

2010:

TULSA WORLD OPENS
Rx for an ailing system

THE OKLAHOMAN

METRO STATE
Hospital fee may halt talks



Challenges, Opportunity, Synergy

2010 Annual Report



Oklahomans are living longer

and better than at any time in history. Death rates are lower, long term disability is down, life expectancy is higher than ever, and we're making progress against the most serious diseases we face. This is due in part to the many advances in quality made by the health care provider members of the Oklahoma Hospital Association. As we consider the direction health care will take in the future, one thing is certain: we are much stronger when we collaborate together. This collaboration is most evident by OHA's 2010 targeted initiatives in Indian Health Services, physician relations, and electronic health records.

Thanks to the work of OHA's dedicated board, members and staff, we have met many of the challenges providers faced this year. We have succeeded in minimizing cuts to health care during a challenging state budget crisis. We have given you a stronger voice with payers by working to effect positive changes and serving as a critical resource. OHA has helped members take aim at health care reform and our incentives and projects have brought about improvements in quality and patient safety measures at Oklahoma hospitals. Through new techniques we have helped hospitals prepare for electronic health record incentive payments, focus on health status improvement through tobacco interventions, and increase educational offerings.

It has been my pleasure to serve as your chairman and I am proud of my association with the members of OHA. I am confident that OHA will continue to help members be successful as we all remain committed to strong collaboration.

Brian K. Woodliff

Chairman, Board of Trustees

A Special Message to the members of the Oklahoma Hospital Association.

Chairman's Message

President's Message

My entry into hospital administration

following graduate school occurred 35 years ago. I vividly recall my first assigned project: to evaluate the likely impact on the hospital from a “third” change in payment rates under Medicare – a new national health care program enacted less than eight years before. I still remember the organization’s chief financial officer complaining to me, “They’ll be fussing with this major program for years to come.”

History is repeating itself. The enactment of The Patient Protection and Affordable Care Act this past spring represents every bit the sweeping changes – if not more so – to America’s health care system as occurred when Medicare and Medicaid were passed in the mid 1960s. We just don’t know how sweeping, nor how the benefits or pitfalls will align themselves as ‘they fuss with this major program for years to come.’

The OHA has been spending considerable time trying to discern the ins and outs of this new legislation on our members. Several of these efforts are summarized in this report. Unfortunately, there are so many details yet to emerge from new rules and regulations yet to be written. We have just a glimmer of what providing health care may be like here in Oklahoma under this new national health care program. The national and statewide political winds sure to shape its implementation are as uncertain as a spring day in Oklahoma, but they will indeed blow!

Just as Oklahoma’s changing weather keeps us alert to the risks and opportunities that may affect us, so too will this new legislation. We here at the OHA look forward to linking arms with you as we weather these unpredictable winds together.

Craig W. Jones, FACHE

President



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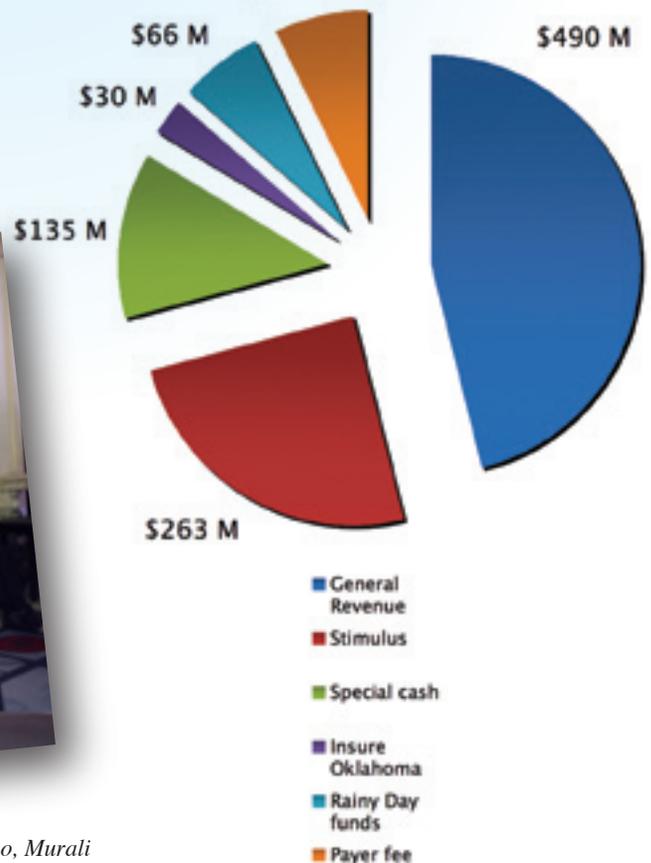
OHA succeeded in *minimizing* cuts to health care during a challenging state budget crisis.

Efforts to minimize cuts to the SoonerCare programs were on the top of the list of priorities for OHA legislative staff as the state budget shortfall deepened for the second consecutive year. **OHA actively pursued passage of a provider fee proposal** upon certain hospitals that could help stabilize Medicaid payments against future downturns. We will continue to vigorously work for a provider fee in the 2011 legislative session, beginning with an ongoing active grassroots campaign.

Roughly one-third of the SFY 2010 total Medicaid budget consisted of enhanced FMAP funds provided by the federal Stimulus bill. This year (SFY '11), more than half (\$572 million) of the \$1.1 billion Oklahoma Health Care Authority budget consisted of one-time funds, including federal Stimulus funds, rainy day funds, transfer of funds from Insure Oklahoma, as well as a one percent claims "payer fee" that the Oklahoma Supreme Court has since determined is unconstitutional.

Hospitals felt the impact of across-the-board Medicaid rate cuts of 3.25 percent, reductions in co-insurance and deductible payments for Medicare/Medicaid dual eligibles, large cuts in payment for behavioral health residential treatment for children, and additional auditing on claims. However, **more than 30 state agencies (those without education or health care in their mission) experienced at least 15 percent cuts during the same period.** OHA worked with the Legislature and the governor to minimize these cuts to protect access to existing health care services.

Medicaid Funding for SFY '11 Budget = \$1.1 Billion
(One-time money: \$572 Million)



At the state Capitol are (left to right) Sen. Brian Crain (R-Tulsa), Jim Igo, Murali Krishna, MD, and James White, MD, all of INTEGRIS Health, Oklahoma City.



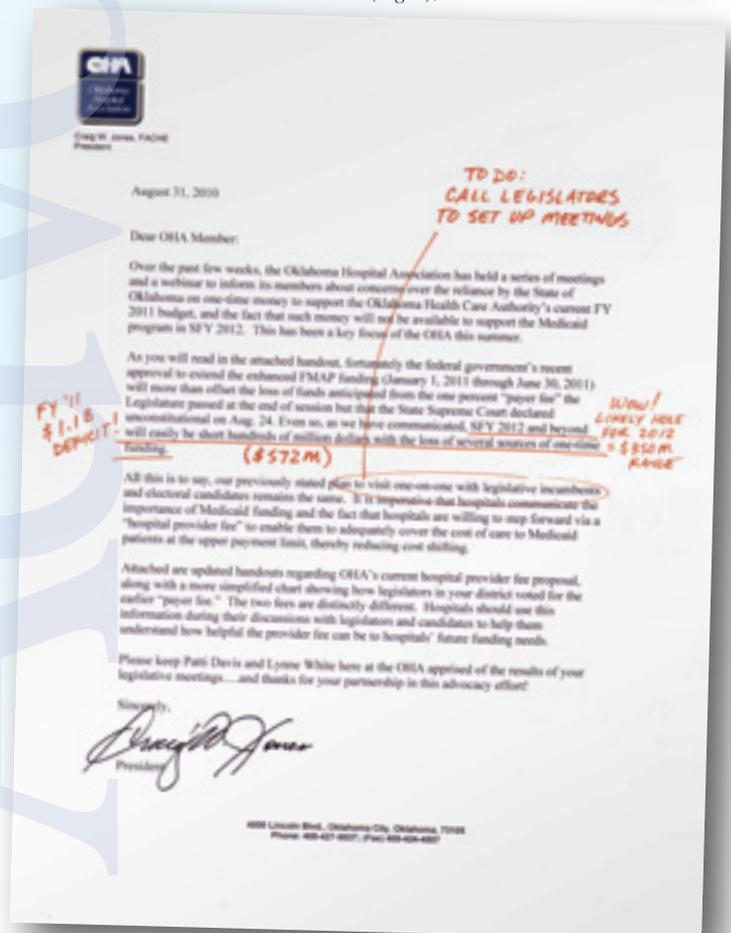
John Holter (left), CEO, Cedar Ridge, Oklahoma City, and Rep. Scott Martin (R-Norman).

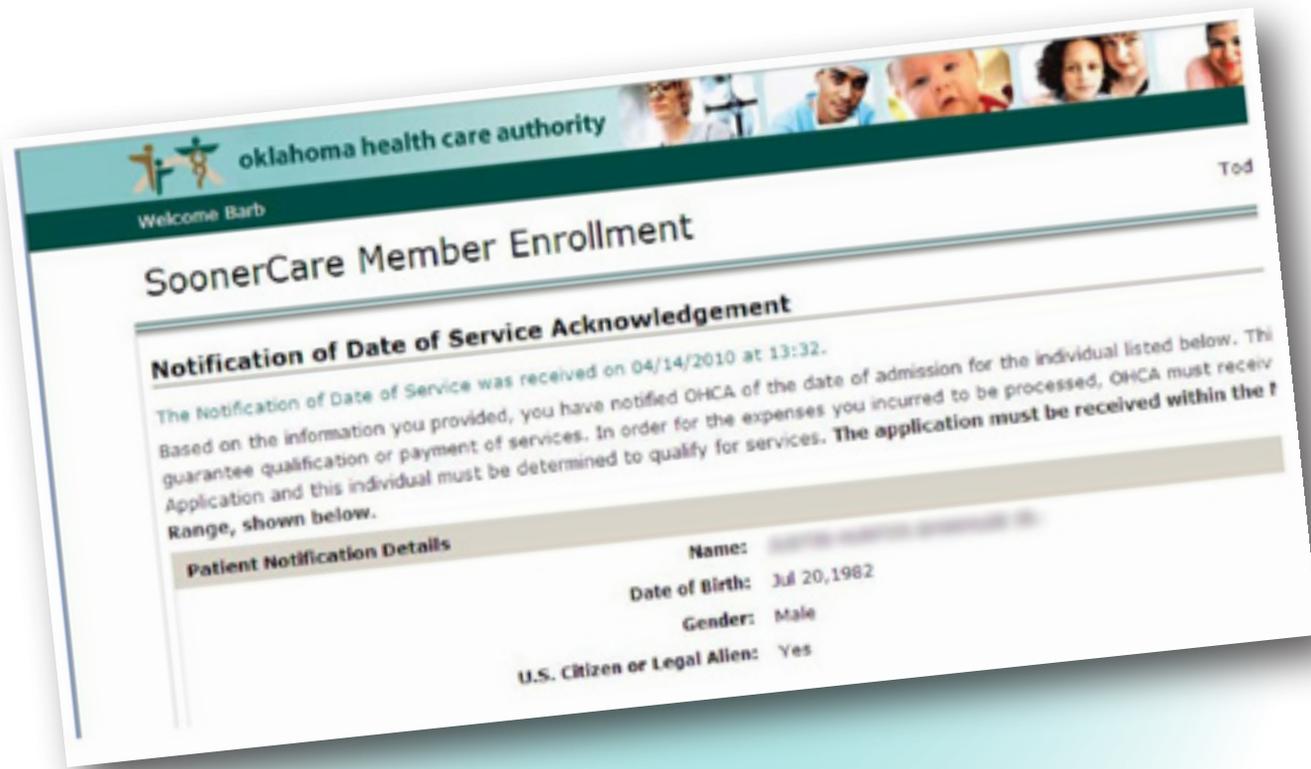


Sen. Ron Justice (R-Chickasha) with James Moore (right), INTEGRIS.

Other notable OHA legislative initiatives included amending laws related to the provision of psychotropic medications for children, purchasing requirements for public trust hospitals, and creating the Oklahoma Health Information Exchange Trust. Thanks in part to the active advocacy of many of you, the OHA lobby team had a successful year at the Capitol opposing efforts that would be harmful to hospitals and supporting issues to improve the health of Oklahomans. A complete legislative report is available on the OHA website at www.okoha.com/legreport.

After the OHA board voted to oppose SQ 744, a ballot initiative that would require common education to be funded at the regional average of surrounding states, OHA worked along with the One Oklahoma Coalition to educate voters about the unintended consequences passage would have. Our efforts included fundraising to support the coalition's efforts to inform the voters through media and a press conference voicing our concerns about the bill. The press conference resulted in numerous media stories across the state.





OHA gives you a stronger voice with payers by working to effect positive changes and serving as a critical resource.

- When the Oklahoma Health Care Authority unveiled the nation's first instant online enrollment system for SoonerCare (Medicaid), there was just one problem: benefits began on the day of application. This posed a big problem for hospitals, where uninsured patients are almost always admitted in medical emergencies. Medical care comes first; gathering information for an enrollment application could take days. OHA convinced OHCA to add an exception for hospitals so that benefits could begin as soon as the patient hit the ER, giving hospitals up to five days to notify OHCA of the application, and another 15 days to complete it.
- Oklahoma's HealthChoice plan continued to clean up its disastrous 2009 changeover in third party administrators, and OHA worked diligently with the plan to fix claims payment problems for hospitals.
- OHA began a project to speed up insurance payment to hospitals by conducting a survey of accounts receivable from major payers, by age of the account. This survey showed which payers take longer to pay claims, and it will serve as a baseline to measure future improvements.





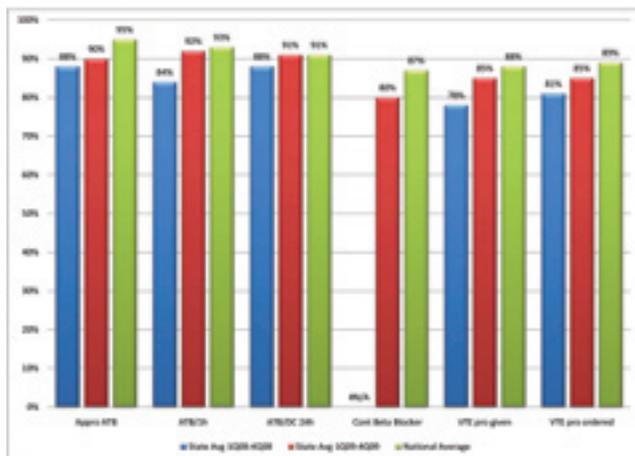
- Responding to the passage of The Patient Protection and Affordable Care Act, OHA compiled a dedicated web page of health care reform resources that is continually updated at www.okoha.com/healthreform.
- OHA educational opportunities in 2010 centering around health care reform included a live member-exclusive overview webinar and other programs on such topics as accountable care organizations, hospital finance in the new world, preventing hospital acquired infections, tax exemptions, employee benefits, fraud and abuse and 340B.
- On Dec. 14, OHA will offer a one-day live program on health care reform featuring nationally known speakers such as James Orlikoff; David Wright, CMS associate regional administrator; and William Ward, Johns Hopkins Bloomberg School of Public Health.
- OHA has put together a complete health care reform educational plan for 2011 through 2014. Topics for 2011 will include readmissions, accountable care organizations, efficiency and much more.

OHA is helping members take aim at *health care reform*, both in the short and long term, through educational programs and helpful resources.

Health Care Reform

OHA initiatives and projects are bringing about improvements in quality and patient safety measures at Oklahoma hospitals.

Surgical Care Improvement
Oklahoma Rates
(January 1, 2009 - December 1, 2009)



OHA is focusing on health status improvement through a grant for *tobacco interventions* in hospitals.

Hospitals Helping Patients Quit, OHA's tobacco cessation initiative funded by the Tobacco Settlement Endowment Trust (TSET), has provided assistance to hospitals concerning issues of implementing and enforcing tobacco-free campus policies, reviewing employee benefits to establish cessation benefits, and implementation of outpatient and inpatient tobacco cessation services. INTEGRIS Health was the first system to enter into an agreement with OHA to implement a comprehensive tobacco free culture including nicotine addiction treatment. This includes several strategies being piloted in three

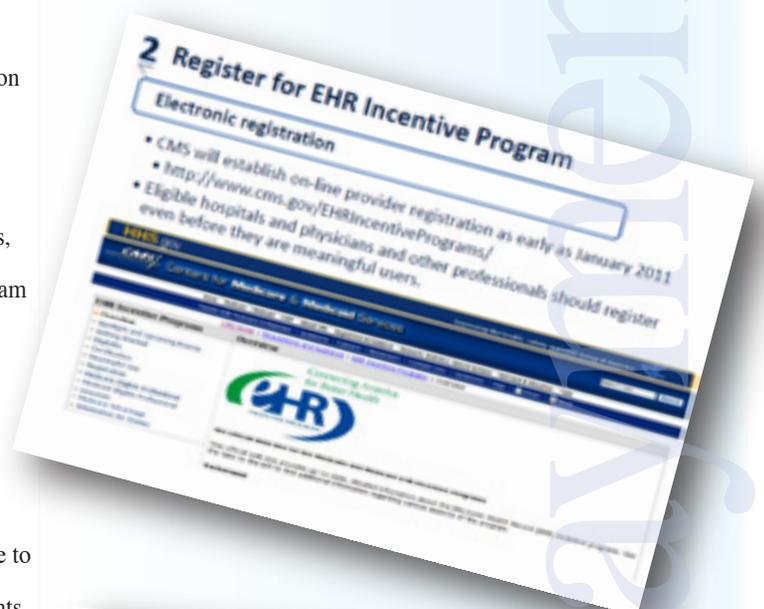
- Oklahoma hospitals demonstrated improvement in 21 of the 23 CMS indicators in four topics from the third quarter 2008 to the third quarter 2009. The topics include AMI, Heart Failure, Pneumonia and Surgical Care Improvement. With more emphasis on transparency and pay-for-performance in the near future, OHA continues to provide hospitals with quarterly comparative reports regarding the quality indicators, HCAHPS, readmissions and a "Stoplight" report that provides an "at-a-glance" focus to assist hospitals in planning an improvement strategy.
- In compliance with a national recommendation, the OHA assisted hospitals in implementing a color-coded wristband system to alert or quickly communicate a certain health care condition a patient may have. Ninety percent of Oklahoma hospitals have implemented or are in the process of implementing the nationally recommended colors. Caregivers have reported added alerts have increased attention to checking for allergies and have raised awareness of patients at risk for falls.
- In partnership with Johns Hopkins University and the Agency for Healthcare Research and Quality, 13 Oklahoma hospitals are participating in the Comprehensive Unit based Safety Project: Stop Blood Stream Infections project. Kicking off on July 8 with six immersion calls, each hospital developed a team that will work within a specific unit to develop a culture of safety and implement interventions to decrease hospital acquired central line associated blood stream infections.

Oklahoma hospitals, including the implementation of inpatient cessation interventions utilizing the evidence-based clinical practice guideline, Treating Tobacco Use and Dependence.

OHA assisted The Joint Commission in attaining public comments from Oklahoma hospitals regarding newly proposed tobacco cessation quality measures. These measures will support hospitals in providing more evidence-based tobacco treatment rather than simple patient education which has not been proven to be effective.

OHA is helping hospitals prepare to qualify for significant EHR incentive payments.

■ Oklahoma hospitals will be eligible for a total of more than \$400 million in Medicare and Medicaid incentive payments for the meaningful use of certified electronic health records. OHA has worked with Congressional offices, the Centers for Medicare and Medicaid Services, and the Oklahoma Health Care Authority to make this important program more accessible to hospitals. Through webinars and presentations, OHA has helped hospitals prepare to qualify for these significant incentive payments.



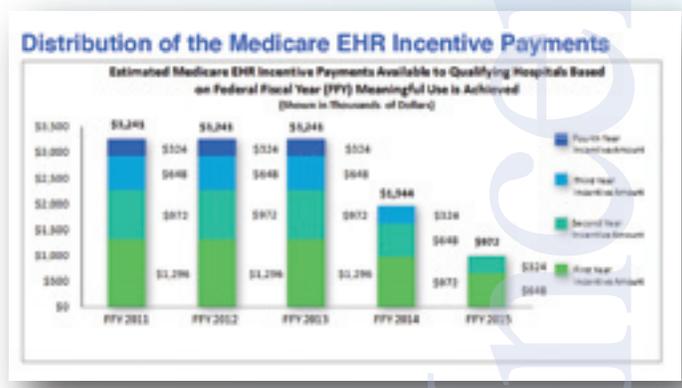
■ OHA's Electronic Health Records incentive calculators, made available to members, helped hospitals know their potential EHR incentive payments.

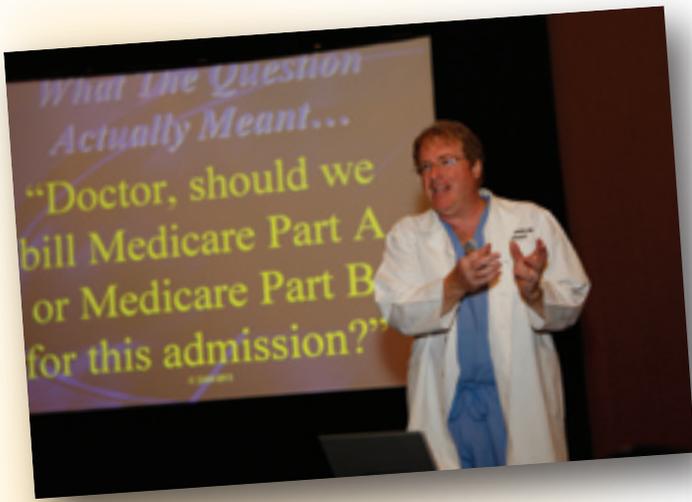
■ Oklahoma was one of the first states to receive approval for its Medicaid EHR Incentive program. OHA worked closely with the Oklahoma Health Care Authority in development of the plan, and it has some of the most favorable features available to get the maximum incentives paid out to hospitals as soon as possible.

Discharge Based Amount Calculation	1,600	2,340	3,080	3,820
A Total All-Payer Hospital Discharges	1,600	2,340	3,080	3,820
B Discharges (Eligible for Add-On Amount) percent of discharges from 1,130 through 21,000	2,340	2,340	2,340	2,340
C Per Discharge Add-On Amount	\$200	\$200	\$200	\$200
D Discharge Related Amount (B * C)	\$308,000	\$468,000	\$616,000	\$764,000
Medicare Share Calculation	6,018	6,018	6,018	6,018
F Total Medicare Fee-For-Service Inpatient Days	6,018	6,018	6,018	6,018
G Total Medicare Advantage Days	0	0	0	0
H Total Medicare Days (F + G)	6,018	6,018	6,018	6,018
I Total Charges Excluding Charity Care	30	30	30	30
J Charity Care Ratio (I / J)	1.00	1.00	1.00	1.00
K Total Inpatient Hospital Days	11,544	11,544	11,544	11,544
L Medicare Share (D / (K * J))	50%	50%	50%	50%
M Transition Factor (Maximum transition shown)	100%	75%	50%	25%
N Estimated EHR Incentive Payments ((A + D) * L * M)	\$3,240,542	\$2,724,450	\$2,468,000	\$2,168,000
Maximum Medicare EHR Incentive Payment Amount	\$3,240,542			

■ OHA was a key player in Oklahoma's receipt of an \$8.9 million award from the Office of the National Coordinator for Health Information Technology. OHA President Craig Jones will serve as trustee of the new Oklahoma Health Information Exchange Trust, which will oversee a "network of networks" connecting Oklahoma exchanges with each other, with state resources, and with the nation.

■ OHA is actively engaged in the Health IT Regional Extension Center project, helping the Oklahoma Foundation for Medical Quality assist rural hospitals and their physicians qualify for incentive payments for the use of electronic health records.





In an ongoing effort to provide members with cost-effective educational opportunities, OHA is using new technologies to *increase* its educational offerings.



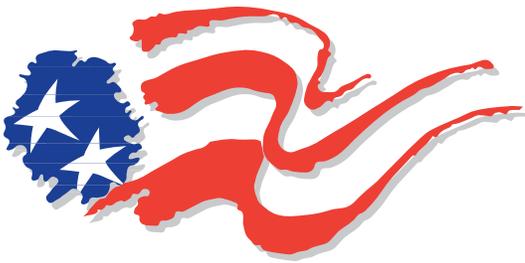
- Video conferencing equipment now purchased and installed in the OHA Seminar Center will enable OHA members to access more cost-effective distance education. Using this technology, registrants will have three options for participation in an event: 1) coming to the OHA office to participate in person; 2) viewing live streaming video from their computer; and, 3) viewing on-demand video of the program at their convenience from their computer. The first OHA live stream will be Dec. 14 for the “Taking Aim at Health Care Reform” event.
- The first three quarters of 2010 have shown increased participation of the membership in educational opportunities offered by OHA. OHA has offered 18 live events with nearly 1,200 attendees and 153 webinars or audio conferences having close to 900 hospital registrations. Evaluations tell us that an average of five people participate at each hospital, which translates to 4,500 health care staff members who have participated in OHA webinars in 2010. Participants were from 148 Oklahoma hospitals and health systems. Numerous other organizations interested in Oklahoma’s health care also sent participants.
- 2010 OHA educational program topics included health care reform, coding, RAC, leadership, patient care, compliance, Joint Commission, quality, chargemaster, electronic medical records, community benefit, HIPAA, nursing, meaningful use, value based purchasing, Lean & Six Sigma, APCs, physician arrangements, medical staff structure, employee benefits under reform, and trustee education.
- The *careLearning.com* program has continued to grow in 2010, with two additional hospitals joining the project. Oklahoma now has 21 hospitals participating in the Health & Safety series.

Preferred Savings Network

The OHA Preferred Savings Network has added numerous companies in 2010. These companies agree to offer better contracts for OHA-member organizations. Several companies have agreed to an Oklahoma-only arrangement with specific minimum dollars to the Association along with better pricing to members. OHA staff is looking at new opportunities to be more active in this program to bring more companies and more value to members.



OHA-PAC Contributions



Supporting legislators who support our industry ... The OHA-PAC is only as strong as our members' contributions.



Looking Ahead...

Physician Compensation Survey

OHA is collecting information from member hospitals for a comprehensive survey of physician compensation. The resulting report will cover physician employment, productivity payments, income guarantees, on-call compensation, medical director and leadership compensation, and more. *Watch for more details on this project.*

**For more information on OHA
products and services, contact:**



4000 Lincoln Blvd. • Oklahoma City, OK 73105

(405) 427-9537 • Fax: (405) 424-4507

E-mail: oha@okoha.com

Websites: www.okoha.com; www.okhealthcareers.com; www.okhealthjobs.com;
www.okhospitalpricing.org; www.okhospitalquality.org; www.okphysicianjobs.com