



IN THIS ISSUE

- Introducing Council Connect
- County Ambulance Standards Developed: Hospital Council Seizes Opportunity
- HLWI: Laboratory Manufacturers Fund Workforce Initiative
- Hospital Council's No. 1 Issue: CHPAC and Political Advocacy
- Patient ID Wristband Plan Underway: Statewide Standardization Supported
- Barbara Harrelson Health Sciences Scholarship Fund Initiated: A Legacy Honored
- Annual Healthcare Summit: Save the Date
- Business Partner Profile: The MHA Group

INTRODUCING COUNCIL CONNECT

In today's rapidly changing and at times chaotic healthcare environment, effective communication is essential. To that end, the Hospital Council of Northern and Central California is pleased to introduce Council Connect, our new online newsletter. Each month, Council Connect will provide information, awareness and understanding of healthcare issues, programs and activities to member hospitals throughout the northern and central California region.

For more information contact Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

YOUR GO-TO STAFF

Merriam-Webster defines "go-to" this way:

Pronunciation: 'gO-'tū

Function: *adjective*

Definition: relied on for expert knowledge or skill, "the company's go-to guy."

I would add to this definition, "relied on to get results."



This phrase has come to mean the person who gets things done. It's our ambition to be your "go-to" staff. To fulfill our vision and mission of helping members provide the best possible patient care, while improving the health status of the communities they serve, we want you to think of the Hospital Council first when there's a job that needs to be done.

It will usually be a job where several hospitals are affected, where the path ahead isn't clear, where additional resources are needed, or where a unified voice is needed to protect individual hospitals. I challenge you to test our resolve in this: Give us your toughest problems and see us go-to-it!

For additional information, contact Art Sponseller, President/CEO, (916) 552-4608, asponseller@hospitalcouncil.net.

**COUNTY AMBULANCE STANDARDS DEVELOPED
Hospital Council Seizes Opportunity**

The Hospital Council is involved in an opportunity to serve as the liaison between a region's hospitals and its county. Although there are nuances among counties as to how they create, revise and implement a set of ambulance standards governing the movement of patients within and between counties, this model could be used in other regions as well.

In Kern County, the Emergency Medical Services (EMS) staff recently proposed a series of very specific performance measures for the county's newly appointed, exclusive ambulance service provider. Upon closer review by the Hospital Council staff and legal counsel, it was clear that the interests of our members needed to be represented both during the written review process and later in public testimony before the Kern County Board of Supervisors.

Intervention by the Hospital Council resulted in significant revisions to the performance standards governing issues such as clearer distinctions between 'patients' and 'medical passengers' in cases involving ambulance transport; annual evaluation criteria of ambulance providers; and customer service monitoring. These revisions and clarifications strengthened the hospitals' ability to more effectively manage patient transport issues as they affect quality of patient care.

Through the public testimony process and subsequent follow-up with the county's EMS director, the Hospital Council will serve as the liaison for continuing conversations regarding ambulance services and performance for Kern County. Ensuring that hospitals have a voice in these important county discussions is critical to providing quality patient care to those we serve.

For additional information, contact Lynne Ashbeck, Regional Vice President, (559) 650-5694, lashbeck@hospitalcouncil.net.

HLWI

Laboratory Manufacturers Fund Workforce Initiative

Two years ago the Hospital Council Board of Directors acted to create the statewide Healthcare Laboratory Workforce Initiative (HLWI) in order to find innovative solutions to the critical shortage of laboratory workers. The primary goals of the HLWI are to stabilize and expand funding for clinical laboratory scientist (CLS) training programs. To further these goals, the HLWI has successfully approached laboratory manufacturers to augment what hospitals already spend to support these programs. Last year we raised \$150,000 with Abbott Fund (the philanthropic arm of Abbott Diagnostics) donating \$100,000 and Beckman Coulter, Inc. \$50,000. These generous contributions will be used to support our CLS Training Grants Program and other HLWI projects that increase the number of licensed clinical laboratory scientists in the state.

For additional information, contact Rebecca Rozen, Regional Vice President, (925) 746-1550, rrozen@hospitalcouncil.net or Ron Smith, Regional Vice President, (415) 616-9991, rsmith@hospitalcouncil.net.

HOSPITAL COUNCIL'S NO. 1 ISSUE CHPAC & Political Advocacy

The Hospital Council Board of Directors recently voted 'political advocacy' as its highest priority in 2007, and with good reason. The California State Legislature has been, and still is, often influenced by forces at odds with hospital interests. While local legislators frequently help local hospitals on an individual issue, they often vote against the hospital field on the big issues such as nurse ratios, mandatory lift teams, and the like. Therefore, we need to elect more legislators, throughout California, who will support hospitals and responsible healthcare policies.

California Hospital Association's PAC is the only organization that gives financial support to responsible pro-healthcare candidates running for office throughout the state.

- In 2006, CHPAC reached its goal of \$720,000. The Hospital Council raised \$263,715, 101% of its goal. This was due to the hard work of our hospital CEOs, executives and vendors and we thank you.
- In 2007, the statewide CHPAC goal is \$820,000. The Hospital Council's goal for 2007 is \$295,000.

We ask you to support our goal and make your CHPAC contribution now as a President's Club Member at \$1,250; Leadership Level at \$750; and Golden State Membership at \$500.

Pledge forms are available on the CHPAC website, www.calhealth.org/public/chpac/index.html.

For more information, contact Justin Matheson, CHPAC, Executive Director, (916) 552-7533, jmatheson@calhealth.org or Anna McAleer, Administrative Assistant, (916) 552-7560, amcaleer@calhealth.org.

PATIENT ID WRISTBAND PLAN UNDERWAY Statewide Standardization Supported

In 2006 the Hospital Council Board of Directors initiated a patient safety project to standardize patient identification wristbands in California.

The Hospital Council, in partnership with California Hospital Association and Association of California Nurse Leaders (ACNL), is developing a statewide plan set for implementation in 2007. A survey of nurse executives indicated overwhelming support for statewide standardization. Program details and user manuals will be issued during the first half of 2007.

For additional information, contact Sue Bartlett, Vice President, Quality Initiatives, (925) 746-1551, sbartlett@hospitalcouncil.net.

BARBARA HARRELSON HEALTH SCIENCES SCHOLARSHIP FUND INITIATED A Legacy Honored

Last year, the Hospital Council sustained a great loss when Barbara Harrelson, Regional Vice President, passed away. Barbara was a leader who addressed the healthcare workforce shortage both within the Hospital Council and among the hospitals and community organizations she served. Her goals were to promote health careers to a wider audience and provide support to training programs and the students enrolled in them.

In honor of her memory and the reputation she earned on workforce issues, the Hospital Council established the Barbara Harrelson Health Sciences Scholarship Fund. The fund will provide scholarships to students who enroll in accredited healthcare clinical education degree or credentialed programs and who will practice in California. Initially scholarships will be awarded to students enrolled in clinical laboratory scientist or medical laboratory technician programs.

Our goal of \$250,000 will begin to reduce this healthcare workforce shortage. Barbara's family, in support of her advocacy, contributed a very generous donation to initiate the Scholarship Fund. Please join us and make your contribution today to honor Barbara's legacy.

Send your tax deductible contribution to Barbara Harrelson Scholarship Fund, 1215 K Street, Suite 730, Sacramento, CA, 95814. Please make checks payable to the Healthcare Foundation of Northern and Central California. Your generosity will be acknowledged to the Harrelson family.

For more information contact Art Sponseller, President/CEO, (916) 552-7608, asponseller@hospitalcouncil.net or Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

ANNUAL HEALTHCARE SUMMIT

Save the Date

Don't miss an excellent opportunity to combine vacation and education in the charming city of Monterey at fabulous Portola Plaza Hotel, October 10-12, 2007.



Our 2007 Summit theme, "Excellerate" Excellence!, focuses on excellence in educational sessions and invigorating activities alike. Summit highlights include:

- top-quality speakers who have the pulse of today's healthcare issues
- roundtable discussions on quality/patient safety, finance and workforces issues
- opportunities to network with your peers at social events
- enjoyable recreational activities for you and your spouse or guest like these:
 - golf
 - 5K run/walk
 - winery tour
 - cooking at the Culinary Center of Monterey
 - guided tour to Big Sur with a stop-off for shopping and return route through the famous 17-Mile Drive
 - self-guided tour of the Monterey Bay Aquarium

Visit the Hospital Council website, www.hospitalcouncil.net, for complete Summit program information and online registration.

For more information, contact Scott Seamons, Regional Vice President, (916) 552-7564, sseamons@hospitalcouncil.net, or Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

Business Partner Profile

The MHA Group

The MHA Group is the nation's leading provider of clinical health care staffing and consulting services. Recognized nationwide, The MHA Group provides the complete spectrum of clinical health care staffing services, including permanent and temporary physician staffing, permanent and temporary allied professional staffing, and medical staff development planning. When you do business with a Hospital Council Business Partner, you help generate non-dues revenue in support of member services.

Please see the attached article The Physician Shortage: A Challenge for California – and the Nation, provided by The MHA Group.

For more information, contact Kurt Mosley, Vice President, Business Development, (800) 876-0500, kmosley@mhagroup.com, visit www.mhagroup.com or contact Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

Upcoming Special Events

- **CHPAC/Hospital Council Reception with San Francisco Supervisor Ed Jew**

February 6, 5:30 – 6:30pm
Carnelian Room/Golden Gate Room
555 Montgomery Street, San Francisco

For additional information, contact Justin Matheson, (916) 552-7533, jmatheson@calhealth.org or Anna McAleer, (916) 552-7560, amcaleer@calhealth.org.

- **Rural Health Care Symposium**

February 28 - March 2, 2007
Hyatt Regency, Sacramento

For additional information, contact the CHA Education Department at (916) 552-7637.

- **Health Policy Legislative Day**

March 14, 2007
Convention Center, Sacramento

For additional information, contact Dawn Vicari, (916) 552-7659, dvicari@calhealth.org.

- **Behavioral Health Care Symposium**

March 26 - 27, 2007
Mission Inn, Riverside

For additional information, contact the CHA Education Department at (916) 552-7637.

- **California Congressional Action Program**

May 6 - 9, 2007
Mayflower Hotel, Washington, D.C.

For additional information, contact Dawn Vicari, (916) 552-7659, dvicari@calhealth.org.

- **Hospital Council Annual Healthcare Summit**

October 10 – 12, 2007
Portola Plaza Hotel, Monterey

For more information, contact Scott Seamons, (916) 552-7564, sseamons@hospitalcouncil.net, or Petrina Aiello, (925) 746-5106, paiello@hospitalcouncil.net.

February 2007 Section Meetings

- **Monterey Bay**

February 2, 12:00 – 2:00pm
Community Hospital of the Monterey Peninsula, Monterey

- **Sacramento/Sierra**

February 2, 12:00 – 2:00pm
Sutter Medical Center of Santa Rosa

- **San Francisco**

February 6, 6:30 - 9:00pm
Bank of America Building, Yosemite Room, San Francisco

- **Santa Clara**

February 8, 8:00 – 10:00am
Santa Clara County Medical Center, San Jose

- **San Joaquin Mother Lode & Stanislaus/Merced**

February 22, 12:00 – 2:00pm
Health Education and Conference Room Center, Modesto

- **North Bay**

February 28, 12:00 – 2:00pm
Ca'Bianca Restaurant, Santa Rosa



THE PHYSICIAN SHORTAGE: A CHALLENGE FOR CALIFORNIA – AND THE NATION

By Kurt Mosley

Does California – and the United States as a whole – have too few physicians?

The answer to that question used to be: “yes” and “no.” Yes, some parts of the state and the country had too few doctors, typically rural areas and inner cities. But no, most other areas of California and the U.S. in general had enough doctors -- maybe even too many.

This assessment of physician supply – for many years the “party line” of most health care analysts and academics – no longer holds sway. The majority of informed observers – including the president of the American Medical Association – now say that the United States is in the midst of a growing physician shortage that will make it increasingly difficult for patients to access medical services in a timely manner. Indeed, writing in a 2006 issue of *American Medical News*, former AMA president J. Edward Hill, M.D. likened the physician shortage to a looming pandemic and vowed that the AMA “can’t – and won’t – ignore” the problem. One prominent academic, Richard “Buz’ Cooper, M.D., projects that the U.S. will be some 200,000 physicians short by the year 2020.

California, once a Mecca for doctors, is no stranger to physician shortages. According to the AMA, there are some 218 physicians per 100,000 people in California, well behind the national average of 286 physicians per 100,000 and lagging behind almost 40 other states. The California Medical Association warned of physician shortages in the state in its 2001 paper “*And Then There Were None.*” The University of California, Berkeley also warned of doctor shortages in California in its paper “*Is There a Doctor in the House?*”

In the latter paper, researchers noted that fact that real income for doctors in California trails that of doctors in most other states. This is a liability because, as the paper points out, three-quarters of doctors in California come from other states or other countries. California is competing against other areas where doctor pay and cost of living factors often are more favorable. In a somber sign for the future, the paper notes that between 1978 and 2002 the number of physicians in active patient care aged 56 to 65 doubled and the number aged 65 or older tripled. As a result, even urban areas in California are facing serious physician recruiting challenges, and rural areas continue to struggle with doctor recruitment.

Again, this is not a regional problem, but a national one, which Merritt, Hawkins & Associates is trying to address. Through our parent company, AMN Healthcare, we are underwriting a new group call the Council on Physician and Nurse Supply. Based at the University of Pennsylvania, the Council, which includes representatives of the American Hospital Association, the Medical Group Management Association, and other prestigious organizations, will advocate ways to increase the number of doctors and nurses.

Obviously, no hospital can thrive without an adequate number of physicians. What the shortage means is that California hospitals are going to have to become even more committed to aggressive, proactive physician recruitment strategies. The key word here is “committed.” As in sports, this means doing whatever one can do within the rules to be competitive.

We encourage hospitals to evaluate their physician recruiting policies. Does the hospital have a community needs assessment plan in place so that it can proact to physician recruiting needs instead of reacting? What criteria does the hospital have for physician candidates? In the past, many hospitals had a limited profile of the kind of candidates they wanted. Young, male, U.S. trained doctors often were at the top of the list. Today, 38% of all physicians are 50 or older, and almost one-third are 55 or older. Female physicians dominate the ranks of certain training programs, particularly family practice, pediatrics and OB/GYN. About one-quarter of active physician in the U.S. are international medical graduates. Today, if a hospital insists on only recruiting “Dr. Kildaire,” its chances for success are limited.

Hospitals also should examine how responsive they are to prospective candidates. Does the hospital have a sample contract in place candidates can review? Does it roll out the red carpet for physician interviews? Do hospital administrators make recruitment a top priority, adjusting their schedules to ensure they are responsive to candidates?

All of this may seem a little excessive just to “get a doctor.” But these are the things hospitals are doing today to put themselves in a position to be successful. In an age of physician shortages, the hospitals that recruit physicians effectively will be those that “want it the most.”

**

Kurt Mosley is Vice President of Business Development for Merritt, Hawkins & Associates, Irving, Texas, a division of AMN Healthcare. He can be reached at kmosley@mhagroup.com or (800) 876-0500.

