



Upcoming Events



WHY SHOULD YOU ATTEND THE ASHHRA CONFERENCE?

Educational Programs

- Enhance your health care business knowledge
- Advance your leadership capabilities
- Strengthen your role as a change agent
- Gain knowledge of the hottest trends in health care HR
- Network with your peers

Valuable Resources

- A variety of take-away tools, best practices and policies
- Networking opportunities with other HR practitioners nationally and regionally
- Exposure to more than 150 suppliers helping to advance health care HR products and services

Hottest Products & Services

- More than 150 exhibitors showcasing products that can help you solve problems within your organization
- Networking and knowledge sharing on state-of-the-art services in health care HR

Smart Investment

- Take-away tools and resources in health care HR
- Focused learning on leadership and strategic business knowledge
- Sessions designed around five leadership competencies
- Partnership opportunities with top health care HR leaders

ASHHRA UNVEILS NEW LOGO AT 47TH ANNUAL CONFERENCE



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ASHHRA Is.....

The American Society for Healthcare Human Resources Administration (ASHHRA) – a personal membership group of the American Hospital Association (AHA), is the nation’s only membership organization dedicated exclusively to meeting the needs of health care human resources practitioners. ASHHRA is recognized as “the premier source of educational resources, industry research, HR tools, networking, and best practices for the health care HR professional. When you join ASHHRA, you are investing in your future while helping to advance the transformation of the health care HR leader.

Founded in 1964, ASHHRA represents more than 3,350 human resources professionals across the nation. ASHHRA is governed by a 13-member board of directors, four standing committees, and more than 50 affiliated chapters who are all committed to enhancing the profession and moving forward toward one common goal – excellence in healthcare human resources.

Vision Statement

By joining together, by raising our skills, and by speaking with one voice, we as ASHHRA members can enhance the well-being of our employees, our health care organizations, and the communities we serve.

- Our purpose: To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- Our power: To influence and impact the future of the health care workforce and those they serve.
- Our promise: To keep in our minds and hearts the passion and commitment we have for our profession.

Mission Statement

ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration. As the foremost authority in health care HR, ASHHRA provides timely and critical support through ongoing learning and development, products and resources, and opportunities for networking and collaboration.

WHAT'S HOT ON ASHHRA.ORG

FACT: When Employee Health Comes First, Employer Costs Go Down



BUILDING A CULTURE OF HEALTH

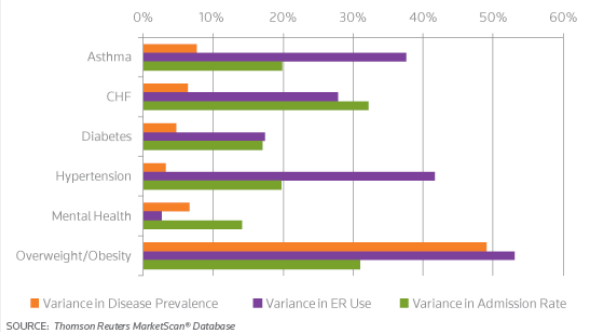
Dr. Ray Fabius, Thomson Reuters CMO, recently presented his findings at the Thomson Reuters 100 Top Hospitals* Summit.

[Click here to view the presentation »](#)

According to a recent study, health system employees are less healthy, consume more medical services, and accrue higher healthcare costs than the U.S. workforce at large.

IMPROVE THE HEALTH OF HEALTH CARE WORKERS

VARIANCE BY CONDITION: HEALTH CARE INDUSTRY VS. ALL INDUSTRIES



TO LEARN MORE, VIEW THIS ON-DEMAND WEB SEMINAR PRESENTED BY ERIC PARMENTER OF HIGHROADS AND KREG SHERBINE OF THOMSON REUTERS IN COOPERATION WITH ASHHRA. [VIEW NOW](#)


Fidelity Investments® Nurses Study


HR Pulse – A quarterly journal of cutting-edge issues in health care HR, best practices, case studies, and organizational messages.




Social Networks

Connect with the ASHHRA community anytime through these social networks!

 Find us on Facebook

 Join our on LinkedIn

 Follow us on Twitter



ASHHRA HR Concierge is a service that offers personal attention to the health care HR profession by providing custom tools and resources that are essential to the field.

Ask the Expert

A member benefit that provides you with custom resources to meet your individual health care HR needs.

- Provides project consulting to our members on a personal scale
- HR practitioner on-staff to address custom requests for research, resources, and other HR needs (Requested resources can be obtained within 48-72 hours)
- Focuses on providing custom HR research information in the areas of Benefits, Training and Development, Talent Management, and many other topics that reflect the ever-changing scope of health care HR.

Resource Library

An alignment of tools and resources that reflect the ever-changing landscape of health care HR

- White Papers - Talent Management, Benefits, etc.
- Toolkits - HR Leadership, Mentoring, and Health Care Reform
- Surveys - Compensation, HR Metrics, and Labor Relations
- Case Studies - Workplace Intimidation, Employee Engagement, and Culture of Health
- Custom Research Project Consultation (initial 2 hours free) - HR Practices, Performance Management, etc.

For more information, contact www.ashhra.org.





AHA Special *Bulletin!*

Obama Proposes \$320 billion in Reductions to Medicare & Medicaid *Cuts part of \$3 trillion deficit reduction plan*

Monday, September 19, 2011

President Obama today proposed \$320 billion in reductions to Medicare and Medicaid as part of a \$3 trillion deficit reduction plan he submitted to the Joint Select Committee on Deficit Reduction. Authorized by last month's *Budget Control Act*, the committee - chaired by Senate Democratic Conference Secretary Patty Murray (D-WA) and House Republican Conference Chairman Jeb Hensarling (R-TX) - is charged with crafting by November 23 a far-reaching plan to reduce the national deficit by at least \$1.2 trillion.

The president's plan, unveiled this morning, calls for cutting Medicare by \$248 billion and Medicaid by \$73 billion over 10 years. Specifically, for Medicare, among other changes, the plan would:

Reduce certain Medicare payments, including bad debt, indirect graduate medical education (IME) and payments for certain rural hospitals.

- *Bad debt.* The administration proposes to reduce bad debt payments to 25 percent (from the current 70 percent) for all eligible providers, including hospitals, over three years starting in 2013. The administration's proposal would save approximately \$20 billion over 10 years from all providers.
- *IME.* The administration proposes to reduce the IME adjustment by 10 percent beginning in FY 2013; the administration's proposal would save approximately \$9 billion over 10 years.
- *Rural providers.* The administration proposes three changes to payments for rural providers. First, starting in FY 2013, it proposes to end add-on payments for hospitals and physicians in low-population frontier states. Next, it would reduce critical access hospital (CAH) payments from 101% to 100% of reasonable costs. Finally, it would eliminate the CAH designation for hospitals that are fewer than 10 miles from the nearest hospital. Together, the administration estimates these rural proposals would save approximately \$6 billion over 10 years.

Continued:

Encourage efficient post-acute care. The administration proposes to adjust payment updates for certain post-acute care providers, including skilled nursing facilities (SNF), long-term care hospitals (LTCH), inpatient rehabilitation facilities (IRF) and home health; equalize payments for certain conditions; encourage appropriate use of IRFs; and adjust SNF payments to reduce hospital readmissions. Together, the administration estimates these changes would save \$42 billion over 10 years.

Strengthen the Independent Payment Advisory Board (IPAB). The administration proposes to strengthen IPAB by reducing its growth rate target from GDP per capita plus 1 percent to GDP plus 0.5 percent and providing additional enforcement tools. Proposed changes to Medicaid include:

Limiting Medicaid provider taxes beginning in 2015. The administration proposes to phase down, but not eliminate, Medicaid provider taxes beginning in 2015. The administration estimates this would save \$26.3 billion over 10 years.

Simplifying states' federal Medicaid payment formulas. Beginning in 2017, the administration proposes to replace the current formulas with a single matching rate specific to each state, based on enrollment starting in 2014, that automatically increases if a recession causes enrollment and state costs to rise. The administration then proposes to reduce that rate, which they estimate would save \$14.9 billion over 10 years.

Re-basing Medicaid disproportionate share formula for hospitals in 2021. The administration proposes to "better align these future Medicaid supplemental payments to hospitals with reduced levels of uncompensated care." The administration estimates this would save \$4.1 billion over 10 years.

The president's plan does not include changes to the Medicare beneficiary eligibility age or Social Security. However, it does include some modest changes to Medicare benefits, but those changes would not take effect until 2017, and the president said he will not pursue any beneficiary changes unless lawmakers agree to increase taxes on wealthy individuals and corporations.

The AHA recently sent you a *Legislative Action Alert* with multiple fact sheets detailing the impact cuts to hospital funding could have on access to services, and to hospital jobs and other jobs supported by hospitals when they buy goods and services from other businesses in their communities. Please share these fact sheets with your legislators. If they are not members of the supercommittee, ask them to speak with their colleagues on the committee and urge them to reject any proposals to cut Medicare and Medicaid funding for hospitals.

Additional reductions to Medicare and Medicaid provider payments would be devastating to hospitals and the patients and communities they care for, especially at a time when hospitals are already absorbing cuts as a result of state budget reductions and recent legislative and regulatory changes.

WELCOME NEW REGION 3 MEMBERS

DC	Afflebach	Ronald	Director, Employee & Labor Relations	Children's National Medical Center
KY	Creason	Janet	Business Manager	Haws Memorial Nursing and Rehabilitation Center
MD	O'Halloran	Kathleen	Chief Human Resources Officer	National Lutheran Communities & Services
VA	Diamond	Gary	Human Resources Manager	University of Virginia Medical Center
VA	Junod	Paul	Talent Acquisition Manager	Bon Secours Virginia Health System
VA	Martinez	Laura	Force Master Chief	Bureau of Medicine and Surgery
VA	Mestler	Derrick	HR Administrator	HCA-John Randolph Medical Center
NC	Johnson	Patricia	Human Relations Director	Pitt County Memorial Hospital
MD	Jackson	Beverly	Executive Director, Human Resources	Washington Adventist Hospital
MD	Klepsig	Kelly	Compensation Manager	Johns Hopkins Bayview Medical
NC	Chambers	Jeff	Chief Officer of Human Resources	University Health Systems of Eastern Carolina
NC	Swank	Janet	Director Human Resources	Magnolia Glen
VA	Vann-Lowe	Veronica	Director of Operations	Chesapeake Government Health Services
VA	Ulit	Ramida	HR Manager	Veterinary Surgical Centers
VA	Coleman	Kimberly	Ad Talent Acquisition	Bonsecours Virginia Health Sys
VA	Soter	Valerie	Hr Manager	Chesapeake Ghc
VA	Rogers	Bob	President	Chesapeake Ghc
WV	Cunningham	Shirley	Human Resources Employment Representative	United Hospital Center
NC	Powell	Janice	Chief Human Resources Office PRMO	Duke University Health System
MD	Carey	Thomas	Chief Operating Officer	Employee One Benefit Solutions
MD	White	Matthew	Director of Human Resources	Sunrise Senior Living
MD	Connor	Sharon	Compensation Analyst	Medstar Health
DC	Murray	Georgene	Assistant Director, HR	National Trust for Historic Preservation
KY	Tolson	Rick	Vice President, Human Resources	St Joseph Health Care
VA	Bertelli	Heidi	Director of Talent Acquisition and Strategy	Sunrise Senior Living, Inc.
VA	Amin	Sima	Clinical Technician	Inova Fair Oaks Hospital
VA	Bobrovsky	Karen	Division Director, Total Rewards & Analytics	HCA
WV	Stephens	Charles	Director of Human Resources	Woodlands Retirement Community



NEWS FROM REGION 3!

You Are Cordially Invited

The Kentucky Healthcare Human Resources Association will be holding their Fall Conference November 9, 2011 in Lexington, KY. Jason Young of LeadSmart will be speaking on his new book *Culturetopia*.

All Region 3 members are cordially invited.

For further details on the conference – please contact
Barry.Lindeman@lpnt.net.



KSHHRA would also like to introduce and welcome their new slate of officers:

President - Marrienne Slonina (Georgetown Community Hospital)

Vice President - Kimberly Wilson (University of Kentucky)

Treasurer - Lynn Williams (Commonwealth Health Corporation)

Secretary - Dena Sherman (Hospice of the Bluegrass)



NEW ASHHRA PRESIDENT INTRODUCED AT 47TH ANNUAL CONFERENCE



Irma Babiak Pye, SPHR
Senior Vice President & CHRO
Valley Baptist Health System
P.O. Drawer 2588
Harlingen, TX 78551-2588
irma.pye@valleybaptist.net

A W A R D S

REGION 3 WINNERS:

CHAPTER MANAGEMENT AWARDS:

🍏 3 STAR AWARDS –

- ◇ North Carolina Healthcare Human Resources Association
- ◇ West Virginia Healthcare Human Resources Administration
- ◇ Virginia Healthcare Human Resources Association

🍏 HONORABLE MENTION –

- ◇ Maryland Healthcare Human Resources Association

OUTSTANDING CHAPTER ACHIEVEMENT:

- ◇ Deborah Raynes – Virginia Healthcare Human Resources Association
- ◇ Kelly Klepsig – Maryland Healthcare Human Resources Association
- ◇ Sharon Connor – Maryland Healthcare Human Resources Association

OUTSTANDING CHAPTER OFFICER:

- ◇ Carol Tennant – West Virginia Healthcare Human Resources Administration
- ◇ Cathy Dancy – Virginia Healthcare Human Resources Association
- ◇ Denise O'Hara – North Carolina Healthcare Human Resources Association
- ◇ Joy Benedict – Kentucky Healthcare Human Resources Administration
- ◇ Sharon Kemp – Maryland Healthcare Human Resources Association

CONGRATULATIONS!

