Movin’ to Modesto

In our present economic situation, many friends are faced with finding themselves unemployed or, like one of my brothers who is a pilot, demoted to a lesser position with a cut in pay but still employed. I had a change in life’s circumstances that led me to leave a job I liked very much at Kaweah Delta Health Care District (KDHCD) in Visalia, CA, after 10 years. My reason is a pleasant one: my fiancé works in Turlock, CA, which is 140 miles north of Visalia, so I got a job at Doctors Medical Center (DMC) in Modesto, which is a mere 14 miles north of his workplace.

On December 17, 2001, I started this new position as Director of Imaging Services at DMC. I have all the experience necessary to do the job, and there are certain challenges and rewards to having a new job. The challenges are learning all

An Attitude of Gratitude

How mature are we? Now, considering the core audience of this periodical, that may be a strange question. Some of us can look in the mirror and observe by the color of our hair, or the lack thereof, how mature we are becoming. But, when you look at it from our standpoint as healthcare leaders, how mature are we? At our facility’s leadership forum last month, the chairwoman of our board of directors spoke to us and gave some great inspiration to all of our organization’s leaders. One of the points that struck me the most was a statement about gratitude and the maturity that it takes to show gratitude and to be gracious.

When you consider the root of those two words, it really boils down to a translation of thanks. How many times do we take a moment and offer thanks to those around us? Now, I know what you are thinking - “I thank people all of the time!” - but, what about those times when you have to go out of your way to thank someone?

The reason that my attention is focused on this particular topic has to do primarily with where we are as an industry, and the vast amount of work and resources that are directed toward retention of personnel.
Let’s Talk More Strategy

Last month I wrote about the new strategic planning process the board has developed over the last eight months. I gave an overview of the strategic planning cycle and what should and should not be included in the strategic plan. I also discussed the overview and core ideology sections of the plan.

There are four planning horizons that establish the framework for the strategic plan. What drives this framework is the Envisioned Future. This is a vision that is 10-30 years out and should describe where the organization wants to be in the future. Then the other three frameworks support that vision. I listed these last month and will discuss them in detail this month.

The Big, Audacious Goal

An envisioned future conveys a concrete, but yet unrealized vision for the organization. It consists of a big hairy audacious goal which is a clear and compelling catalyst that serves as a focal point for effort. It also includes a vivid description of what it will be like to achieve the big audacious goal. The AHRA Board is not finished with the vivid description. However, the big audacious goal is: “To be the association of choice for imaging leadership.”

Some members may think it should not take the AHRA 10 to 30 years to achieve this goal. At the current time the AHRA membership represents about 30%-35% of the potential imaging leadership market. If we were to expand potential membership to include first line managers, our membership probably represents a much smaller percentage of the total.

We know from our market research that our members are very satisfied with their association. The challenge for the Board is how to look into the future and try to approve programs and services that continue to meet current member needs and attract 10% to 30% more leaders to AHRA membership. To be the association of choice means we need to capture at least 50% of the potential market, and that is a definite stretch for the AHRA.

Working backwards from the envisioned future are the critical factors, which include assumptions, mega-issues and strategic choices. This framework spans 5-10 years into the future. Assumption statements developed by the Board will help AHRA purposefully update the strategic plan on an annual basis. The Board developed these categories for the assumptions: Social and Demographics, Industry Structure/Competition, Global Business Climate, Government/Politics/Regulation and Science and Technology. I have listed below the actual assumptions for your review.

Social and Demographics

1. There will be an increase in staff shortages creating higher demands on management.
2. Employees’ work ethics will be different - loyalties will be more self-centered.
3. There will be more telecommuting.
4. The labor force will continue to be more selective of working hours and conditions; production lines will not be tolerated.
5. The work force will be more transient.
6. The workforce will be aging.
7. Balance may shift from less work to more leisure time.
8. The field will continue to move from high-touch to high-tech in patient care and communication.
9. There will be more highly educated consumers demanding specific quality services.
10. Generations X and Y will prefer to receive information in different formats than today’s majority - immediate access and immediate results.
11. The gap between the haves and have nots will continue to grow.
12. The public will demand more screening procedures and more emphasis on wellness care.
13. There will be less healthcare dollars to take care of the population.
14. There will be more elderly patients to take care of - people living longer.
15. As people become more and more mobile, they will require some sort of transportable healthcare record.
16. Demographics will shift - the middle class will diversify along with country.

continued on page 5
Do you have employees who have selective hearing? I’ve been very explicit about the instructions I give to my employees regarding company policy. They hear it in their interview, again during orientation; receive it in writing in their employee handbooks, and just for good measure, I remind them at monthly employee meetings.

Do they forget? Think the rules don’t apply to them? What is it that I’m missing here?

Recently I had to fire two employees because they disregarded our time clock rule. It’s a fairly simple, straightforward rule that goes like this: Don’t punch anyone else in or out, and don’t have anyone punch you in or out. If you do, it’s immediate dismissal for both parties. Not too tough to understand, huh?

Excuses flew like pigeons when I confronted the offenders. One was punching in the other because the employee wasn’t able to get out of bed and get to work on time. Already on probation for continued tardiness, the employee allowed the co-worker to punch him in so he wouldn’t have to face the music.

You’ve been told you need to get to work on time, and the solution you choose (rather than getting out of bed earlier) is to convince a co-worker to do something that you know can get you both fired? And she does it. You’re caught and dismissed. And you’re both surprised?

My son has selective hearing and has been known to do some pretty dopey things while thinking rules don’t apply to him. But he’s twelve and has a lot of learning to do. The people I’m talking about are supposed to be adults.

Come to think of it, my husband at times has selective hearing, too, but fortunately, it usually works in my favor - like when he hears me casually mention to a friend that I love a certain kind of candy from a local store, and he stops by and buys me a box. That’s good selective hearing. See, he’s an adult and acts like one!

You make a no-smoking policy for the building, and people sneak cigarettes in the bathroom like we did when we were back in high school. You say no eating at the MR console, and crumbs on the keyboard show more disregard of policy.

Children think we make rules just to make them miserable, and that’s understandable, because they don’t have the maturity to understand the reasons behind the rules. But when dealing with adults, we expect better. We expect them to realize that some rules are reasonable and need to be respected. We expect them to act like adults.

In looking at the big picture, the majority of my employees do act like adults, and for that I am grateful. Now I just need to eat some chocolate and have a cup of tea to get over those who don’t.
CALENDAR

Conferences and Meetings

ahra Audioconferences

The CRA Program - What is It and What Do I Need to Do?
featuring Monte Clinton, FAHRA
April 25, 2002
1:00 - 2:30pm (EST)

Basic Training for New Administrator
featuring Bob Jacoby
May 23, 2002
1pm - 2:30pm (EST)

HIPAA Update
featuring John Travis
June 6, 2002
1pm - 2:30pm (EST)

Coding
featuring Melody Mulaik
June 27, 2002
1pm - 2:30pm (EST)

Interviewing Techniques
featuring Melanie Minarik
September 26, 2002
1pm - 2:30pm (EST)

Conferences

Electronic Imaging Conference
May 16 - 18, 2002
Catamaran Resort Hotel, San Diego

2002 Annual Meeting

Reflections • 30th Annual Meeting & Exposition
July 28 - August 1, 2002
Ernest N. Morial Convention Center
New Orleans
In conjunction with AERS

To register for any of the conferences, go to www.ahraonline.org or call (978) 443-7591. For other information on conference details, call toll free (877) 984-6338 or (301) 984-9450.

Registration & Exhibits
Corey Chandler x17
Jennifer Leo x12
Linda Hachero x13

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Around the

Chris Pickwick, FAHRA and Kent Butcher, FAHRA are both alive and well. Chris is working as Practice Manager for a group of OB/GYN physicians in Northern Virginia. He is living in Adelphi, MD, and can be contacted at (303) 422-8388 or cpickwick@aol.com. Chris is a former AHRA Past-President and Gold Award recipient. Kent is Chief Executive Officer for Oklahoma Oncology, Inc. located in Tulsa, OK. He may be contacted at kjb@oklahoma-oncology.com. Kent is also a past AHRA President. (Both Chris and Kent were inadvertently listed in our membership directory as “deceased.” We’re delighted to report... NOT SO!) AHRA is saddened to learn that Jim Ohnasty of Houston, TX was seriously injured in a motor vehicle crash in Memphis, TN with life threatening injuries. Jim’s family and friends would appreciate your prayers. Craig Hughes of Kingwood, TX can provide additional information. He may be contacted at chughes600@aol.com.

ahra

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Let’s Talk More Strategy

Industry Structure/Competition

1. Lower reimbursement will affect operations.
2. As resources in industry decrease, less funding will be available for associations.
3. There will continue to be consolidation of vendors (reduced to mega-vendors).
4. Other associations will affect AHRA’s structure and may decrease membership.
5. There will be an increase in membership cost.
6. There will continue to be consolidation within the industry and among professional associations.
7. ACR and ASRT will continue to exist.
8. There will be increasing turf issues among healthcare disciplines.
9. Into the market may enter a new competitor to the AHRA.
10. Competition will continue to increase - partially due to enhanced specialization and limited resources.
11. There will continue to be instability for organizations, including hospitals, companies and associations.
12. There will be an increase in nontraditional managers and pathways into the industry.
13. The physician’s role as gatekeeper may diminish (e.g. self-referral cardiac screening).
14. Vendors will continue to be global in nature.
15. There will be more electronic educational offerings.
16. Radiology as a specialty will become more therapeutic.
17. There will be increased attention to individual qualifications combined with competence.
18. The need for electronic medical records will drive major change in the industry.

Global Business Climate

1. Businesses will continue to educate consumers through marketing and different media, changing the consumers’ expectations of healthcare delivery.
2. Greater demand from a culturally diverse patient population will affect customer service delivery and staff training.
3. Companies will recruit outside the U.S. due to staffing shortages.
4. Electronic information will be transferred globally (PACS).
5. E-commerce will continue to be exploited successfully.
6. The U.S. will import innovation and technology.
7. Radiologists may become a surplus instead of being in demand, which would cause a fundamental shift in the politics of their work.

Government/Politics/Regulation

1. There will continue to be increasing requirements for accreditation and certification that increase the cost of providing imaging exams.
2. Government will continue to increase processes, rules and regulation - e.g. HIPAA law, MQSA type standards, and privacy laws on patient records.
3. There will be increased federal oversight of healthcare devices.
4. Public will continue to demand reimbursement of more preventative types of screening tests.
5. There will continue to be a decline in reimbursement.
6. Government payors will limit access to care based on established criteria.
7. There will be increased attention to and awareness about quality healthcare and imaging, including outcomes.

Science and Technology

1. There will be dramatically different delivery systems - e.g. all-inclusive scanning, voice recognition technology that allows radiologists to dictate in English and be transcribed in other languages, more non-invasive technology, computer diagnosis.
2. There will be rapid advances in interventional procedures - e.g. aortic stents, uterine artery embolization.
3. A large percentage of the industry will be PACS - computer-based.
4. Image transmission will allow practices to be "wall-less" and without boundaries, more global and faster.
5. Storage of data will become more secure.
6. Artificial intelligence will replace some radiologists.
7. Genetic mapping and manipulation will impact the industry.
8. Skill sets and competencies needed will change, affecting recruitment and selection of staff.
9. Technology will increase the affordability of procedures.
10. Radiology will increasingly be used for wellness, as well as diagnostic services.
11. Procedures will increasingly be automated, miniaturized and more portable.
12. There may be a cure for cancer.

Next month, I will talk about AHRA’s goals. Until then, take care.
new systems and getting to know a new staff, a new group of radiologists, and new colleagues. The rewards are that I have been warmly welcomed by all of these people and enjoy working with them. I am well respected for my knowledge and experience, and I received a raise!

I'm finding that I miss my friends and colleagues at KDHCD, and the ease of functioning that comes from a 10-year relationship with an organization. I knew who to call, how the system worked, and had earned the respect of my colleagues, even when I was asking the hard questions and challenging the status quo. I knew all the short cuts around the facilities and around the systems. In short, I was very comfortable.

Can you imagine having 14 years of supervisory and management experience and having to ask silly things like how the pages work, how to run a report from a different computer system, or the location of the closest bathroom? Everyone here at DMC has been so helpful; it just feels so awkward to have to ask. A friend of mine says I have an unreasonable expectation of “instant competence” in myself (I never expect it from anyone else), so now I have to learn to be comfortable NOT knowing everything and having to ask for help. I got a new boss four months before I left KDHCD who set a great example of how to come into a new organization, and I followed his lead. I came in listening and asking questions and did not change much right away, even though there were some things that seemed to need change.

The two organizations have similar problems: staffing, equipment, and “people issues,” and are the same ones voiced by AHRA members and non-members alike. It has been rewarding to take the lessons I learned at KDHCD and apply them at DMC. For instance, through the process of trial and elimination, we had come up with a rather good format for staff meetings at KDHCD. I can now use that format to teach some of those same lessons here at DMC, and our staff members have responded positively. One of the presentations I gave for the DMC staff was one that was done at KDHCD, “Creating a Vision for the Future.” I thought since we were new to each other that would be a good place to start. Each month since then, we have built on what we agreed to in the first meeting, checked out progress on the agreements, and added new ones. It has been a good team building effort.

KDHCD is a stand-alone, not-for-profit healthcare organization and my experience there was mostly “bottom up,” in the sense that, as a director, I made recommendations, prepared the budget each year, and fought for scarce capital dollars and human resources. I decided the vendors with which to do business. I could always go off the GPO as long as I was saving money. Tenet has a corporate-wide initiative called “Target 100,” encompassing patient, employee, and physician satisfaction, which has been pretty successful. In studying for my MHA, we discussed several times in class how in healthcare we don’t really put enough effort into customer satisfaction, and we make attempts at improvement by having a mandatory one-hour class. Tenet has invested in each facility having teams of people who are there to focus on each of the areas and to teach repeatedly what it takes for successful customer service. There is competition among the hospitals to see who can get the best scores, with the target being to get 100 in all three areas.

Being in an organization with “new eyes” is helpful to all concerned, because one has no history to filter what one observes. Everyone has the opportunity to review and reflect and work together to refine processes to make them better. The move has been a good thing for my personal and professional life. Change is good!

“Change Is Good!”

Web site of the Month

This month’s featured web site is

www.healthpronet.org

An informational and easy to navigate site. Each month a different allied health profession is featured. The site also has a comprehensive list of U.S. allied health organizational links.

Submissions Needed!

Please consider suggesting your site or one you like. Send all addresses to:

Link@ahraonline.org

No commercial submissions, please.
An Attitude of Gratitude - A Sure Sign of Maturity

Most of the research in the field concerning retention helps us to appreciate that the most important thing that we can do for our employees is non-financial. The feeling of being appreciated for their contributions is always near the top of the polling data. And what is the easiest way to express that appreciation? Thank you!

Our QC/PI coordinator put together a service quality committee for the combined Imaging Services group. One of the initiatives that the committee recommended to the department leadership was to do thank-you cards for people in the department. The key is that it does not have to be for something major - recognition for little things that cumulatively add up to bigger things is sufficient, and you would be surprised at how our employees appreciate their cards. The feeling is, SOMEBODY NOTICED ME! Be free and open about saying thanks to everyone, whether subordinate, peer, or superior. It is a sign of your growth as a leader.

If you have studied the concepts of organizational behavior, you remember the difference between legitimate power and referent power. Legitimate power is what you have by reason of position and authority. However, a true leader survives and achieves by his or her referent power, or the power of a positive example. If you foster a culture of gratitude by being foremost in demonstrating it, those who work with you will see this and begin to emulate it. Before long, your referent example has made a positive impression on all onlookers. It also demonstrates your maturity as a leader.

Which brings me back to my beginning statements. I had to ask myself, “How mature am I as a leader? Do I willingly express gratitude? Do I make the effort to be gracious whenever possible?”

These are great questions for everyone in a leadership position. Our age or position doesn’t always express maturity; rather, it tends to be demonstrated in our attitude. And if we develop an attitude of gratitude, we have already made the necessary strides to be stronger leaders, for we will demonstrate the maturity needed to lead. By the way, thank you!

New Pocket Credential Card Debuts...

Almost similar, but slightly different, the new American Registry of Radiologic Technologists (ARRT) credential card isn’t exactly turning heads, but it is getting noticed.

Beginning January 15, technologists who pass an ARRT exam are receiving a newly designed ARRT pocket credential card. The new card will be phased in for renewing R.T.s in 2003.

The new card’s appearance differs slightly from the previous version: the AART logo is printed in color, and the copy-guard panel is solid rather than textured. But durability is the major improvement in the new card. Improved print quality means that the ink will not wear off as it sometimes has with the previous card.

To compare the new cards, visit the R.T. Directory under the “Registration” page at www.arrt.org.

Top Ten Reasons to Attend the 2002 AHRA Annual Meeting in New Orleans:

10. Crawfish, Catfish and Etouffee
9. Visit with old and new friends over beignets and coffee
8. 90 information-packed sessions
7. Get hypnotized (literally!) at the Opening General Session
6. Easy on-line registration
5. Bourbon Street, museums, shops
4. 150 exhibitors to see
3. The Silent Auction
2. A great mardi gras parade and party at the Aquarium
1. In-depth expanded-format sessions

To view a complete list of sessions and to register now, visit www.ahraonline.org
See you in ‘Nawlins!
ARRT Reports Increased Exam Volume in 2001

More candidates took American Registry of Radiologic Technologists (ARRT) exams in 2001 than the previous year, with primary exam volume increasing for the first time in six years - an encouraging sign in these times of staff shortages. ARRT attributes the increase in its post-primary volume to the leveling off of candidates following introduction of clinical experience requirements. Each year, ARRT publishes the Annual Report of Examinations providing detailed statistics regarding its primary exams in Radiography, Nuclear Medicine Technology and Radiation Therapy. The report is distributed to educational program directors and other interested parties.

AHRA Office Move Goes Smoothly

AHRA's move to new offices at 490-B Boston Post Road, Suite 101, Sudbury, MA 01776 went very smoothly. With less than a day of inaccessibility, AHRA staff were unpacked and ready to serve AHRA members on Monday, March 25, 2002. "From the phone company to the computer consultants to the movers, everything that needed to fall into place did, and made the move a breeze," reported Mary S. Reitter, AHRA's Executive Director. She credits the AHRA staff with incredible preparation for the move, including sorting through and repacking over two tons of documents.

AHRA Board of Director Nominations

While many voluntary associations today have difficulty recruiting qualified people to fill key volunteer roles, AHRA has been fortunate to have more than 30 member express interest in serving on the AHRA Board of Directors. DiAnne Wallace, the AHRA Nominations Committee Chair, said "This year's group of nominees is excellent. The Committee has many difficult decisions to make among a very qualified group of AHRA members." The Committee has been carefully reviewing materials submitted by potential candidates and will be presenting a slate of candidates to the membership for vote in May.

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**POSIIONS OPEN**

**Director of Imaging Services**

Brunswick, Georgia

The Southeast Georgia Health System is a not-for-profit 332-bed hospital and the largest, full-service provider serving residents of 13 counties and more than 150,000 people. The City of Brunswick is located on the mainland, while the Golden Isles of Georgia: St. Simons Island, Sea Island, Jekyll Island and Little St. Simons, lie to the east. The Director of Imaging Services will manage the radiological and radiation oncology services for the Southeast Georgia Medical Center, along with two Family Care Centers. The successful candidate should have minimum of 10 years clinical experience and a Bachelor of Science degree in a technical field. Contact: Cynthia Seeba, Tyler & Company, e-mail: cseeba@tylerandco.com

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**Manager, Radiology**

Tucson, Arizona

Tucson, Arizona is home to the University Medical Center, a nationally recognized state-of-the-art teaching hospital and cancer treatment center. We have wonderful opportunities available for caring individuals seeking continued professional growth.

Responsible for the operation of Diagnostic Imaging, Cardiac Catherization, MRI, PET/CT, CT, Nuclear Medicine and Ultrasound. This position is responsible for managing the operation of these services, ensuring that the highest quality patient care is provided, and for the development and implementation of policies and procedures that support the goals of the organization.

Required: A minimum of 2 years of experience in a similar role with a strong background in clinical and administrative skills. A Bachelor’s degree in Radiologic Technology or a related field is preferred. Must have strong interpersonal and management skills, and the ability to work effectively in a team environment.

Address the following to: Mario Soto, Manager of Business Operations, University of Arizona Medical Center, 1501 N. Campbell Avenue, Tucson, AZ 85724-5062. Email: mario.soto@azpm.org.

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**DIRECTOR OF RADIOLGY**

Sarasota Memorial Hospital, Florida’s second-largest public hospital and the proud recipient of the 2001 Governor’s Sterling Award, is now in major renovations for a brand new Radiology Services Department. Please visit www.smh.com for details. A new $120 million, 5-story radiology tower is scheduled to be completed by 2005. The new state-of-the-art equipment includes PET/CT, MEG, Ultrasound, Angiography, Cardiac CT, Nuclear Medicine, and Projected X-ray. The Director of Radiology will manage all aspects of the radiology department, including but not limited to, administration, quality assurance, research, and capital development. The successful candidate should have a minimum of 5 years of experience in a similar role and a strong background in clinical and administrative skills. A Bachelor’s degree in Radiologic Technology or a related field is preferred. Must have strong interpersonal and management skills, and the ability to work effectively in a team environment. Contact: Cynthia Seeba, Tyler & Company, e-mail: cseeba@tylerandco.com
Radiology Directors/Managers

Ready to choose whether or not you want to continue working 55 hours a week/50 weeks a year? Attractive interim opportunities exist in many facilities nationwide! If you would accept a short-term assignment, send resume, requirements, and the names, addresses, and phone numbers of four professional/managerial references to: the Nielsen Healthcare Group, Dept I, 8460 Watson Rd., Suite 225, St. Louis, MO 63119 or fax to (314) 984-0820 or e-mail nhcg@primary.net. No fees.

Director of Radiology Services

Memorial Hospital of South Bend seeks a qualified candidate to oversee both inpatient and outpatient Diagnostic Radiology Services. Responsibilities include developing and administering all activities related to budget control, and the supervision of a staff of 70 FTEs. The Radiology Department has recently implemented its first PACS system and interacts frequently with a very progressive trauma center. Candidates considered will possess the following background:

- Minimum of three years of recent and progressively more responsible experience in the management of a diagnostic radiology department
- Demonstrative interpersonal skills; assuring positive public and departmental relations
- Some experience in the daily operational aspects of maintaining an effective and high-volume outpatient radiology center and familiarity with PACS system is preferred

Qualified candidates should contact: Carol Lyleford, PHR, Memorial Health System, 702 N. Michigan St., South Bend, IN 46601, e-mail: cliford@memorialsb.org, fax: (219) 284-7448.

Assistant Director, Diagnostic Imaging

An excellent opportunity exists with St. Dominic-Jackson Memorial Hospital, a 571 bed acute care facility and major referral center in Jackson, MS. The Assistant Director, Diagnostic Imaging reports to the Administrative Director, Radiologic Services and supervises 120 full-time employees with a total revenue budget of $50M. The range of services consists of Diagnostic imaging, CT, MRI, Ultrasound, Mammography, PET-CT, Nuclear Medicine, Interventional and Neuro-Interventional Radiology, Surgery, and Radiation Therapy.

Bachelor's degree and ARRT certified with 3 years of supervisory/managerial experience. Attractive base salary, full benefits package and relocation assistance provided. Contact: Baumann & Associates Inc., 2265 Roswell Road, Suite 100, Marietta, GA 30062.

Tel: (770) 509-2237; Fax: (770) 509-2238; E-mail: jbaumassoc@aol.com

Director of Radiology

San Francisco

Oversee inpatient, outpatient and ED coverage of all x-ray services, with a staff of 30+. Lots of opportunity to make changes and improve the department, with strong support from hospital administration. Very generous compensation package. BA with ARRT, CRT and minimum 3 years management experience preferred.

Contact Shelly Harris, Executive Recruiter
(702) 891-8478 or e-mail SHarris630@aol.com.
In a major shift, the Department of Health and Human Services (DHHS) has proposed significant changes to the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Changes have been proposed in sections of HIPAA governing consent and notice, minimum necessary and oral communications, business associate agreements, marketing, parents and minors, use and disclosure for research purposes, and use and disclosure requiring authorization. In addition, DHHS is seeking comments on an alternative approach to de-identification.

No Written Consent

The proposed rule calls for the elimination of the need for a written patient consent to allow providers to use protected health information for treatment, payment and operations. Opponents of the original rule argued that the provision requiring written consent was fraught with regulatory complexity and would inhibit access to health care. The proposed amendment would require providers to use their best efforts to obtain a written acknowledgement of receipt of their notice of privacy practices.

Under the proposed rule, a direct treatment provider must attempt to obtain the acknowledgement at the time of first delivery of services, the same time as the notice of privacy practices must be given to the individual.

In emergencies, the provider may delay provision of the notice until it is reasonable and is not required to seek the acknowledgement. The proposed rule does not specify the form of the acknowledgement, but does require it in writing. Failure to obtain an acknowledgement would not be a violation of the privacy rule, so long as the provider has made a good faith effort and has documented its efforts and the reasons for the failure.

Easier Information Sharing

In addition, the proposed changes give payers and providers more ability to share health information for payment and operations. Currently, HIPAA permits a provider to use health information for its own purposes, but prohibits sharing of information with another provider to obtain payment or for quality assurance activities.

The proposed rule would allow sharing as long as both entities have a relationship with the individual receiving health care services. The proposed rule specifies that disclosure is limited to quality assurance and improvement activities, case management, accreditation, certification, licensing and related credentialing activities, and healthcare fraud and abuse detection and compliance programs.

Minimum Necessary Rule Same

Largely unchanged in the proposed rule are regulations around oral communications and the minimum necessary rule. Under HIPAA, incidental disclosures resulting from such activities as discussions at nursing stations, in elevators and the use of sign-in sheets were explicitly prohibited.

While DHHS guidance indicated that the rule required a common-sense approach and that it was not intended to guarantee privacy against all risks, the proposed rule makes this more clear by allowing incidental uses and disclosures of protected health information, such as calling out names in a waiting room. The proposed rule emphasizes that erroneous or careless disclosures are not excused.

The minimum necessary rule limits the use and disclosure of protected health information for payment or healthcare operations to the minimum necessary to accomplish the intended purposes. Providers must establish policies and procedures to identify people who need routine access to protected health information and the type of information they need and limit access accordingly. DHHS did not propose changes in the language of the minimum necessary rule.

The proposed rule was expected to be published in the March 27, 2002, Federal Register. Comments on the proposed changes will be accepted for 30 days following publication. For more information, including a fact sheet on the proposed changes, visit www.hhs.gov/ocr/hipaa.

An AHRA Audioconference on HIPAA will be held on June 6, 2002, featuring John Travis. To register, visit www.ahraonline.org/conference.htm.
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POSITIONS OPEN

Director, Imaging & Oncology Services

Located in a rapidly growing mid-sized California city, our client is seeking effective leadership for these two services, which support three hospital campuses. The setting is being enriched through several initiatives, including a new MOB and bed wing and significant MRI and PET investments. Attractive candidates for this position will have progressed through increasing levels of responsibility after completion of an accredited Radiology Program, having served minimally for five years in an Imaging Leadership role and perhaps having assumed additional departmental duties. Interest parties should contact Stuart Fishler at Avon Partners: (310) 575-4848 or stuartfishler@avonpartners.net.

Administrative Director Radiology

Eastern Pennsylvania based Hospital, full service department. Excellent opportunity to grow program. Strong leader/entrepreneur. Contact: Drew Hussar, DHR International, (617) 742-5899, ext 3008, Dhussar@dhrintl.net.