and what will they get for their money?

Navi: Not only are attendees getting credits but they are getting access to a wider network of senior executives. It's almost unmeasurable in the sense of dollars (<https://ache-cahl.org/congress/>).

What can volunteers do to help get ready for CAHLCon?

Kim: Spread the word. Let your organizations and peers know about the event and the benefits of participating. Additionally, there are sponsorships available for those who would like to promote excellence in healthcare leadership. To receive more information about sponsorship opportunities please visit our website, <https://ache-cahl.org/>, or email us at achecahl@gmail.com

Navi: We need folks on the planning team; we also need people who would be interested in helping during the event itself. We have our speaker rosters full, but we need help with planning for sure. Interested volunteers should go to the CAHL website and complete the volunteer form. I will be notified.

Final comments?

Kim: I have to give a huge shout out to the entire team for embracing this concept and running with it, specifically Navi, Sachin, and Nikhil. Navi jumped into this with both feet and has been willing to learn on the fly. She has pulled a great team together and is making monumental strides each and every month. I am excited to see the fruits of her and the entire teams' labor. See you in August!

PERSONALITY TRAIT INVENTORIES AND LEADERSHIP DEVELOPMENT

By Brenda Captain-Edwards

When I think of leadership, I think about my childhood experiences and my parents' hopes for me as the youngest member of the family. Being the first first-generation child to attend college, I was expected by my parents to aim high, establish my goals, perform well in academics, and serve the community. I thought early on about what I wanted from long-term employment and the skills and knowledge necessary for me to progress in a career. I have participated in career workshops, resume writing, speech classes, and mock interviews, but more importantly, I have thought deeply about how I can effectively mentor and coach others by leveraging my personality traits.

Until recently, I never thought about my personality traits and how they might influence my leadership style – or how one's traits can impact someone else's life for good or bad. Is a leader more effective if her communication style is directive or supportive? Or is it a balance of the two? And how can a leader innovate ways to problem solve, resolve conflict through timely communication, and support effective teams in ways that honor her specific strengths? Many different leadership styles exist and promote different approaches to learning and engaging others.

Several assessment tools are extremely helpful in tackling these questions – they are the Myers-Briggs Personality Test and the DISC Assessment. Both have given me

“The Myers-Briggs highlighted my extroversion, and DISC indicated that I thrive in analytic settings.”

insights about my natural abilities as a leader and where I need to grow more. They have also helped me understand that people can lead from any chair in the room.

The Myers-Briggs Assessment indicated that I fit the extrovert, iNtuitive, thinking, and judging, aka ENTJ personality profile. ENTJs are natural born leaders who can grasp complexities and solve challenging problems. As an extrovert, I love engaging with others and get “recharged” from working in teams after long periods of independent study. According to the DISC (dominance, influence, steadiness, conscientiousness) Assessment of leadership, I am a conscientious leader with strong analytic capabilities, meaning I can formulate ideas and guide teams with concise instructions, thereby preventing waste and re-work. I am a good observer and can use my assessment to manage daily tasks, group interactions, and other demands. This fits with my background in nursing and

care coordination, which were the focus of my career before going to graduate school in healthcare management.

So were these personality inventories useful to understanding my leadership strengths and opportunities? Definitely. The Myers-Briggs highlighted my extroversion, and DISC indicated that I thrive in analytic settings. The combination of the two has helped me to communicate more effectively in daily interactions with peers, colleagues, or family and use my assessment of group dynamics to improve the functioning of teams.

Personality inventories foster improvement in all of us – whether it’s becoming a better listener, establishing priorities, or helping others adapt to change – and they have helped me hone a leadership style that best fits me.



CAHL MEMBERSHIP SATISFACTION AND VOLUNTEER ENGAGEMENT

By Laura Hill Temmerman, FACHE, MPH, MBA



Just as our patients trust us with their healthcare and advocacy in their healing journeys, we too believe in the integrity of our professional organization in best supporting our colleagues and our profession. That integrity and trust is built upon many important elements, including transparency and respect. Many of you have likely received one of the chapter member needs surveys that ACHE administers for all of the chapters each year, with distribution of the surveys going out to a large sample of our members each spring, generally in May. ACHE values our input and voice in these surveys and summarizes the results at an individual chapter level, sharing the chapter's anonymized results with each chapter's leadership team the following fall. Our CAHL Board of Directors relies heavily on these surveys to better understand the needs and preferences of our 1,400 professional members as we prepare to determine appropriate updates or any recalibrations to our educational programs, networking events, professional development presentations, and other programming activity for the following year.

In our 2019 results, we recognized the continued importance our members place on face-to-face events

and the high caliber of programming events we host within CAHL. In following the needs of our members, we are especially proud of our plans this year to launch our inaugural CAHL Congress (CAHLCon). Built on the theme of Collaborate, Innovate and Elevate, #CAHLCon will bring together leading healthcare executives for a two-day event of education, networking, and celebration. Healthcare leaders from all disciplines will join lively educational discussions to share best practices in improving the lives of our members and the communities we serve. Attendees can earn 12 face-to-face credits toward their ACHE fellowship. Congress will challenge participants to step outside of their discipline and explore how we can better transform healthcare in America. Additional information and registration details can be found at <https://ache-cahl.org/congress/>

In the spring each year, ACHE continues to administer the chapter member needs survey. While there are a number of chapter programming features addressed in the survey, ACHE uses one question to measure overall performance of the chapters across ACHE (Figure 1).

On a scale of 1 to 5 where “1” is “Poor” and “5” is “Excellent,” please rate your overall satisfaction with your chapter.

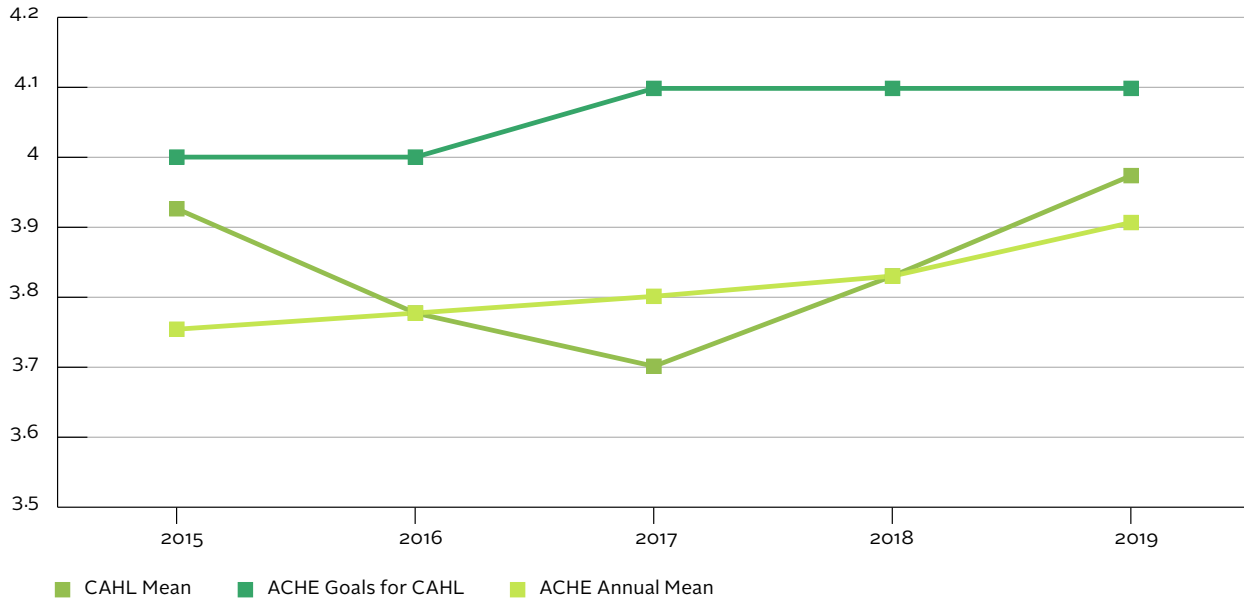
This question is used by ACHE to measure and compare chapters' performance levels and determine

“In our 2019 results, we recognized the continued importance our members place on face-to-face events and the high caliber of programming events we host within CAHL”

which chapters are meeting the overall mean and which chapters deserve recognition for their endeavors. Given the importance of this question in ACHE's metrics, it is vital that we elicit the strongest survey response possible. If you receive a survey, please take a few minutes to fill it out, especially the overall satisfaction question.

Chapters not only receive the comparative scores but are also held accountable for meeting headquarters' goals and performance standards on this metric. Additionally, the chapter member needs survey assesses members' familiarity with chapter activities and services, frequency of attendance at events, barriers and facilitators to engagement, and value of key chapter activities.

Figure 1: PLEASE RATE YOUR OVERALL SATISFACTION WITH YOUR CHAPTER



Many of you may be interested in some of the details gathered from the most recent results. A high-level summary is provided below for ease of reference. Please don't hesitate to let us know if you have questions or if you have recommendations and ideas for us. While ACHE manages and administers the surveys, we as CAHL have the great opportunity to be the premier professional society for healthcare leaders in Northern and Central California, advancing excellence in healthcare leadership and improving the lives of the communities we serve. In this opportunity, it is our responsibility to best respond to our members' and fellows' professional needs and recommendations.

Which of the following would make it more likely that you would increase your attendance at chapter education and networking events? (Select all that apply.)

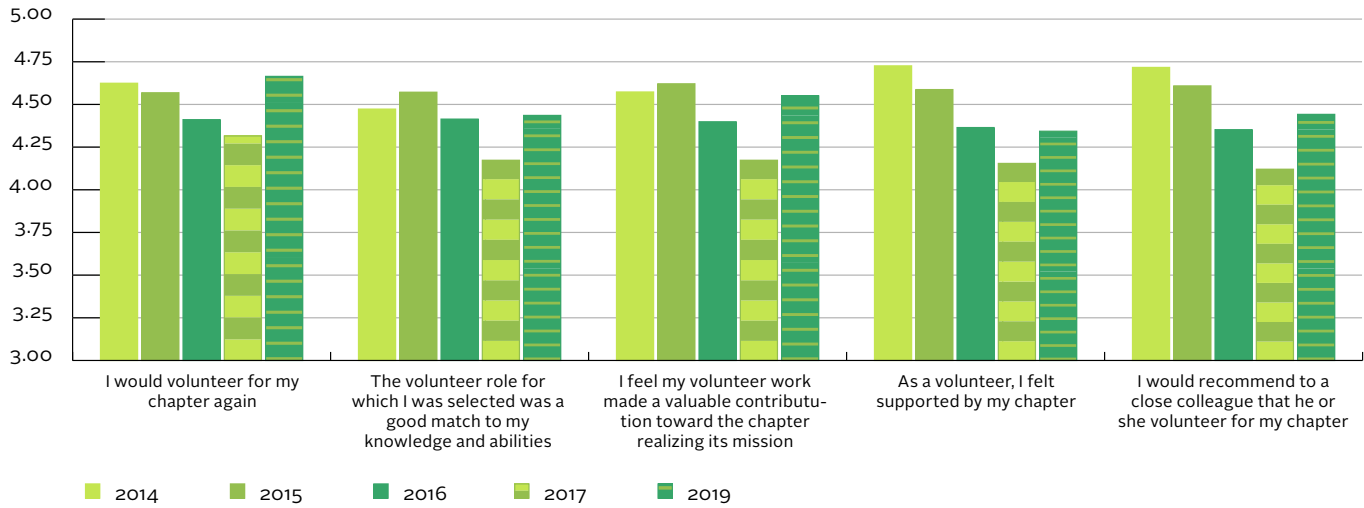
- 70% indicated if locations were more convenient
- 38% indicated if you could receive ACHE face-to-face credit hours
- 26% indicated if it would make a difference to my profession or in my work

Top three ACHE chapter services with greatest satisfaction:

- Chapter provided ACHE face-to-face education events
- Chapter provide ACHE Qualified education events
- Chapter Networking opportunities

In our update last year, we shared that while ACHE had previously addressed some volunteer questions in its annual survey, in 2017 it opted to remove those specific questions. As a result, CAHL

Figure 2: **QUESTIONS FROM VOLUNTEER ENGAGEMENT SURVEY**



has decided to work locally to understand volunteer interest and engagement. As a volunteer-run professional organization, we are entirely reliant upon the passion and vigor of our many volunteers. In turn, we believe the engagement and positive experience for our volunteers is vital to our chapter’s continued success.

In December 2019, CAHL leadership decided to augment its ability to hear our members’ voices by implementing a locally based volunteer engagement survey that we will be continuing on an annual basis each fall. For the sake of consistency, we kept the questions identical to how they were worded in

the 2017 ACHE survey. Moving forward, we hope to improve upon the survey design to make it more robust and concise. We’ve provided a high-level summary above for reference (Figure 2). Across the board, we saw improvements in 2019 relative to prior years.

For those of you newer to ACHE, you will likely receive your first survey from ACHE in the spring of your second year of membership. Many thanks to all of you in advance for your time and dedication in filling out the survey this spring. We value your time and voice.

A PLAN AND GUIDELINE FOR MANAGED CARE CONTRACT NEGOTIATIONS

By Ankoor Tailor

In today's complex healthcare landscape, health systems and physician groups typically find themselves looking for ways to improve their financial performance. One of the primary strategies healthcare organizations can use to fulfill this goal is contract negotiations, which can lead to increased payments, improved revenue cycle, and enhanced financial performance.

When considering contract negotiations, you may have a number of questions: How do I know if I need to negotiate my managed care contracts? If I do need to negotiate, how would I conduct the negotiations? What should my negotiating strategy be? How is my relationship with the payers?

The following three steps will help you determine if you need to conduct contract negotiations, how to develop a negotiating strategy, and then how to implement it:

“These steps will serve as a guide in preparing the organization and executing on its negotiation strategy.”

STEP 1: ASSESS THE SITUATION

Before beginning any negotiations, you will need to fully assess the current state of your organization and the market in which you operate. The assessment can be completed by evaluating and analyzing the following topics and key corresponding questions:

Your Organization's Market

- › Understand the perception of your organization in the market.
- › Recognize your organizational and service line strengths.
- › Determine if your organization has made any recent investments or changes in order to enhance its services or if it has received any accolades.
- › Identify any recent changes your competitors have made to augment their services.

Your Organization's Performance

- › Review your organization's financial performance by payer for both hospital and physician services (e.g., contract payment yield, profit margin).

Managed Care Contracts

- › Identify the last date of rate changes and the history of previous rate changes (trend).
- › Determine if there have been any changes to payer operations (e.g., increase in denials, reduction in authorizations, change in payment rates).
- › Trend charge master increases.
- › Review contract language for any opportunities for improvement.

Managed Care Payer's Performance

- › Assess each payer's financial performance.
- › Identify any changes or trends by payer (e.g., premium increases, profitability, membership).
- › Determine if any payers introduced new products.

STEP 2: DEVELOP A STRATEGY

Based on the assessment in step 1, if you determine there is a need for your organization to engage in contract negotiations, the following key points can be used to develop your negotiating strategy:

01

ASSESS THE SITUATION

02

DEVELOP A STRATEGY

03

CONDUCT CONTRACT NEGOTIATIONS

- › Review the rate structures, rates, and financial performance by payer against internal and external benchmarks.
- › Identify any significant changes in services.
- › Objectively evaluate the quality of care.

Pricing and Rate Strategy

- › Assess each payer's payment rates to determine the highest and lowest payers.
- › Determine the rate increases required to

achieve parity within your managed care contracting portfolio and compare them against market-competitive rates (if benchmarks are available).

- › Establish minimum and target increases over a two-to-three-year period.
 - *Minimums*: The lowest rates your organization is willing to accept over the negotiated time period
 - *Targets*: The rates your organization would be exceptionally pleased to achieve in the negotiations over a multiyear period
- › Choose which payer contracts need to be negotiated and which should not be negotiated.

Product Strategy

- › Decide upon pricing targets and required “must haves” on pricing, language, etc. for HMO, PPO, Medicare Advantage, Medicaid, and other products.

Time Frames

- › Create a priority list of payer contracts using multiple factors (e.g., by net payment, payment rates, market share, profitability).
- › Identify the earliest opportunity for when payer contracts can be negotiated.
 - Is a payer contract on a current multiyear term?
 - Can a payer contract be negotiated at this time?
 - What is the contract termination notice period for utilizing a termination to negotiate strategy?

Negotiation Rationale to Determine the Expected Rate Increase

- › Evaluate the following to boost your position before entering into negotiations:
 - Organizational strengths, weaknesses, and reputation in the marketplace
 - Quality of care
 - Recent service line and capital investments
 - Unique services provided and/or services that no competitors provide

- Payer’s premium increases
- Profitability by payer
- Time period since the last rate increase
- Operational changes and/or payment issues with the payer

STEP 3: CONDUCT CONTRACT NEGOTIATIONS

The last step is to conduct the contract negotiations. The following key topics should be considered as your organization undertakes this step of the process:

Identify the key stakeholders in the negotiation and develop a resource deployment and communication plan.

- › Determine the negotiating team (e.g., managed care leaders, revenue cycle, finance, data analytics).
- › Identify key stakeholders to be informed of milestones.
- › Utilize stakeholders for support in strategy development and input in decision-making (e.g., physician and administrative leadership, managed care, finance, legal counsel, medical group leadership, hospital board, marketing/communication).

Define an approval and escalation process for the negotiations. Be clear on who makes the final decision.

Identify potential risks with the negotiations, and develop a communication plan.

In contract negotiations, each situation will be different. These steps will serve as a guide in preparing the organization and executing on its negotiation strategy.

About the Author: Ankoor Tailor works for ECG Management Consultants in its Managed Care Services Division. He has conducted multiple hospital and physician managed care contract negotiations across the country.

VISIT US ONLINE



The screenshot shows the homepage of the California Association of Healthcare Leaders (CAHL). At the top, there is a navigation bar with the following menu items: HOME, ABOUT US, NEWS, MEMBERS, CAREERS, SPONSORS, MEDIA, EVENTS, and CONTACT. The main header features the CAHL logo, which includes the text "California Association of Healthcare Leaders" and "An Independent Chapter of American College of Healthcare Executives". Below the header is a large image of a diverse group of healthcare professionals in business attire. Overlaid on this image is the text "California Association of Healthcare Leaders". Below the image is a blue banner with the text "Serving healthcare executives throughout Northern and Central California, we advance excellence in healthcare leadership and improving the lives of the communities we serve." and a "Learn More About Us" button. The main content area is divided into three columns: "Welcome to CAHL" with a "Discover the ACHE" button, "We Create Dynamic Leaders" with a "Learn About Us" button, and "Upcoming Events" with a "View Upcoming Events" button. At the bottom, there are two red call-to-action boxes: "Want to take your career to the next level? Become an ACHE member today!" and "Attention ACHE CAHL student members! Learn about our Scholarship Program".

CAHL
California Association
of Healthcare Leaders

An Independent Chapter of
American College of
Healthcare Executives
for leaders who care!

HOME ABOUT US NEWS MEMBERS CAREERS SPONSORS MEDIA EVENTS CONTACT

California Association of Healthcare Leaders

HEALTHCARE EXECUTIVES
AMERICAN COLLEGE OF
HEALTHCARE EXECUTIVES
2018 PRAELECTOR

Serving healthcare executives throughout Northern and Central California, we advance excellence in healthcare leadership and improving the lives of the communities we serve.

Learn More About Us

Welcome to CAHL
We offer our members committed to excellence in healthcare management the opportunity to grow professionally and be leaders within the industry.

Discover the ACHE

We Create Dynamic Leaders
We provide professional development and networking opportunities resulting in the overall improvement of healthcare delivery.

Learn About Us

Upcoming Events
We invite you to attend one of our programs, webinars, educational or networking events throughout the year.

View Upcoming Events

Want to take your career to the next level?
Become an ACHE member today!

Attention ACHE CAHL student members!
Learn about our Scholarship Program



NATIONAL NEWS | Q1

CONGRESS REFUNDS

We are beginning to process Congress registration refunds. Registrants will receive an email with details the week of March 23, as well as a confirmation email the refund has been processed. All refunds will be processed by April 20.

All fees will be returned by the same method of payment used in the original transaction:

- Credit cards will be refunded directly
- Refund checks will be mailed to the address on the payment check
- If you made multiple payments, you may receive multiple refunds.

CONVOCATION

Any new Fellow that had planned to walk in the 2020 Convocation Ceremony will be invited to participate in 2021. Cap and gown fees for 2020 will be refunded by April 20, in a separate transaction from their Congress registration.

RECERTIFICATION

- For those in the 2019 recertification class that received an extension to complete the

requirements by March 31, this extension has been continued for the class to complete all requirements and submit recertification application and fee by December 31, 2020.

- For those who are due to complete their recertification requirements in 2020, ACHE has extended the deadline to complete requirements, submit recertification application, and pay recertification fee until March 31, 2021.

BOARD OF GOVERNORS EXAM

If a member had planned to take the Board of Governors Exam at Congress 2020, you should have received an email from Julianna Kazragys, FACHE, CAE, credentialing manager, with information on how to schedule your test near you at a future time.

- Unfortunately, our testing vendor, Pearson VUE, has temporarily closed all its testing centers. Keep abreast of the latest information on their website: <https://home.pearsonvue.com/coronavirus-update>
- If a member has an active exam waiver on file, the waiver will be valid through December 31, 2020.
- All current exam-authorized individuals will have until December 31, 2020, to take and pass the exam without their applications expiring

BOARD OF GOVERNORS EXAM FEE WAIVER: MARCH 1-JUNE 30

The Board of Governors Exam fee waiver provides the opportunity for Members to save \$225 when submitting Fellow applications between March 1 and June 30, 2020. [Eligible members](#) must submit their completed Fellow application, the \$250 application fee, and [meet all requirements](#). Pending application approval, ACHE will waive the \$225 Board of Governors Exam fee. For questions about the waiver, contact the Customer Service Center at contact@ache.org.

EVERYONE BENEFITS WHEN YOU SHARE THE VALUE OF ACHE

When you refer Members or Fellows to ACHE, you'll earn rewards in the [Leader-to-Leader Rewards Program](#). Encouraging others to become members will result in a more diverse and inclusive ACHE community.

Use our [referral form](#) to share details about membership with those you believe can benefit from all that ACHE has to offer. To earn points, your name must be listed as the referral on a new member application or on an FACHE application. Once the membership is activated or all Fellow requirements have been met, your accumulated points can be redeemed for ACHE-branded rewards such as a gift certificate, umbrella, ceramic coffee mug, apparel, ear pods and more.

Please note that Leader-to-Leader points cannot be earned by referring a member who was suspended in 2019 to rejoin. You can check your available points and discount program coupon codes in the [My ACHE](#) area of ache.org.

For more information on the program, go to ache.org/L2L.

ACHE MEMBER COMMUNITIES CAN ENHANCE EXPERIENCE

We offer four community groups that align with our members' professional backgrounds and commitment to diversity and inclusion. Members who meet the requirements can join one or more that meet their professional needs and goals. The groups include:

- Asian Healthcare Leaders Forum
- LGBTQ Forum
- Healthcare Consultants Forum
- Physician Executives Forum

Members can join or renew a membership in one or more of these groups for an annual fee of \$100 each, in addition to ACHE membership dues. All benefits are accessible online and include a quarterly newsletter, an exclusive LinkedIn Group and a special designation in ACHE's online Member Directory.

ACHE CALL FOR NOMINATIONS FOR THE 2021 SLATE

ACHE's 2020-2021 Nominating Committee is calling for applications for service beginning in 2021. ACHE Fellows are eligible for any of the Governor and Chairman-Elect vacancies and are eligible for the Nominating Committee vacancies within their district. Those interested in pursuing applications should review the candidate guidelines for the competencies and qualifications required for these important roles. Open positions on the slate include:

- Nominating Committee Member, District 2 (two-year term ending in 2023)
- Nominating Committee Member, District 3 (two-year term ending in 2023)
- Nominating Committee Member, District 6

- (two-year term ending in 2023)
- Four Governors (three-year terms ending in 2024)
 - Chairman-Elect

Please refer to the following district designations or the open positions:

- **District 2:** District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico, South Carolina, Virginia, West Virginia
- **District 3:** Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- **District 6:** Air Force, Army, Navy, Veterans Affairs

Candidates for Chairman-Elect and Governor should submit an application to serve that includes a copy of their resume and up to 10 letters of support. For details, please review the [Candidate Guidelines](#), including guidance from the Board of Governors to the Nominating Committee regarding the personal competencies of Chairman-Elect and Governor candidates and the composition of the Board of Governors.

Candidates for the Nominating Committee should only submit a letter of self-nomination and a copy of their resume.

Applications to serve and self-nominations must be submitted electronically to jnolan@ache.org and must be received by July 15. All correspondence should be addressed to David A. Olson, FACHE, chairman, Nominating Committee, c/o Julie Nolan, American College of Healthcare Executives, 300 S. Riverside Plaza, Ste. 1900, Chicago, IL 60606-6698.

Following the July 15 submission deadline, the committee will meet to determine which candidates for Chairman-Elect and Governor will be interviewed. All candidates will be notified in writing of the committee's decision by September 30, and candidates for Chairman-Elect and Governor will be interviewed in person on Oct. 22.

To review the Candidate Guidelines, visit ache.org/CandidateGuidelines. If you have any questions, please contact Julie Nolan at (312) 424-9367 or jnolan@ache.org.

ARTICLES OF INTEREST | Q1

FOUR SAFETY TRENDS FOR 2020

Patient safety has been a pressing issue in healthcare, spurred by the publication of the landmark [report](#) *To Err Is Human: Building a Safer Health System* in 1999. Anne Marie Benedicto, a vice president at healthcare accreditor The [Joint Commission](#), recently shared her thoughts regarding the patient safety outlook for this year. She detailed four ongoing trends she feels will dominate the safety landscape in 2020.

1. Patient advocacy.

In 2020, there will be two primary forces at play in patient advocacy, Benedicto says. “Healthcare providers have become more commercial in how they track patients as ‘customers,’ and patients are becoming more like consumers and using those skills to help navigate the healthcare system. This means more and more patients feel they have a say in what diagnoses mean for them, how they are treated and how they engage with their care teams,” she explains.

Health systems and hospitals are increasingly embracing patient advocacy. For example, Benedicto’s division at The Joint Commission is working with a Texas-based health system to boost quality improvement skills in neonatal intensive care units. The effort initially focused on clinicians, but the health system wanted to achieve quality

and safety gains through empowering patients’ families as well.

“Our biggest surprise has been that the organization not only wanted clinicians trained in improvement skills, but also the patient advisory council. We also provided training to parents of babies who were in the NICU for long periods of time. We found that the training gave parents permission to talk about quality issues with clinicians in a way that we had not seen before,” Benedicto says.

2. Improving the work environment.

Ensuring adequate staffing at healthcare organizations is a key element of patient safety, and health systems, hospitals and physician practices need to step up efforts to care for caregivers, Benedicto says. “This is an ongoing trend because we are already seeing clinician shortages. We are not recruiting and retaining enough medical staff members to meet the demand.”

She also stressed how healthcare organization leaders must shape work environments in ways that ease stress on staff members. For example, clinicians often struggle to find equipment or supplies such as medication pumps. It may be a small inconvenience, but repeated occurrences can add frustration and danger to an already stressful day. “The solution to this challenge is to put the

proper systems in place, such as supply chain management, that make it easier for staff members to do their work.”

3. High reliability.

Falls with injury represent an example of a persistent patient safety problem that is actually a missed high-reliability opportunity, Benedicto says. “Often, an organization will target falls every couple of years, saying that their fall rates are unacceptable. They come up with a solution, put it in place, it lasts for a few months, then the old practices creep back.”

There needs to be an understanding that persistent problems in healthcare persist because they are complex, and they require structured and sustained solutions, she says. “The use of highly reliable process tools is necessary to get to zero harm. It’s not just a matter of picking the easiest solution and putting it in place. It’s a matter of stepping back and figuring out why the problem is happening, finding out why it is persisting, looking at the contributing factors, then developing solutions.”

4. Surgery center safety.

Surgery centers need to adopt patient safety protocols that have become common at hospitals. With increasing numbers of procedures shifting from the hospital setting to ambulatory surgery centers, improving safety at these centers will be a top concern in 2020, Benedicto predicts.

“If patients can get care in less complicated settings, then those options should be pursued. However, this opportunity comes with a risk. Many surgical centers do not have the same levels of protection that hospitals have. For example, more and more spine surgeries are happening in surgical centers,

and those centers may not know what to do when there is a serious complication.”

“Over the past decade, hospitals have been investing in process improvement and improvement methodologies, so they could make their care as safe as possible. That same type of trend needs to happen in other settings of care such as surgery centers, Benedicto says. “Achieving zero harm not only requires embracing high reliability as a goal, it means making sure that resources are in place to get to that goal—stronger improvement skills, stronger safety culture, and leadership commitment to zero harm.”

—Adapted from “Four Patient Safety Trends for 2020,” *HealthLeaders*, by Christopher Cheney, Jan. 8, 2020.

QUALITY PATIENT OUTCOMES BEGIN WITH TRUST

The forces shaping the future of healthcare are putting increasing pressure on all players in the medical community to forge more effective partnerships and collaborations if they are to achieve quality patient outcomes at reduced cost. The foundation of these successful partnerships and collaborations is trust.

Trust can be simply defined as an outcome based on repeated interactions, characterized by specific behaviors that drive high performance. Research has shown that trust isn’t a given, but has to be earned. Further, once compromised, it is not easily restored. So, what does it take to trust and be trusted? Here’s a look at some trust-building practices.

Straightforwardness

This is saying what you mean and meaning what you say. We tend to admire people like this because they bring decisiveness and direction to situations where it's needed. Straightforwardness is essential when, for example, clinicians are giving a diagnosis, prescribing a treatment plan or offering a team member feedback. It is a key trait whenever critical business decisions need to be made, standards upheld or policies enforced. It is essential for the governance of healthcare systems, which relies on the strength of the relationship between physicians and administrators.

Trust grows when your actions are aligned with your thoughts, values and beliefs. In other words, when you're straightforward with people, their trust increases because they never have to guess what your intentions are.

Openness

Transitioning to a leadership role in any organization is fraught with pitfalls. This is especially true for physicians ascending to leadership in the governance of a hospital or healthcare system. The independent, authoritative approach that often works well for physician practitioners falls flat when it comes to leading organizations at a high-level. To succeed in this more complex kind of leadership, physicians need to cultivate the quality of openness.

Leaders who internalize the concept of openness have the psychological hardiness to interact with others in ways that make them want to open up too. So when problems arise in the trenches, when timelines slip or mistakes are made, the probability that their colleagues will share relevant information before it becomes a crisis is raised.

Time and money are saved, objectives are met, trusting relationships are solidified and everybody wins.

Acceptance

Mistakes happen. People forget, drop the ball and break agreements. Leaders encounter any or all of these situations in the space of a day, sometimes within themselves. How they respond reflects their level of acceptance: the ability to attack the problem and not the person; to consciously work to uphold the dignity of others even when justifiably unhappy with them.

People who make mistakes, voice resentments, dig in their heels and otherwise make a leader's job difficult are just that—people. Bias can be subtle and insidious, but its counterpart, acceptance, is a skill that can be learned. The payoff is psychological safety and the absence of fear, which makes it possible for people to engage in all of the other trust-building practices.

Reliability

Making and keeping promises is the foundation of reliability and it is essential to good leadership and good business. The absence of reliability leads to breakdowns in the form of conflict and loss of credibility. Reliability is a practice that distinguishes the “go-to” people—those who are always busy, yet always have the energy to take on the next thing. They are counted on because they inspire confidence that they will come through again and again on the promises they make. Trust grows when you make and keep your promises.

—Adapted from “[The Four Keys to Better-Performing Collaborations](#),” O'Brien Group.

WELCOME AND CONGRATULATIONS

New Members

JANUARY

Name	City	Name	City
James L. Brandes, MD	Novato	Leslie Safer	San Francisco
Carolyn Brown, DDS	Ross	Pragnesh Shah, MD, MBA, CPE	Dublin
Denise S. Brown, MD	San Carlos	Molly Shane, MS, RN	San Francisco
Melisa Chandradijaya	Millbrae	Carla A. Spencer	Salinas
Bradley Jacobson	San Mateo	Peter V. Sullivan	Lincoln
David A. Jones, Esq.	Oakland	Andrea Swann	Oakland
Jacqueline Lamb	Pleasanton	Gwen E. Sykes	Union City
Mytrang Le, PharmD, MHA	Elk Grove	Lance Trott	Fremont
Chris Matthews	Fairfield	Mackenzie Vasquez	Danville
Rosalia A. McMillen, CPA	Oakland	Claudia J. Vass	brentwood
Debra Plass, MS, RN	Grass Valley	Braden Victor, BS	Woodland
Tobi Skotnes	San Francisco	Mark Wolber	Granite Bay
Jodi Y. Thirtyacre	San Francisco		
Valerie K. Trudeau	Castro Valley		

FEBRUARY

Name	City	Name	City
Daisy M. Aguallo	Pacifica	PO1 Darron Barfield	Fresno
Kwame Ahene	Union City	Ashwini S. Batchu	Oakland
Sandi E. Aleman, MBA	Fresno	Monica Biley	Roseville
Matthew Azevedo, MBA	Auburn	Dennis J. Brown	Healdsburg
Megan Bliss	Stanford	Joshua Brown	Stockton
LCDR Edward Brinston	Lemoore	Elisa B. Chavez	Chico
J. Andrew Chacko, MD	San Francisco	Micah Duchesne	San Jose
Maria Gloria Dela Merced	Gilroy	Eric Lee G. Escobedo-Wu	Patterson
Valeria Erdogan	Capitola	Jose Gonzalez	San Francisco
Njeri Gathuka	Oakland	Basil Hernandez, MBA	Modesto
Anthony J. Gentile	Orangevale	Natalie K. Hodgen, BS	East Palo Alto
Samanta Lal	Richmond	Jay Kim	Menlo Park
Angela R. Newton, MBA	Bakersfield	Howad Maddox, BS, MHA	San Leandro
Johnny O'Brien	San Jose	Terrence Probst, EdD, MBA, MHA	Pacifica
Paulne Orr, MSN, RN	Lakeport	Charlette Stallworth, MBA	San Jose
Stacey L. Ringham, RN	Redwood City	Terence Taylor	Martinez
		Nathaniel A. Woods, PsyD	San Jose

Fellows

JANUARY

Name **City**
Maj Ryan W. McGaughey, FACHE Travis AFB

MARCH

Name **City**
Therese M. Courtenay, DNP, FACHE Roseville
Saxon S. Hanwacker, FACHE Hanford

Recertified Fellows

JANUARY

Name **City**
Mohammad Albark, FACHE Walnut Creek
Christopher A. Borr, FACHE Santa Rosa
Joseph H. Demont, CPA, FACHE Bakersfield
Mitesh B. Patel, MD, FACHE Concord
Robert Rahal, FACHE Clovis
Michael Stuart, FACHE San Francisco

MARCH

Name **City**
Patrina L. White, MBA, FACHE Sacramento

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CAHL EVENTS

CAHL NETWORKING EVENT IN SACRAMENTO, THURSDAY, MARCH 5, 2020



CAHL NETWORKING EVENT IN SACRAMENTO, THURSDAY, MARCH 5, 2020



CAHL EVENTS

CAHL NETWORKING EVENT IN SACRAMENTO, THURSDAY, MARCH 5, 2020

