

## ACHE-NEVADA CHAPTER

QUARTER 2 – JUNE 2019

### PRESIDENT'S MESSAGE



**Vick Gill, MD, FACHE**  
**President, ACHE-Nevada Chapter**

I'd like to take this opportunity and thank ACHE-Nevada membership, committee members, Board of Directors and Officers for all the hard work we have accomplished this year. By achieving the "Award for Chapter Excellence" from ACHE for two years in a row, we have been recognized as one of the highest performing chapters in the country. This was achieved by the collective efforts of everyone in the ACHE-Nevada Chapter, but we must keep the momentum going!

Our Chapter committees have been hard at work and I'd like fill you in on what we've been doing and how you can get involved.

**Program/Social Committee:** ACHE Nevada was proud to sponsor the **2019 Health Law Conference** on cost containment in healthcare on February 22<sup>nd</sup>, the **3<sup>rd</sup> Annual Women's Leadership Breakfast** on March 8<sup>th</sup> at UMC, and the **2019 Nevada Diversity Inclusion Summit** on April 11<sup>th</sup>. Special thanks to **Peggy Nelson**, CEO of Encompass Health, for hosting ACHE Nevada at Cocktails with the Chief on May 30<sup>th</sup>. It was a great to learn about rehabilitation services in Las Vegas. We will be hosting another Cocktails with the Chief event on July 10<sup>th</sup> with **Katie Grimm**, who is the CNO of Saint Mary's Regional Medical Center.

Looking forward, I welcome you to participate in our "**Networking at the Ballpark & New Member Welcome**" event on July 25<sup>th</sup> at the home of our new baseball team, the Las Vegas Aviators. You can purchase tickets by going to our website and clicking events. It'll be a great opportunity to meet fellow ACHE Nevada members and get involved in the chapter!

Finally, keep your calendars marked for the **2019 Nevada Healthcare Forum** on October 8<sup>th</sup> which is the premier healthcare educational event in our state. This year's event will focus on federal and state changes in healthcare policy, payment reform, consumer engagement and disruptive innovation.

In addition to the Nevada Healthcare forum, ACHE Nevada will be hosting panel discussions in August and September on Healthcare Executives Role in the Opioid Crisis and Leading a Culture of Safety.

**Certification Committee:** ACHE Nevada will be putting on our first ever **Board of Governors Exam Review Course** on October 4<sup>th</sup> and 5<sup>th</sup>. The course will be taught by local subject matter experts and you will receive course review material prepared by ACHE specifically for the exam. Please register yourself or find someone looking to advance to fellow status and remember, ACHE Nevada will reimburse you for your application fee when you obtain your FACHE credential!

It is an honor to serve as ACHE Nevada's President and please let me know if there is anything I can do to help or support you. You can always reach me at 518-369-9534 or by email at [Vick.Gill@umcsn.com](mailto:Vick.Gill@umcsn.com). Thank you for all that you do in making this a successful year and excellent chapter.

-Vick



**Teresa M. Conley, RN, MBS, MSN, DPA, FACHE**  
**Regent for Nevada**

### **Higher Education Network: University of Nevada - Las Vegas (UNLV)**

**Scholarships:** Engaging students is important for the ongoing growth of the chapter. Most importantly, it benefits and supports the next generation of healthcare leaders. The Nevada Chapter of ACHE was pleased to offer healthcare Congress scholarships to students in the UNLV Healthcare Administration Program. Five students were sponsored to attend Congress in Chicago in March. The Chapter also provided educational, graduate and undergrad scholarships for three students for the academic calendar year in the healthcare administration program.

### **Nevada 2019 Legislative Session**

Recently, a number of CEOs and healthcare leaders attended **Healthcare Day at the Legislature** in Carson City. There are numerous bills in process that impact healthcare and hospitals. The Nevada Hospital Association tracks and coordinates response related to these bills and represents hospitals across Nevada. A sampling of these bills includes staffing ratios, safety and security, balanced billing and medical staff education. More to come as these bills move through the process and amendments.

### **2019 Congress on Healthcare Leadership**

I joined over 4,000 others in attending the 2019 ACHE Congress on Healthcare Leadership in Chicago in March in pursuit of education, knowledge, advancement, professional growth and inspiration. I never leave disappointed. There are hundreds of opportunities and resources to improve leadership skills, learn about the future of healthcare and hear from healthcare policy makers in our country. Congress draws the full spectrum of healthcare leaders. There is something for everyone, seasoned healthcare leaders, mid-careerists, novices and students.

When you consider the elements of a profession:

- Specialized body of knowledge and research
- Specialized training
- Defined scope of practice
- Ethical standards

It all comes together at Congress. This year, ACHE celebrated 86 years of service to healthcare leaders. ACHE is more relevant than ever. You can be involved by joining your local Chapter.

### **Congratulations to Nevada Graduates Awarded Fellow Status at Congress:**

- Ram K. Singh, MD, FACHE
- R. Keenan Underwood, CPA, FACHE
- Michael R. Wolff, FACHE

### **Nevada Chapter - Award for Chapter Excellence**

On behalf of the Nevada Chapter and Chapter President **Vick Gill**, FACHE, we were awarded the Award for Chapter Excellence presented at Congress. Your Nevada chapter met three out of four performance measures: Education and networking, membership growth, member satisfaction and advancement of eligible members.

### **SPOTLIGHT: Patrick Hays, LFACHE**

As part of my quarterly update, I will be featuring an interview with emeritus healthcare leaders. These are leaders who are ACHE members or Fellows, with a wealth of wisdom and experience having served in leadership roles and contributed to ACHE through their involvement, leadership and role modeling.

**Biography:** Mr. Hays started his exemplary career in the US Army Medical Service Corps where he was the program administrator for CHAMPUS and has served in Europe, the Middle East and Northern Africa. He has held administrator positions in Henry Ford Hospital in Detroit, MI; Methodist Medical Center in Peoria, Ill; Kaiser Permanente in Los Angeles, CA. He was CEO of Sutter Health for 15 years in Sacramento, CA; Chairman of Trinity Health Corporation and CEO of Blue Cross/Blue Shield. Mr. Hays is a Clinical Professor of Graduate Health Services Administration at USC and in 2003 received the ACHE Gold Medal Award.

### **When did you know that you wanted to be a hospital administrator?**

*When I was in high school, a teacher reviewed my SATs and she mentioned that I had the right personality for a healthcare administrator. My heart has always been with knowing that I am in a career that provides care to those who need it most, patients.*

### **You have had a long and outstanding career in healthcare. What are some of the most important lessons you learned that you would like to share with ACHE chapter members?**

*As a healthcare leader in any senior position for any institution there are three components to evaluate: 1) Finance 2) Facilities 3) People (the board, the staff the medical staff) and decide what you can and cannot change. Keep an eye on*

the composition of your Board as this can change over time. You also need to evaluate if there is enough room in the corral for growth. Determine your driver: are you position driven or geography driven. Will you go to where the opportunity is or do you need to grow in one location. Look to your boss and if you don't have a mentor, get one.

**At one point in your career, you moved from hospital administration to the insurance industry. What was that experience like for you?**

While some knowledge is transferable, I still learned a lot. I was also ostracized by some in the hospital community. It was an interesting experience.

**You continue to contribute: You sit on a couple of boards, one hospital and one university affiliated; you are an advisor to management; and on occasion, still teach at the graduate level. What is next for you?**

I will continue to serve as an advisor on a number of boards. I enjoy teaching, mentoring and am affiliated with USC and will continue to serve as faculty.

**What value have you found with ACHE membership?**

Careers like organizations, need to be actively managed and ACHE linkage is one of the most powerful career management tools I have found in my long career. ACHE will guide you in this One of my proudest moments was when I walked across the stage and received my Fellow diploma.

### Welcome to Our New ACHE-Nevada Chapter Members



Andrew Welcome	Harry L. Schawl, III, FACHE	McKenzie C. Brucker
Asia K. Dean	Jaeson Kaylegian	Michelle J. Ritchie, JD
Beth Louton	Jamal Sims	Michelle J. Vaughn
Bryon J. Pinson	Jason E. Meuir	Michelle L. Sanchez-Bickley
Capt Giselle Rieschick, DBA	Jason E. Meuir	Monica Myles
Christi L. Keliipio, FACHE	Jennifer Chen	Patrick Garcia
Christopher J. Laird, MSN, MBA	Jennifer Fong	Peggy W. Kearns, FACHE
Colby Clendenin	John D. Hackett	Robert E. Ahrens , II
Daniel Egbert, DMD	Laurine Tibaldi, MD, FACP	Robert K. Smith, II
Dave Palmisano	Lisa M. Lyons, RN	Shane Bergeson
David Estorga	Lisa Nummi, DNP	Sheila Evans
David Estorga	Lonnie Richardson, Jr.	Wendy Noble, BS
David G. Veillette, PhD, LFACHE	Maisha Moore, MSN, RN	Yvonne P. Logan
Debbie E. Thompson, BS	Marissa Giamanco	

### MISSION

The mission of the ACHE – Nevada Chapter is to be the professional membership society for healthcare executives; to meet its members’ professional, educational, and leadership needs; to promote high ethical standards and conduct; to advance healthcare leadership and management excellence; and to promote the mission of ACHE.

### New Member 2019 Marissa Giamanco

“Since joining the American College of Healthcare Executives it has helped guide me as a Healthcare Administration and Policy student in many ways. I’ve had the opportunity to connect with amazing healthcare professionals. ACHE helped me build professional relationships with others that hold the same passion that I have in healthcare. ACHE has demonstrated leadership skills and knowledgeable information to advance my career. This has been one of my best decisions. I plan on continuing my education and finding innovative ways to help the needs of our community and I thank those who work and do all they can to contribute to the ACHE organization.”



Special recognition  
to Jeremy  
Bradshaw,  
Immediate Past  
President, for his  
service to the  
Nevada Chapter  
2017 – 2018



## RECENT EVENTS

### Nevada Annual Diversity and Inclusion Summit

By David Loaiza-Funk



On April 11, 2019, ACHE-NV hosted the **3<sup>rd</sup> Annual Nevada Diversity and Inclusion Impact Summit** in Carson City, NV. This activity was approved for 1.5hr Face-to-Face ACHE credits, and It was broadcasted to the Southern Nevada location where members were able to participate remotely from Las Vegas. The event was moderated by David Loaiza-Funk, MHS, CLSSBB, CMI/CHI, and panelists included **Tina Dorch**, Program Manager for the Nevada Department of Health and Human Services Office of Minority Health and Equity, **Amber Maraccini**, Director of Service Excellence for Renown Health, and **Jovannie Esquierdo-Leal, M.A.**, The University of Nevada Reno PhD Student.

As Nevada becomes a majority-minority State, our call-to-action as healthcare leaders is to improve the data collection related to race, ethnicity and language of preference, and act upon those results to be more inclusive and equitable. In case you missed the event, a recording of the panel discussion and handouts can be found: [HERE](#)



Great efforts of such successful educational activity was possible with the collaboration of the Nevada Minority Health and Equity Coalition (NMHEC), which led to getting the month of April declared as Minority Health and Equity Awareness month.

### Cocktails with the Chief

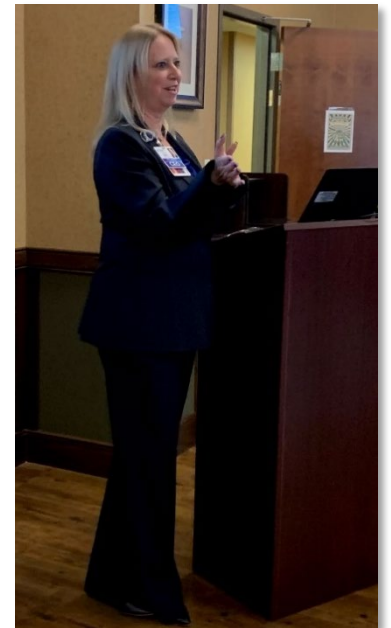
**Peggy Nelson, Chief Executive Officer – Encompass Health Rehabilitation Hospital of Desert Canyon**

By Ron Loweke



Encompass Health Rehabilitation Hospital of Desert Canyon hosted the first, "Cocktails with the Chief" featuring **Peggy Nelson**, CEO, in Southern Nevada on May 30<sup>th</sup>, 2019. The event originated from Northern Nevada and its purpose is to bring the local ACHE community together for networking and educational opportunities. The event on May 30<sup>th</sup>, provided the ACHE community the mission and vision of Encompass Health, challenges inpatient rehabilitation facilities (IRF) are facing in the healthcare platform, along with initiatives Desert Canyon has implemented to enhance the patient experience. There were over fifteen people who attended the Southern Nevada event.

The Program Social Committee of the ACHE Nevada Chapter will continue to enhance and bring more events to the both Northern and Southern Nevada ACHE members.



## Mentoring Mix Up

By Lisa Barnes

We had a successful **Mentoring Mix Up** on May 22<sup>nd</sup> at **Nevada Donor Network**. On our Executive Panel was **Kurt Houser**, Chief Human Resources Officer at University Medical Center, **Ryan Jensen**, Chief Executive Officer at Desert Springs Hospital, and **Brian Wood**, Vice President of Human Resources at MountainView Hospital, and was moderated by **Sara Levinson**, Director of Human Resources at Nevada Donor Network. After the panel discussion, mentees had a speed mentoring session with the panelists along with several other seasoned healthcare professionals. Mentees were able to spend three 10-minute rotations talking to different mentors to gain insights from a variety of different perspectives. To follow are some of the takeaway messages from the discussion:



- 1) Before going into an interview do your research. Expressing knowledge about the company helps to show that a candidate is very interested and leads to a more productive discussion.
- 2) Be personable. Sometimes applicants are laser focused on preparing for the “cookie cutter” typical responses during an interview. It is refreshing to let your individual personality shine through.
- 3) For those with minimal or no healthcare experience, gain experience by volunteering at healthcare organizations.

In the ever changing and highly competitive healthcare industry, mentorship is a valuable part of professional growth. Mentorship is mutually beneficial, as it allows mentees to gain insight and professional development and it provides mentors with personal satisfaction through support and development of others.



If you would like to hear more about how you can become a mentor or mentee, please contact: The Mentorship Committee Co-Chairs, Sara Levinson & Joe Mount at [ACHEmentorshipNV@gmail.com](mailto:ACHEmentorshipNV@gmail.com)

*On behalf of the ACHE Nevada Chapter, I would like to thank Nevada Donor Network for graciously hosting this event at your facility!*



## MENTORSHIP PROGRAM

Matt Frye

An integral component of any executive’s career is intentional and sincere mentoring. The Nevada Chapter of ACHE recognizes the important role a mentor can have on an up and coming healthcare executive and accordingly has created a Mentorship Committee.

The committee, which consists of experienced executives, was created to help provide developmental support for our members. This year we have successfully matched 51 mentees with 34 mentors, almost doubling from prior year. The Mentorship Program encourages a professional and personal relationship that will bring continued success for both participants.

# the heart of MENTORING

*Getting the most out of life  
ISN'T ABOUT HOW MUCH  
you keep for yourself,  
BUT HOW MUCH  
you pour into others.*

—David Stoddard

"I've enjoyed working with and learning from my 3 protégés. All are mid to upper career leaders and all bring a maturity to our conversations. We've had meaningful career and life discussions that have made me a better leader and person."

**Kurt Houser - Mentor**

"As a mentor, one of my mentees has been very eager to follow my path in a for-profit hospital operations route. As a first year MHA student at UNLV, he has completed every assignment I've tasked him with so far. First, it was reaching out to and establishing contacts via LinkedIn with various healthcare leaders around Las Vegas. As we progressed in our mentor-mentee relationship, we started looking at where he would want to apply for a post-grad job in about a year from now. I gave him my list of contacts from various for-profit organizations around the country (HCA, CHS, UHS, LifePoint, etc.) and he is actively reaching out their program recruiters to get an early start on establishing a relationship. I have no doubt he'll learn what he needs to learn in the classroom, and network the right way to land a stellar job once he graduates."

**Joe Mount - Mentor**

"I met with my mentor Brett Lee last month and it was great. He was able to tell me what he went through when he was applying for fellowships and what he recommends. We bonded quite easily as he was in the same situation as I am in now. His completely understood my personal struggles as I am SUPER pregnant and finishing grad school haha. When he was finishing grad school and applying for fellowships, his wife was pregnant. Crazy! I've reached out to him since then and I will be sending him my resume for his review soon before I start applying for fellowships this summer.

What I want out of the program is a long term mentor that I am able to learn from with what he did that made his career or what he recommends not doing that can put a stop in my career. In addition, as i'll be graduating soon, the transition from having a regular job into a healthcare job is also something that I seek guidance in."

**Lotus Herrera - Mentee**

"It's been so positive."

**Brett Lee - Mentor**

"I was beyond impressed with her initiative and her questions. She overall was more interested in having someone to talk to about things than using this for a job connection."

**Paige Laughlin - Mentor**

"I joined the mentorship program in hopes of finding someone to discuss how I could someday be in their shoes. What I got was so much more than that. I have been lucky to be paired with a mentor that introduces me to a goldmine of networking opportunities, goes over the importance of transparency, and how every leadership style is different."

**Taylor Johnson - Mentee**

"The best thing you can ask for from a mentee is someone that has a strong desire to learn and wants to have real discussions about developing the skills and mindset that will get them to where they want to be in the future. As a mentor it is rewarding to see these traits and to help open doors for further development and progress."

**Collin McLaughlin - Mentor**

"My mentor is Sara Levinson. I have really enjoyed getting to know Sara. She is an invaluable resource and I believe she will benefit my career greatly. She challenges me and always has an assignment for me to complete when we meet. She is really easy to get along with and I find myself wanting to learn as much as I can from her. I'm really glad I chose to participate in this program and I feel lucky to have been matched with Sara."

**Brandon M Osborn, MHA - Mentee**

"This is my second year participating in the ACHE-NV Mentorship Program. The first year expanded my professional and personal networks by greatly empowering my personal development. The program has encouraged me to follow my dreams and passions. My current mentor, Matt Wadsworth has already helped me develop and maintain a broader perspective on career options and opportunities. I want to continue to get out of the program increased jobrelated well-being, self-esteem, and confidence to prepare for my future and heightened career aspirations."

**Jay Hay - Mentee**



# 2019 MEMBER NEEDS ASSESSMENT



## UPCOMING PROGRAM AND SOCIAL EVENTS

July 10	5:30pm - 7:00pm	Reno	<b>New Member Welcome &amp; Cocktails w/ the Chief - Katie Grimm, CNO</b> Liberty Food & Wine Exchange 100 North Sierra Street, Reno, NV 89501 <a href="#">RSVP: Katie Grimm</a>
July 25	6:30pm	Las Vegas	<b>Las Vegas Aviators' Game - Networking and New Member Welcome</b> Las Vegas Ballpark 1650 South Pavilion Center Drive, Las Vegas, NV 89135 <a href="#">BUY TICKET: Aviators' Game July 25</a>
August TBD	TBD	Reno  Las Vegas Remote Broadcast	<b>Panel Discussion: Healthcare Executives Role in the Opioid Crisis</b>  <b>UMC</b>
September 4-5	TBD	Lake Tahoe	<b>Nevada Hospital Association Annual Meeting</b> Hyatt Regency Lake Tahoe Resort, Spa and Casino <i>Details To Be Announced</i>
September TBD	TBD	Las Vegas  Reno Remote Broadcast	<b>Panel Discussion: Leading a Culture of Safety</b>  <b>TBD</b>
October 4	12:00pm - 5:00pm	Las Vegas	<b>Board of Governors Exam Review Course</b> <b>Details TBA</b>
October 5	8:00am - 5:00pm	Las Vegas	
October 8	7:00am-6:00pm	Las Vegas	<b>Nevada Health Care Forum</b> Enclave Event Center - 5810 South Eastern Ave, Las Vegas, NV 89119 <a href="#">Registration: Nevada Health Care Forum 2019</a> <i>Details To Be Announced</i>
October 18	800am - 9:30am	Reno	<b>Reno Women's Leadership Breakfast</b> <b>Location TBD</b>
November 21	7:30am - 9:00am	Reno	<b>Breakfast w/ the Chief - Alan Olive, CEO MPH, MHA</b> Northern Nevada Medical Center - Sparks Medical Office Building 2385 E. Prater Way, Ste 309, Sparks, NV 89434 <a href="#">RSVP: Alan Olive, CEO</a>

*Thank You!*  
to our Sponsors

Networking at the Las Vegas Ballpark



# Member Spotlight



## Matthew Wadsworth

Vice President of Clinical Affairs, Nevada Donor Network

**Number of years in your position:** 3 Years

**Alma Mater(s):**

Wapakoneta High School in Wapakoneta, Ohio

Wright State University in Dayton, Ohio

University of Toledo in Toledo, Ohio

Ohio University in Athens, Ohio

**Hometown:** Wapakoneta, Ohio

Matthew Wadsworth began his career at Indiana Donor Network in Indianapolis, first as an Organ Recovery Coordinator for the organization, and eventually serving as Manager of Organ Services. With more than ten years of healthcare experience, he brings a wealth of knowledge specific to donation. Wadsworth earned his Bachelors of Science degree in Biology from Wright State University in Dayton, Ohio; and a Masters of Business Administration from Ohio University in Athens, Ohio. He holds a certificate in Health Care Management from Indiana University-Purdue University Indianapolis; and a Graduate Certificate in Human Donation Services from the University of Toledo, Health Science Campus in Toledo, Ohio. Matthew is an active member of the Association of Organ Procurement Organizations (AOPO) Procurement Steering Committee and the North American Transplant Coordinators Organization (NATCO) Planning Committee. He is a member of the American College of Healthcare Executives (ACHE) Board of Directors, serves on the University of Toledo Human Donation Services Advisory Board, and serves on the Organ Donation and Preservation Advisory Board. Matthew also serves as a consultant for Transplant Logistics and Informatics (TLI), a Baltimore based company examining the use of drone technology to move human tissue, blood, and organs safely around the country. In his role as Nevada Donor Network's V.P. of Clinical Affairs, he uses his extensive clinical knowledge and skill to lead Nevada Donor Network's clinical departments to save and heal more lives.

**Why did you join ACHE and how long have you been a member?** *I was exposed to ACHE by my previous supervisor in Indiana. My COO had come from the hospital system, and recommended that I join in 2014. The primary reason for membership was the networking aspect, and the learning opportunity specifically at Congress.*

**What would you tell other professionals who have not joined ACHE as to the benefits of membership?** *The major benefit for me has been the networking and the relationships that have come out of being a member. High level Executives in the Las Vegas valley are extremely accessible through the program, and willing to help grow young professionals.*

**What would your words of encouragement be to early careerists about pursuing healthcare leadership positions?** *Get your foot in the door, and grind. Always stay professional and positive. Never forget where you came from, don't get bigger than you are, and don't create work for others. You should always have a mentor, a mentee, and somebody who is at the same stage of their professional career as you. Do not select these three individuals based on friendship, select them based on who is going to push you to be uncomfortable. In healthcare*

*specifically it's easy to always put the patient first, but remember that you can't take care of anybody if you aren't first taking care of yourself mentally, physically, and emotionally.*

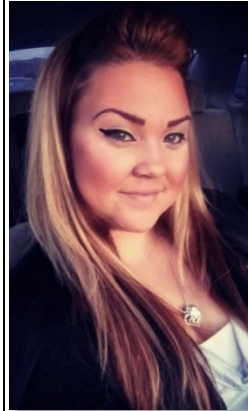
## Jamie Campbell

Quality Coordinator & Northern Nevada Market Liaison, Silver State ACO

**Number of years in your position:** 10+ years in the medical field

**Hometown:** Cobb

Mountain, very small town located just north of the Napa Valley in California.



Jamie Campbell started her career in the medical industry as a CNA in 2005 and continued her clinical career to become a

Registered Medical Assistant and Registered Phlebotomy Technician. Prior to joining Silver State ACO as the designated Quality Coordinator and Market Liaison for Northern Nevada, she worked with in Northern Nevada Medical Group in both specialty and primary care for three years. Jamie continues to broaden her horizons as a current student studying towards her BHA. She believes in preventative care, quality care and advocacy for patients. Jamie is originally from Northern California, but moved to the Reno area six years ago to be closer to family. She is a loving wife and mom to 3 children, ages 12, 8 and 2.

**Why did you join ACHE and how long have you been a member?** *I joined ACHE for the great benefits in building local relationships, as well as, their continued and committed involvement in Northern Nevada Healthcare.*

**What would you tell other professionals who have not joined ACHE as to the benefits of membership?** *ACHE provides great educational opportunities, alongside building relationships within our medical county. Additionally, ACHE has very knowledgeable and friendly board members that are kind, courteous and helpful with any and all questions.*

**What would your words of encouragement be to early careerists about pursuing healthcare leadership positions?** *I would strongly encourage involvement with building relationships especially in our smaller medical community, attend any and all events or opportunities to learn our ever changing healthcare system and environment and learn as much as you can along the way!*



## SOCIAL MEDIA

By: Nicholas Carlisle



ACHE's social media platforms give the organization exposure through three outlets; the ACHE-Nevada Chapter website, our LinkedIn, Facebook, and Instagram pages. These outlets are excellent sources of the latest information regarding upcoming events, access to membership, and are fantastic tools for networking among healthcare professionals for members and non-members alike.

The website, [Nevada.ACHE.org](https://www.nevada.ache.org), is the hub of basic information regarding upcoming ACHE events including our meet the CEO events and Face-to-Face education sessions.

Our **LinkedIn** page, <https://www.linkedin.com/in/ache-nevada-5352bb138/> allows access to extensive professional networks not just in healthcare but many other related disciplines and is a fantastic resource for resume building.

**Facebook** <https://www.facebook.com/achenevada/> is also a great outlet for chapter and upcoming event information and has many pictures of past events and current ACHE-Nevada leadership. Our Facebook page serves as the primary portal for chapter information as it sees the most amount of internet traffic.

We recently created an **Instagram** page, <https://www.instagram.com/achenevada/> as another way to share photos from our events.



## ACHE NEVADA LAPEL PINS!

The only way to get one for yourself is to come by any event this year!



## Be Selfless-ish.

Results from the moment you give.

Participating in the Heart & Stroke Walk funds lifesaving science. It also makes your heart healthier. Register and donate today so you can pat yourself on the back and hug your heart at the same time.

Las Vegas Heart Walk | Sunset Park  
Saturday, September 14, 2019 | 8:00-11:00 AM

Survivor Miracle Mile • 5K Walk  
Mascot Race • Health & Wellness Expo

[LasVegasHeartWalk.org](http://LasVegasHeartWalk.org) #LVHeartWalk

Contact: Kelley Grim | Heart Walk Director  
[Kelley.grim@heart.org](mailto:Kelley.grim@heart.org) | 702-789-4387

Event locally sponsored by



### Access to Career Resources Continues Following 2019 Congress

Thank you to the nearly 100 volunteers who assisted hundreds of visitors to the Career Center at this year's Congress on Healthcare Leadership. With their help, we provided approximately 500 career advising and resume review sessions.

If you missed the 2019 Congress, you can still access leadership assessments and other career management tools year-round by visiting [ache.org/CareerResources](http://ache.org/CareerResources). The resources available can help you advance your career, build your brand, develop your network and seek new opportunities. Whether navigating professional transitions or creating a long-term plan, everything you need to manage and develop every step of your career is a click away.

### Save \$200 on the BOG Exam Fee

When you submit your advancement application by June 30, the \$200 Board of Governors Exam fee will be waived.

Earning the FACHE® is the gold standard for board certification in healthcare management, so obtaining this coveted credential signifies hard work, dedication and commitment. We want to thank you for your efforts, which is why when you submit your completed application by June 30, along with the \$250 application fee and all supporting documents, the \$200 Board of Governors Exam fee will be waived.

If you are committed to standing out as a leader among leaders in healthcare management, learn about the requirements to sit for the BOG Exam and the complimentary resources available to help you prepare for it [here](#).

### Your Success Benefits Everyone

When you share the value of your ACHE membership with colleagues, you not only help advance the profession but can earn rewards as well.

Each time you encourage someone to join ACHE or help them earn their FACHE® you receive a reward point through the Leader-to-Leader Program. The more reward points you collect, the more rewards you can receive. When you help grow ACHE, you not only make a strong statement about your professionalism and leadership in the healthcare field, but you strengthen the organization. For more information visit [ache.org/L2L](http://ache.org/L2L).

### Choice: ACHE's Tailored Professional Development Series

[Choice](#) offers the ability to tailor ACHE's high quality, professional development programs, seminars and assessments specifically to your organization. This new customizable professional development series (formerly known as "On-Location") is designed to meet the educational needs and close the competency gaps within your group. Additionally, leading every ACHE program is a respected expert speaker, facilitator or author with a real-world perspective.

Choice programming means that clients receive the professional development needed, where it is convenient and with a cadence that works best for their organizations. During the planning phase, clients have options for who, what, where, when and how their programs are tailored. These programs, categorized in a meaningful way, focus on topics that affect executives and leaders in the healthcare industry today. Some of these topics include:

- Advancing Population Health
- Career Resource Management
- Care Delivery Management
- Employee Experience and Relationship Management
- Executive Leadership Coaching
- Fiscal Leadership and Management
- Governance
- Operational Advancement
- Physician Executive Partnerships
- Patient Experience and Consumerism
- Safety and Quality
- Technology and Information Analytics

As ACHE continues to advance both leaders and the healthcare management field toward excellence, we also strive to meet today's challenges with bold new solutions. Choice is an example of that. For questions regarding Choice programming, the topics listed above or how we can help bring tailored professional development to your organization, please contact Catie Russo, program specialist, at [crusso@ache.org](mailto:crusso@ache.org) or (312) 424-9362. Visit [ache.org/Choice](http://ache.org/Choice) for more information.

### Run for ACHE Regent

All Fellows who wish to run for election to serve on the Council of Regents must submit a [letter of intent](#) to [elections@ache.org](mailto:elections@ache.org) by Aug. 23. The letter of intent must include a current business title, business address, email address and telephone number.

The Council of Regents is the legislative body representing ACHE's more than 48,000 members. Serving as an elected official is a unique opportunity that allows you to exercise your leadership ability, share innovative ideas and act on behalf of ACHE members.

Elections will be held in the following jurisdictions:

Arizona	New York—Northern and Western
California—Southern	North Carolina
Canada	North Dakota
District of Columbia & Northern Virginia	Ohio
Florida—Northern & Western	Pennsylvania
Georgia	Pennsylvania—Southeast & Southern New Jersey
Illinois—Metropolitan Chicago	Puerto Rico
Maryland	South Carolina
Michigan & Northwest Ohio	Tennessee
Minnesota	Texas—Southeast
Missouri	Vermont
Montana	Virginia—Central
Navy	Washington
Nebraska & Western Iowa	Wyoming
Nevada	
New Jersey—Northern	

Visit the [Official Notice for the 2019–2020 Council of Regents Elections](#) for more information, or contact Caitlin E. Stine, communications specialist, Department of Marketing, at [cstine@ache.org](mailto:cstine@ache.org).

### **Research Solutions Sought for 2020 Congress**

Authors can submit proposals to present their research at the annual Forum on Advances in Healthcare Management Research during next year’s Congress on Healthcare Leadership. The lead presenter of each selected proposal will receive a complimentary registration to Congress. Please visit [ache.org/Congress/ForumRFP.cfm](http://ache.org/Congress/ForumRFP.cfm) for the selection criteria and submission instructions. Submit your abstract, of up to 400 words, by July 10.

### **Advancing Diversity and Inclusion**

Chapter and diversity and inclusion initiatives educate and engage members.

In alignment with ACHE’s national strategies to advance diversity and inclusion and guidance from the Regents-at-Large, local chapters last year demonstrated their ongoing diversity and inclusion commitment through numerous programs and initiatives.

In 2018, the Central Illinois Chapter of ACHE received funding from the ACHE Grant Program for Chapter Innovation to partner with another organization to improve diversity and inclusion among its members through training and assessments. This included an educational event in May with a panel of experts on the topic of implicit bias.

The chapter worked with Kris Machajewski, president and CEO of YWCA Northwestern Illinois, after becoming well-acquainted with her work on implicit bias training and learning about the positive outcomes from her program. Machajewski participated in the Central Illinois Chapter of ACHE’s panel discussion, which offered ACHE Face-to-Face Education credit.

Prior to the program, attendees took a confidential pre-test on implicit bias. Afterward, they were encouraged to re-take the test to see how much information they gleaned from the program and whether it impacted their own internal biases. The chapter sent attendees a survey about the implicit bias panel and received positive feedback on the event. Chapter members who were unable to attend the panel had the opportunity to view a recording of the program on the chapter website.

For the event, the chapter curated a variety of diversity and inclusion resources—including a link to an assessment on internal biases—and posted them on the chapter website.

“Our hope was that this program would impact healthcare leaders’ ability to recognize internal and systemic biases in areas such as employment and policy decision making, and that it will lead to increased minority executives holding leadership positions,” says Dawna R. Menke, FACHE, president of the Central Illinois Chapter of ACHE. Promoting diversity and inclusion in healthcare has been a longstanding focus for ACHE chapters. In 2014, each chapter signed a diversity statement outlining how the chapter would follow through on this commitment.

Diversity and inclusion strategies include ensuring the makeup of the chapter board represents chapter membership, conducting an annual diversity and inclusion educational program, appointing a chapter liaison to ACHE's diversity forums, and publishing diversity and inclusion articles in the chapter's newsletter.

Chapters also are establishing collaborative relationships with ACHE's diverse partner groups, organizations devoted to increasing the representation and professional development of diverse healthcare executives. The chapter connections build upon the "Better Together" collaborative work ACHE has developed with the diverse partner groups at the national level.

Highlighted below are examples of education programs and initiatives ACHE chapters have undertaken in the past year. These efforts helped increase awareness of how diversity and inclusion supports chapters' broader objectives and contributes to improved health for all.

Most programs provided members the opportunity to earn ACHE Face-to-Face Education credit or ACHE Qualified Education credit to support recertification and advancement to Fellow status.

**ACHE—MN Chapter:** Presented the "Diversity and Inclusion" panel discussion for ACHE Face-to-Face Education credit.

**ACHE—Nevada Chapter:** Presented its 2nd Annual Diversity and Inclusion in Healthcare Summit using two ACHE panel discussions: "Equity of Care" and "Fostering Inclusion of LGBT Patients and Employees." Attendees earned ACHE Face-to-Face Education credit.

**ACHE of Greater Ohio:** Presented the "Diversity in Healthcare Management" panel discussion for ACHE Face-to-Face Education credit.

**ACHE of North Texas:** Presented the "Equity of Care" and "Diversity in Healthcare Management" panel discussions for ACHE Face-to-Face Education credit.

**ACHE of the Triad:** Presented the "Fostering Inclusion of LGBT Patients and Employees" panel discussion for ACHE Face-to-Face Education credit.

**American College of Healthcare Executives of Central Florida:** Presented a program on "Equity of Care." Attendees received ACHE Qualified Education credit.

**Arizona Healthcare Executives:** Presented the "Fostering Inclusion of LGBT Patients and Employees" panel discussion for ACHE Face-to-Face Education credit.

**Healthcare Leaders of New York:** Presented the "Providing Culturally and Linguistically Appropriate Services" panel discussion for ACHE Face-to-Face Education credit as part of a one-day conference. The chapter also presented its 3rd Annual Diversity and Inclusion Leadership Award to Mount Sinai Health System for achieving the performance metrics identified by the Institute for Diversity and Health Equity and the American Hospital Association's #123forEquity Pledge to eliminate healthcare disparities.

**Maryland Association of Healthcare Executives:** Presented the "Diversity and Inclusion" panel discussion for ACHE Face-to-Face Education credit.

**Sandhills Healthcare Executives Forum:** The chapter offered a panel discussion on diversity and inclusion as part of its 2018 Fall Forum. Attendees received ACHE Qualified Education credit.

**Honoring Chapters' Diversity and Inclusion Efforts:** Four chapters received the 2018 Regent-at-Large Award for Chapter Accomplishments in Diversity at the annual Chapter Leaders Conference in September.

These chapters actively demonstrated a commitment to and successful execution of significant diversity and inclusion initiatives within their chapter, community and the healthcare management field. They also encourage and support members of diverse communities to serve in leadership roles with the chapters and ACHE.

District 1: ACHE—NJ

District 2: Maryland Association of Health Care Executives

District 3: Central Illinois Chapter of ACHE

District 5: Utah Healthcare Executives

## **ACHE's Commitment to Advancing Diversity and Inclusion**

At the national level, advancing diversity and inclusion remains a key part of ACHE's Strategic Plan.

Visit [ache.org/DiversityandInclusion](http://ache.org/DiversityandInclusion) to learn more about ACHE's Statement on Diversity, related policy statements and the Thomas C. Dolan Executive Diversity Program.

Also, explore the Executive Diversity Career Navigator ([edcnavigator.org](http://edcnavigator.org)), an online resource to inform and inspire healthcare executives at every stage of their careers.

## **ARTICLES OF INTEREST | Q2 2019**

### **Hospitals Must Focus on Scale to Combat New Competitors**

Today, hospitals are struggling to hold onto their outpatient business in the face of new competitors that have the scope and technological capability never before seen in healthcare.

UnitedHealth/Optum and CVS Health/Aetna are aiming to unbolt outpatient business from legacy hospitals. Amazon, Apple and Google are investing heavily in healthcare from numerous angles, looking for the most effective entry points to care and services. Hospital organizations are doing what any company would do when confronted with a highly disruptive environment like this: They are trying to gain the financial and intellectual resources to compete in a new world.

Hospitals are making this transition in the face of a difficult financial reality. Moody's Outlook for 2019 projected that revenue growth for hospitals would continue to decline under pressure from weak inpatient volume and low reimbursement payments. At the same time, expenses would continue to grow faster than revenue. In this situation, the normal response of any company in any industry would be to seek scale in an effort to meet this new level of competition and adjust to an emerging business model. That is exactly what is happening among hospital stakeholders. "Bulking up" is a logical response.

Organizations need to grow along with everyone else. Scale will help ensure that America's hospitals can keep pace—that they can continue to build on their deep community connections, expertise treating the full range of health conditions and history of serving our most vulnerable populations.

Scale will be critical, but it is not an end in itself. Scale is a means to gain intelligence—to get the best intellectual capital, to tap information about a vast group of people, to test new ideas and then to scale those ideas. Nevertheless, scale is the platform that will allow hospitals to acquire the resources—such as more working and intellectual capital, and significant digital capabilities—to compete in this brand new healthcare marketplace.

—Adapted from "[Why Hospitals Must Seek Scale](#)," by Kenneth Kaufman, *KaufmanHall.com*, Dec. 20, 2018.

### **Becoming a Visionary Leader at Any Organizational Level**

Creating a unifying vision for their organizations is a fundamental skill for leaders. However, building that vision has become more associated with top-level leadership than with directors, managers and others throughout the organization. Consider these critical vision-creation opportunities, each of which can propel your professional development:

#### **Helping the CEO Shape the Company's Vision**

Good senior leaders know they are missing critical information as they are typically removed from many customer experiences and operational realities. Being a conduit of the insights and experiences of others who will be touched by the work can help senior executives improve that sense of connection. Further, raising your hand to volunteer your own perspective in collective problem-solving opportunities helps you develop your own vision-creation abilities.

#### **Translating the Company Vision to Make it Relevant for Your Team**

Even if you do not have the chance to help shape early drafts of your company's vision, if you are a leader at any level, you will likely be directed to work with your team to translate that vision. Though on a smaller scale, this in itself is "vision crafting" and it will benefit from the same kind of broader perspective senior leaders themselves will want to seek. Even if you are simply "translating" vision from the upper part of the organization, take some time to solicit ideas from other parts of the company that also have a stake in your unit's performance aspirations, being sure to crosscheck your translation with those senior leaders guiding the overall vision.

#### **Catalyzing Your Own Vision**

Sometimes a new company vision does not begin in the C-suite, but instead bubbles up from lower-level leaders already using it to drive innovation and change in their own units. Your organization may not be ready for—or even sympathetic to—bottom-up vision development. However, the need for continual innovation in today's operating climate may give you

the opportunity to promote new ideas from your own local experiences that can demonstrate potential for broader growth and even reinvention in your company.

### Getting Yourself Into the Vision Game

Here are a few tips to position yourself for vision-building moments:

1. Get a clear idea on what a vision is and why it matters. Do not confuse vision (an aspirational picture of future success) with mission (why an organization exists), values (the principles and moral beliefs by which the organization chooses to operate) or strategy (the decisions about where and how to compete that bring a vision to life).
2. Watch for opportunities to contribute. Contribute to the vision-work underway by other leaders. Translate an agreed upon enterprise vision down to the unit you are leading, or focus the work of your team on a local or regional vision. Catalyze innovative change for the organization based on some front-line innovation in which you are involved.
3. If you find a vision-building opportunity, do not do all the deciding alone. Just as a senior leader might benefit from seeking your contributions to a major corporate vision, share the process with others working with you in any of your own vision-building. It will sharpen your collaboration skills as well.
4. Learn by watching or studying how others go about the vision-building process. Talk to other leaders about visions they have developed to understand how and why those visions turned out the way they did. Study visions of companies documented in the business press or learn from partners or clients about the visions they have for their organizations. You will better understand what makes for successful vision-building, which you can then bring to the next opportunity in your own organization.

Because developing a vision for an organization sets the stage for strategy and higher performance, it will always be seen as an essential capability for top leaders. However, this does not mean that vision is always above your paygrade. Visioning requires practice, and there is no better way to get that practice than by building your craft through smaller or sudden opportunities to make a contribution that comes your way.

—Adapted from "[You Don't Have to Be CEO to Be a Visionary Leader](#)," by Ron Ashkenas and Brook Manville, *Harvard Business Review*, April 4, 2019.



ACHE-news is delivered to all members biweekly and features the latest ACHE news and resources, as well as an aggregate of current articles from leading publications. See link below.

<http://www.ache.org/newclub/news/ttr/ENEWS/ENEWS.cfm>



The Professional Development Digest is delivered to all members biweekly and each issue features in-depth information about an upcoming ACHE program or event, a Career Corner that offers tips and resources and a calendar of upcoming face-to-face and online programs. See link below.

<http://www.ache.org/newclub/news/ttr/pdd/pdd.cfm>

elevating leadership

Insights and Strategies for Healthcare Leaders

Elevating Leadership is a digital publication that provides high-level perspectives on the top challenges facing healthcare leaders like you. See link below.

[http://www.ache.org/newclub/news/ttr/Elevating\\_Leadership/index.cfm](http://www.ache.org/newclub/news/ttr/Elevating_Leadership/index.cfm)

### Now's the Time to Get Certified – Get your FACHE (Fellow Status)

Become a Fellow of the American College of Healthcare Executives (FACHE) and earn the distinction of board certification in healthcare management!

Click the link to see the steps necessary to advance to FACHE status.

<http://www.ache.org/membership/credentialing/steps.cfm>

Have you wanted to get your Fellow status and FACHE credential, but have been putting it off? Now is the time to act. Make getting Fellow status one of your priorities and take advantage of this offer:

### **New Simpler Process**

ACHE has simplified the process for pursuing Fellow Status. It also has a broader definition of management experience. Go to [www.ache.mbership/credentialing/index.cfm](http://www.ache.mbership/credentialing/index.cfm) or the credentialing link off of ACHE's home page.

### **Chapter Resources**

The Nevada Chapter is pursuing a 1.5 day Board of Governors exam prep workshop. Contact Bill Butcher at [williamrbutcher@gmail.com](mailto:williamrbutcher@gmail.com) for more info.

### **Online Resources**

ACHE offers numerous resources to members who are pursuing Fellow Status. Go to the Credentialing section of ACHE's website at [www.ache.org](http://www.ache.org).

Members preparing for the Board of Governors Examination can access the Exam Online Community as a complimentary and supplementary resource that can boost their confidence and help them succeed. The interactive platform gives Members the opportunity to learn and glean study tips from others taking the Exam. It also provides an opportunity to discuss Exam topics with experts for better understanding and the option to participate in study groups. Join the Exam Online Community at [bogcommunity.ache.org](http://bogcommunity.ache.org).

## **MEMBER ARTICLES**

### **Nevada's Workplace Violence Law**

**By Jay Hay**

On June 12, 2019, Gov. Steve Sisolak (D) signed into law the first workplace violence prevention bill, A.B. 348. The law goes into effect next year by protecting employees at Nevada medical facilities from workplace violence. "A.B. 348 was introduced by Nevada Assembly member Michelle Gorelow. It requires health care employers to create comprehensive workplace violence prevention plans and track violent incidents in hospitals and other medical facilities" (First Senate Hearing on Nevada Workplace Violence Prevention Bill, 2019). Violence in the workplace can occur at any moment. The prevention bill is designed to reduce the frequency and severity of violent attacks. A.B. 348 was supported by Nevada health care unions NNOC/NNU, SEIU Local 1107 and endorsed by the Nevada state AFL-CIO.

"Highlights of the Workplace Violence Prevention Bill -- A.B. 348

- It creates a Nevada OSHA standard to require health care employers to create comprehensive workplace violence prevention plans.
- The definition of workplace violence must include any act of violence or threats of violence, regardless of whether an employee was injured.
- The plans must be unit specific and created in collaboration between employers and employees.
- The plans must delineate how employers will implement appropriate and effective prevention measures such as staffing, security response, alarms, sufficient lighting, and other measures.
- The plans must include procedures for employees to report all incidents of workplace violence without fear of reprisal.
- Employers must provide effective training programs, including hands-on de-escalation training for all employees with patient contact.
- The bill requires that health care employers keep records of all workplace violence incidents and report certain incidents to the Department of Industrial Relations." (First Senate Hearing on Nevada Workplace Violence Prevention Bill, 2019).

### **References**

First Senate Hearing on Nevada Workplace Violence Prevention Bill. (2019, May 02). Retrieved June 13, 2019, from <https://www.nationalnursesunited.org/press/first-senate-hearing-nevada-workplace-violence-prevention-bill>

### **The Capitation Model**

**By Jay Hay**

Fee-for-service (FFS) and Capitation have had a dramatic impact on the U.S. Health Care Delivery System. There are various effects on providers and practices by these payment models. "Each physician reimbursement model poses different distributions of risk: patient health risk, society's financial risk, and physician financial risk which are all co-related and interrelated to each other" (Pros and Cons of Various Payment Models and their Effect on Practices, 2015). Quality-based payment models are helping patients stay healthier under MACRA legislation. Capitation is an effective alternative to FFS in certain conditions but is not financially feasible in all situations. The following is a brief rationale for the impact of FFS and Capitation.

1. FFS offers little or no preventive benefits. There isn't any incentive to deliver quality and efficient care under FFS. Physicians are encouraged to deliver care and maximize patients. Usually, preventive measures, such as annual physical, and

educational programs are not covered. Physicians work harder to see more patients which sometimes incentives unnecessary care. Doctors are motivated by financial incentives regardless of patient outcomes. Providers are reimbursed based on the number of services provided.

2. Capitation improves quality and reduces overall costs. Reimbursement is based on the quality of care rather than the number of procedures. There are incentives to keep patients enrolled and healthy. “The compensation is typically calculated based on the range of services provided, the number of patients involved, and the period of time that the services are provided” (Pros and Cons of Various Payment Models and their Effect on Practices, 2015). For Physician practices to stay profitable under Capitation, they must become more cost efficient.

3. Capitation encourages financial responsibility. Physicians are conscious of the selection of services provided to patients. They are more aware of the costs for supplies and surgical procedures. The financial and health risks associated with patients is directly associated with the physicians’ plan of care. “Providers contract with an Independent Physician Association (IPA) to receive a flat monthly payment for every patient enrolled. Providers are reimbursed for every patient within a time period, whether or not they receive care, and regardless of the cost of the treatment.” (Nguyen, 2016).

4. Under Capitation, chronically ill patients are disadvantaged. “Patients with many complicated medical issues are likely to be left out of the enrollment system for a capitated plan. This is due to the high cost involved in treating them, so physicians would make little profit, as opposed to the situation when ordinary cases are treated” (Lameck, 2017). The financial risks are high for physicians that treat complex or chronically ill patients. They are more likely to avoid patients that have high per capita costs during the contract interval. It may encourage a decrease in utilization services, less expensive procedures and drugs that are less reliable. Physicians will favor patients that are easier to treat and care for.

5. FFS leads to uncontrollable costs. “In a Fee-for-service model, payers reimburse for all services, regardless of their impact on patient health” (Barnes, 2012). There isn’t any countervailing pressure to prevent the delivery of unnecessary services. Physicians that are in fear of lawsuits are encouraged to order more tests. Services are not bundled, and individual services are paid separately. Payments are dependent on the quantity of care instead of the quality. A volume-based system is costly and inefficient for the healthcare delivery system.

## References

- Barnes, J. (2012, May 07). Moving Away From Fee-for-Service. Retrieved June 3, 2018, from <https://www.theatlantic.com/health/archive/2012/05/moving-away-from-fee-for-service/256755/>
- Lameck, A. (2017, October 02). Advantages & Disadvantages of Capitation Payments. Retrieved June 3, 2018, from <https://bizfluent.com/info-12185015-advantages-disadvantages-capitation-payments.html>
- Nguyen, K. V. (2016, April 7). Capitation|Fee-for-Service|Compare|Advantages|Disadvantages. Retrieved June 3, 2018, from <https://prognosis.com/capitation-vs-fee-for-service-healthcare-payment-models/>
- Pros and Cons of Various Payment Models and their Effect on Practices. (2015, October 7). Retrieved June 3, 2018, from <http://www.medicalbillersandcoders.com/articles/practice-administration/pros-and-cons-of-various-payment-models-and-their-effect-on-practices.html>

## Accountable Care Organizations (ACOs) Contract Methodology

By Jay Hay

Shared risk contracting methodology provides an effective environment for Accountable Care Organizations (ACOs). An integrated delivery system is an ideal setting for risk-sharing arrangements that encourage providers to work together through proper incentives. When providers are paid under different payment methods, it creates different motivations for care. “To illustrate the concept, assume that an integrated delivery system uses capitation for primary care physicians, discounted fee-for-service for specialists, and per diem for institutional providers—hospitals and long-term care providers. In such a system, primary care physicians have the incentive to shift care to specialists and institutions because primary care physicians are capitated, and hence not rewarded for higher utilization. On the other hand, specialists and institutions would welcome the added volume because they are being paid on the basis of the amount of services provided. Overall, this differential in reimbursement creates incentives that increase total system costs, and hence costs to insurers and purchasers” (Capitation, Rate Setting, and Risk Sharing, n.d.).

Providers acting in the best interest of the system reduce costs by increasing the quality of care through shared-decision making. They can achieve more results with less resources because duplicated services are less likely to happen. Also, bonuses are paid to providers that improve quality and “proper incentives are created within provider panels by establishing withholds, or risk pools, which are pools of money that are initially withheld and then distributed to panel members only if preestablished goals are met” (Capitation, Rate Setting, and Risk Sharing, n.d.). Each partner in the ACO are apportioned savings proportional to their effort. Similarly, there is an agreement on the minimum standard of care by which the value of services will be measured. ACOs are held responsible for any loss arising from a failure to control costs which helps align all the parties involved in the continuity of care for the patient.



This methodology will mitigate the risk for ACO participants because every person has a shared accountability for the processes and outcomes. Resulting in equally shared gains or losses for each contributor. If for some reason the ACO can't save money, they are held liable for any costs of care. ACOs can lessen the risk by coordinating care more efficiently by forming networks of doctors, hospitals, and health care services. "Providers make more if they keep their patients healthy" (Gold, 2016). When healthcare services function together as a single unit, everybody benefits. Inefficiency results when patients receive each of their health care needs separately creating disorder and disfunction. Lastly, risk-sharing through ACOs line up payment models with the true value of care.

#### **References**

Capitation, Rate Setting, and Risk Sharing. (n.d.). Retrieved July 5, 2018, from [http://www.ache.org/pubs/hap\\_companion/gapenski\\_finance/online\\_chapter\\_20.pdf](http://www.ache.org/pubs/hap_companion/gapenski_finance/online_chapter_20.pdf)

Gold, J., & Kaiser Health News. (2016, July 13). Accountable Care Organizations, Explained. Retrieved July 5, 2018, from <https://khn.org/news/aco-accountable-care-organization-faq/>