



Update From Bill Patten



As we have discussed in meetings, emails, HUM articles, etc., Holy Cross Hospital is experiencing a lot of change. It is my sense that change will be a daily part of our lives for the foreseeable future. Changes in healthcare regulations, reimbursement, technology, etc. are just a few of the factors that will cause us to rethink and change our daily routines.

But this column is not so much about change as it is how we respond to and involve ourselves in the ongoing changes that surround us. Without getting political or taking sides on any particular issue, I think the way our politicians, mostly at the state and federal level, advocate for and rebel against change is very instructive. In short, the way that our politicians behave gives us clear examples of behavior that we want to embrace or behavior from which we want to refrain.

It is my view that politicians at the state and federal level typically put external interests ahead of what should be their primary focus –

servicing the people who elected them. Let me give you a couple of examples...

1. Many votes at the roundhouse and in Washington DC follow party lines. There is no room for individual thought or expression. It seems like it is the party's way or the highway. Rarely do you see such alignment of opinion as you do when the parties are taking a vote.
2. It depends on WHO wants something rather than WHAT is being discussed, whether we think it is a good idea or not. When the Democrats want healthcare reform, the Republicans oppose any and all ideas that are suggested. When the Republicans want healthcare reform, the Democrats oppose it, even if some of the ideas are the very ones that they suggested when they controlled the conversation. Rather than talking about the merits of an idea, politicians focus on whether the conversation will advance their political cause.
3. Politicians use the word "fight" when they should be using the word "work." The words we use are important and they convey our true thoughts and intentions. We would not condone fighting in our workplace so why should we use the word in our conversation? Just as we do not tolerate someone hitting a coworker, we do not allow language like "that is a slap in the face" to be used in the workplace. If the intent is that our politicians are going to work tirelessly, determinedly toward a goal, then say that. But when we say fight that is actually what we mean... I will not cooperate with my opponent; I will not support anything that isn't part of my party's ideology, and on and on.

4. And finally, politicians tend to make every conversation personal. They cannot simply disagree with someone; they have to describe them as "gravy sucking pigs." OK – I have never heard a politician use that phrase but it is similar to many of the negative, divisive expressions that have become all too common. And lest you think I am taking sides, I am not talking about the rhetoric we have heard since President Trump took office. This culture of demonizing and personal insults went to new levels during President Obama's two terms. The personal attacks and animos have risen to historic highs and I find the behavior on both sides of the aisle to be completely unacceptable.

I offer all of this as a contrast to the way that we at Holy Cross Hospital should respond to change and the resulting conflict (even welcome change creates conflict of some kind – but not all conflict is bad). As professionals, we can disagree and still work well together. As members of the Holy Cross family, we can and should have robust debates on the issues. We need to have diversity of opinion, diversity of discussion, so that we can increase the odds of making the correct decision. And we can have these differences of opinion while remaining civil, while maintaining our positive and professional working relationships.

I encourage you to learn a lesson from our politicians. Even when we disagree we can still be agreeable with each other! When folks from outside the organization look at us, look at the way we do business and the way we make decisions, there should be no question that we are all committed to the same thing – providing the best care we can for our patients while supporting each other, our organization and community – about this commitment there can be no doubt!



The Hospital Auxiliary, the Heart of the Hospital

It is hard to determine who the “Heart of the Hospital” is because of the many wonderful departments and employees, but the Auxiliary members made a strong case for taking the title on Valentine’s day. They baked a number of goods and served refreshments with love and appreciation. It was truly an act of love and what a perfect day to spread the love. If you see these volunteers in passing, please take time to thank them for their service.

The mission of the Holy Cross Hospital Auxiliary is to render service to the Hospital and the community through supportive involvement with patients, staff and visitors.

Auxiliary members handle a variety of responsibilities at the hospital, including staffing the day surgery desk and the information desk; operating the wonderful gift shop; distributing books and magazines to patients; assisting with the annual “For the Health of It!” 5k/10k Race, Walk, and FunRun; and hosting the eagerly-anticipated Valentine’s Day Tea and Holiday Bake Sale for all the hospital employees.

Money raised in the gift shop enables the Auxiliary to help purchase medical and other equipment to help the hospital continue providing the finest care possible. Scholarships are awarded each year for deserving high school graduates pursuing careers in health care fields.

Auxiliary members also simply enjoy being together! We invite everyone, women and men, to be a part of the Holy Cross Hospital Auxiliary. Teenagers over the age of 14, interested in community service, are welcome to participate in the Volunteers Program.



**If you are interested in
learning more about the
Auxiliary or referring
volunteers call
(575) 751-5728,
stop by the gift shop,
or visit taoshospital.org**



Spotlight On: Denise Clark, Chief Nursing Officer at Holy Cross Hospital

Denise Clark was born in Baltimore, Maryland and was raised in Florida. Growing up, she lived in Okeechobee, Jacksonville Beach and Lakeland, Florida. In 1973 Denise met and married her husband in Florida.

Denise didn't start her professional career in the healthcare industry. She began a successful career in business and industry in non-traditional sectors like mining, uranium extraction, marine construction, offshore drilling and the oil & gas industry.

Within these fields, she accepted positions in Florida, Texas, Wyoming, and Colorado. Amidst her success in this profession, Mrs. Clark always felt there was, "something missing." At that time, Denise was learning about injury and illness through the experiences of family and friends who were encountering cancer, heart disease and traumatic injuries. She felt in her heart a strong urge to, "give back" which prompted a mid-life career change.

In Rocksprings, Wyoming, Denise Clark began teaching and managing grant programs at the Western Wyoming Community College. She began working with students at the college and assisting them to achieve their academic and career goals.

While at the college, Denise decided to answer a special calling to be active in patient care. She decided to be a nurse!

She pursued and obtained her Associate Degree in Nursing at Western Wyoming Community College and went on to obtain her Bachelors of Science Nursing Degree at the University of Wyoming. Since then, she has practiced nursing in Texas, Wyoming, Colorado and now New Mexico.

The transition to New Mexico has been a successful one. Denise has been surprised by the beauty of the Land of Enchantment. She lived in Gallup when she first moved here. She always thought of New Mexico as a desolate desert land. Now as a resident she appreciates

the enchanting sunsets, cliffs, gorge and stunning high mountain desert.

In her new role as CNO, she looks forward to exploring the opportunities that a Critical Access Hospital designation would bring to Holy Cross. She is also eager to help Holy Cross become an Acute Stroke Certified Facility (ASC), so we can take care of stroke patients right here at home. She is also directing her leadership towards helping Holy Cross become a designated level four trauma center and developing a formal ICU unit here at HCHC to provide critical care for patients and community members.

At home, Denise has two dogs: Jefferson and Riley, and two cats: Boots and Zoe. She enjoys hiking, snow mobile riding, ATV riding and horseback riding. She is the proud mom of two daughters. Her eldest daughter is Kristin who is a Registered Dietitian and Director of Nutritional Services. Her youngest daughter is Michayla who is a Registered Nurse. Both daughters are married. As for her hobby, Denise Clark is interested in learning the art of dog mushing. She began learning and training in dog mushing when she moved from Wyoming and looks forward to continue learning and training here in New Mexico.

Information on Your Medical Records

Who Owns My Medical Records?

The information contained in your medical records belongs to you, and you are entitled to have access to that information. The physical record is the property of Holy Cross Hospital. Medical records are maintained as a normal part of the hospital's business practices.

Can I Access My Medical Records?

In accordance with Federal and the State of New Mexico, you have the right to request access to your medical records. In the case of a parent or if you are a legal guardian of a minor child, you can request access. To properly request access to medical records, you must provide proper identification and sign a request for release of medical records to the Health Information Management Department. Without proper request for access, you will be considered non-compliant and subjective to the hospitals disciplinary policies. The Health Information Management staff will be happy to assist with your request.

Questions?

Health Information Management staff can answer any questions you might have regarding access to medical records. Please call Health Information Management at (575) 751-5735, Monday – Friday, 8:00am – 4:00pm.



First Steps Home Visitors Receive Infant Mental Health Endorsements



Four home visitors at Taos First Steps recently received their Infant Mental Health endorsements after participating in a 12-month process in which they received monthly reflective supervision and assembled an individualized professional development portfolio in order to fulfill the requirements of the New Mexico Infant Mental Health Association.

This project was a collaborative process funded through the Paso a Paso Network allowing a total of 17 Early Childhood providers to become endorsed together. Our Jeannie Ross spear-headed this project and mentored them through the portfolio assembly and organized the supervision. Jeannie has worked in the field of IMH for the past decade at First Steps. She brought her dedication and passion for this field to her work with the home visitors and other service providers. Jeannie has many trainings and certifications that support her practice including Emotional Intelligence, Infant Massage, Circle of Security, Love & Logic, Nurturing Parenting, FAN Level 2, and trauma stewardship.

Jeannie currently coordinates the Children's Trust Fund grant, Taos Loves Kids, through which she provides a variety of parenting classes to families in our community. Her leadership in this project has allowed First Steps to now have 7 out of 10 endorsed home visitors in IMH. One of the home visitors, who received her endorsement, stated that

“Reflective Supervision allows her the space to process the secondary trauma she experiences in her work so that she in turn can be healthy in mind, body and soul and better able to be present for the families on her caseload”.

Jeannie will be starting an on-line Master's program in Infant and Family Studies this spring through Arizona State University as well as working full time for our program.

Growing Challenges for Rural Healthcare

- Rural hospitals across the country are struggling financially!
- 673 rural hospitals are vulnerable to closure based on financial instability, patient satisfaction, and quality indicator data.
- More than 70 rural hospitals have closed since 2010 and many more may be headed down the same path (Beckers Hospital Review).
- In July 2016 – Medicaid cut our reimbursement by 5% for inpatients and 3% for outpatients.
- New Mexico is struggling to fill a \$500,000,000+ shortfall and additional cuts to the Medicaid program may be part of the solution.
- Medicare currently pays 79% of our cost to provide care!
- Everything we hear from the government and from our commercial payers says that our revenues will continue to decline and we all understand that our expenses will continue to grow.
- The Critical Access reimbursement model is one of the few remaining options we have to offset the trend of declining reimbursement! This model will allow us to continue to provide acute care services in a more financially sustainable manner.
- “Critical Access Hospital” (CAH) is a designation given to certain rural hospitals by the Centers for Medicare and Medicaid Services (CMS).



Information About the Critical Access Hospital Designation

The Critical Access reimbursement model is one of the few remaining options we have to offset the trend of declining reimbursement! This model will allow us to continue to provide acute care services in a more financially sustainable manner. "Critical Access Hospital" (CAH) is a designation given to certain rural hospitals by the Centers for Medicare and Medicaid Services (CMS). This designation was created by Congress in the 1997 Balanced Budget Act in response to a string of hospital closures in the 1980's and early 1990's

The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential rural services through cost-based Medicare reimbursement.

What are the CAH rules?

To ensure that CAHs deliver services to improve access to rural areas that need it most, restrictions exist concerning what types of hospitals are eligible for the CAH designation. The primary eligibility requirements for CAHs are:

- A CAH must be located more than 35 miles from another hospital (other exceptions apply that do not affect us).
- Furnish 24-hour emergency care services 7 days a week.
- We will be required to demonstrate compliance with the applicable Conditions of Participation (COP's), just as we are currently. CAH status would require us to comply with a new set of regulations.
- Maintain no more than 25 acute inpatient beds that may also be used for swing bed services (dually licensed).
- Our current license is for 29 acute care beds.
- Newborns do not count as using a licensed bed.
- Observation patients do not have to be in a licensed bed.
- We plan to create an observation unit next to the ED.

For the last year our average inpatient census has been 14.3 (FY16) and 12.9 for FY17 YTD. During that time we NEVER exceeded 25 inpatients!

The 96-Hour Rule

CAH payment rules require a physician to certify that an individual may reasonably be expected to be discharged or transferred within 96 hours after admission. A CAH must maintain an annual average length of stay of 96 hours or less for acute care patients (excluding swing bed services and observation patients).

To be clear, if we are designated as a CAH there will be a few patients that we will not be able to provide care for, especially those that we know will have a long length of stay.

A few examples of patients that we will consider for transfer include:

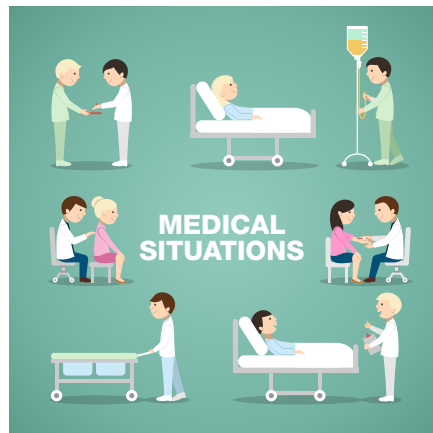
- Cardiac conditions
- Neurological conditions
- Some patients who need renal dialysis or require platelet transfusions
- Some elective surgical patients

Our average length of stay for all patients over the last year (10/1/15 to 09/30/16) was 3.07. For Medicare patients, only the average length of stay for that same time period was 3.59.

Our current practices will be updated to fully take advantage of the swing bed option.

A "swing bed" is a lower level of care than acute care. It can be thought of as a "step down" bed or a "skilled nursing facility" level of care.

The use of swing beds provides a great deal of flexibility in the treatment of acute care patients and often will remove the need to transfer the patient away from Holy Cross.



The 20% Copay Issue

This rule applies only to Medicare Outpatient services.

The change is how the copay is calculated by Medicare. Under current PPS system, calculated based on payment amount. Under CAH system, calculated based on gross charges.

This only impacts conventional Medicare Outpatient patients that do not carry a secondary insurance (such as BCBS, Presbyterian, Medicaid, etc.)

- Does not impact Medicare Advantage Plan patients
- Does not impact patients with commercial insurance
- Does not impact patients with any other insurance or payer

Holy Cross Hospital Statistics from FY2015

Total conventional Medicare patient OP:

- Visits: 20,591 (7,068 unique patients)
- Charges: \$25,293,413

Total conventional Medicare OP patient visits with no secondary insurance:

- 2,393 (854 unique patients – 12.1%)
- Total charges: \$2,426,933 (9.6% of total)
- Medicare payments: \$427,544

Are we already a Critical Access Hospital?

In several respects, we already function like a CAH hospital.

- Our length of stay is within the CAH requirements.
- Our number of beds is almost at the 25 limit.
- We transfer patients who need a higher level of care.
- But we don't get any of the CAH reimbursement advantages!

It has been suggested that we are paying a "dumb tax". Some have suggested that we risk making the hospital financially vulnerable if we do not change our status. Financially and clinically, there is no apparent advantage to remaining a PPS hospital (prospective payment system).

Taos Professional Services Monthly Buzz

Taos Professional Services is a subsidiary of Taos Health Systems

Professional Billing Services

We are pleased to welcome Linda Lucero to Professional Billing Services. She is joining us from Taos Surgical Specialties.

Professional Billing Services (PBS) & Taos Professional Services (TPS) are not accepting the Christus Health Plan or New Mexico Health Connections. Those insurance plans are not being contracted, and will not pay for your claim.

PBS/TPS is not accepting Triwest as we are not contracted with them at this time.

Molina Healthcare Denials

Molina has been denying claims for providers that are not contracted. There are roughly 10 providers that are being denied. This issue has been escalated to reprocess all denied claims.

Womens Health Institute

There will be a new updated policy for OB patients. Any deliveries that are self-pay will be sent to PBS to set up payment plans or negotiate balances. We are in the process of writing a policy.

UHC has our providers linked to Center for Physical Health. We have spoken to their representative, they will correct their system and update all the new providers. Once corrected all claims will be reprocessed. Fee schedules are being worked on at this time to replace what is currently in Athena.

The PBS staff has completed the Stub your Toe Training, Net Learning classes, hospital survey, and evaluations. We would like to take this opportunity to thank the PBS staff for being on top of all the requirements expected by the Hospital.

Credentialing for Medicare & Medicaid:

Dr. Geilan Ismail is still in the process of getting credentialed with Medicaid under Taos Surgical Specialties (TSS) for an additional location. Medicare is complete effective 01/01/2016.

The High Road Dermatology location change has been completed for Medicare and Medicaid effective 10/18/16.

Patrick Shanley, PA is still in the process of a location change through Medicare for TSS. Medicaid is complete effective 12/1/16.

New Provider at High Road Dermatology (Santa Fe Office)

The application for John Bowden, MD has been sent to Medicare for processing. Medicaid will not be credentialed as they do not take Medicaid at the Santa Fe Office.

New ED Provider

Sara Bush, MD is still in the process of getting credentialed with Medicaid. Medicare is complete effective 08/01/2016.

New Pediatric Cardiologist

The credentialing process for James Goldsmith, MD, has been completed for Medicare effective 08/01/16 and Medicaid effective 11/01/2016.

New WHI Provider

The credentialing process for Sharon Ransom, MD, has been completed for Medicare effective 11/03/16 and Medicaid effective 10/8/16.

New Psychologist

William Merkle, Ph.D. is still being processed for Medicaid. Medicare has completed effective 12/01/2016.

Cardiologist Dr. Luis Constantin Joins the Taos Health Systems

Now Available for Outpatient Procedures at Holy Cross Hospital

We are pleased to announce that Dr. Luis Constantin is starting as a full-time Cardiologist with Taos Professional Services, a subsidiary of Taos Health Systems. Dr. Constantin will be in Holy Cross Hospital in the mornings performing outpatient procedures and will have an outpatient cardiology clinic at Taos Surgical Services office Monday, Tuesday, Thursday and Friday afternoons. So that there is no confusion, Dr. Constantin **will NOT** be taking calls at night or on the weekends. However, if there is thought to be a true Cardiac emergency we will be calling Dr. Constantin – with the understanding that he may not be available.

Also, as there is no longer a Cardiologist on call there will no longer be an Echo Tech on call, as Dr. Constantin would have to be available to read the medical information.

We want to thank Dr. Geilan Ismail for providing outpatient cardiology services over the past few months. As she transitions into her life beyond her medical services, she has selflessly allowed us to continue to provide this important specialty to our community and to complete a smooth transition for Dr. Constantin – thank you Dr. Ismail.

Please join us in welcoming Dr. Constantin back to Holy Cross Hospital! Having a Cardiologist that is well known to us, as well as our Taos patients and practitioners, allows for the continuity of high quality Cardiology services. We look forward to providing the best care to our patients and our community for years to come.

Dermatologist Dr. Laurie Good is increasing her capacity for patients in the Taos area.

Make an appointment today!

575.751.8961 • www.HighRoadDermatology.org

Laurie Good, MD and Jessica Hiemenz, RN provide cosmetic, medical, surgical, and pediatric dermatology.



High Road Dermatology
Taos Health Systems



Taos Health Systems Announces New Information Technology Platform

Replacement of Medi-Tech Long Overdue

Taos Health Systems has chosen a leading provider of electronic health record (EHR) systems and services, CPSI (Computer Programs and Systems, Inc.). Evident a subsidiary of CPSI will provide EHR solutions previously sold under the CPSI name as well as an expanded range of offerings targeted specifically at rural and community healthcare organizations

For more than 35 years, CPSI has been the leader in providing a fully integrated health information solution to rural and community hospitals. CPSI's comprehensive EHR, in conjunction with an implementation and support model targeted specifically to the unique needs of rural and community healthcare organizations, has led to CPSI's position as the leading provider of EHRs for that market. From its initial installation in 1981, CPSI's client base has grown to more than 650 hospitals in 46 states.

Taos Health Systems has been running on their current IT platform Meditech for 12 plus years. Needless to say, the system is ready for an upgrade. *"We feel this is the best option for the price and the support that we received. The functionality takes time and we are going to spend the time to do it right"*, **stated John Hummel, Director of IT for Taos Health Systems.**

More recently, since the inception of the national EHR adoption initiative under the American Recovery and Reinvestment Act (ARRA) of 2009, John and his team look forward to consistently successfully attesting to the Meaningful Use objectives at a far higher level than any other rural hospital in the area for both Stage 1 and Stage 2 of Meaningful Use. This success will only serve to solidify Taos Health Systems' position as one of the predominant EHR users in the industry and as the acknowledged leader in our market segment.

The success of EHR adoption nationally under the auspices of the ARRA, in conjunction with other recent developments in the healthcare industry, led THS to a review of both the brand positioning of its EHR solution and broader market opportunities now presenting themselves. As a result, THS came to the conclusion that adoption of CPSI and Evident offered the best opportunity to meet its strategic initiatives. THS's objectives with the inclusion of CPSI and of Evident are to further define system, broaden the positioning scope of its EHR solution and offer a new range of solutions to address current and upcoming needs of rural and community healthcare providers.

"We are in a transitional time for healthcare on a number of levels," continued Hummel. "With the vast majority of hospitals and providers now utilizing certified EHRs, we believe it is vitally important to further differentiate our solutions and support model from those of our competitors as the market transitions to a replacement phase. With the establishment of Evident comes the introduction of our EHR under the new name, Thrive. Our Thrive EHR highlights our new development and our ability to address the entire care continuum with a single longitudinal patient record and a consistent, uniform user experience for physicians and other providers, no matter where care is being delivered. Even more importantly, the greatest strength has to be the customer support. In today's world, where hospitals and providers are transitioning from implementation to optimizing their EHR, we believe the quality, depth and scope of the support services will be a critical aspect in the successful transition."

John Hummel, Director of IT for Taos Health Systems, commented, *"Beyond our traditional space as an EHR provider, Evident gives us the opportunity to broaden our offerings to address those areas being driven by the changes taking place in healthcare delivery and reimbursement. For instance, the data analytics project in conjunction with IBM will position CPSI perfectly to offer predictive analytics solutions and services specific to rural and community hospitals and providers. While the effects of value based reimbursement and the necessity for population health management are just now being seen outside urban areas, there is no doubt they are coming to our market. We are now in a better position with tools specific to our needs."*



The Birth Center

at Women's Health Institute

We are pleased to announce that **The Birth Center** will open in the spring of 2017.

Find updates: www.TaosWomensHealth.org



Taos Health Systems