

January 8, 2010

IHA Offers Tools for Advocates as Legislators Return to Capitol

The Iowa Legislature is set to begin its second regular session of the 83rd General Assembly next week, while at the same time Congress will reconvene after its holiday recess. Health care continues to be a major priority in both Iowa and Washington, D.C., with Iowa's budget troubles looming, and health care reform debate raging in Congress, hospital advocates are encouraged to be at the ready and prepare the advocacy tools needed for the coming months ahead.

IHA is the leading voice for Iowa's hospitals at both the state and federal levels and IHA's grassroots network of hospital advocates across the state helps to amplify hospitals' efforts at the Statehouse and on Capitol Hill.

Advocates are encouraged to stay apprised on important health care and hospital policy issues with advocacy tools provided by IHA:

- **Follow IHA on Twitter:** New in 2010, IHA policy staff will be "tweeting" from the State Capitol, providing followers with up-to-the minute details on happenings at the Iowa Legislature, as well as breaking news and other important advocacy information. Visit IHA's [Twitter Web site](#), sign-up for your own Twitter account and follow @iowahospital. **Twitter is easy to sign up for and easy to use – register today!**
- **Join the Iowa Hospital Advocacy Network:** More than 17,000 Iowa hospital employees are members of the Iowa Hospital Action Network. Once signed up, advocates receive "call-to-action" e-mails when issues arise at the State House or on Capitol Hill. The e-mails provide a quick and easy way to contact state and federal legislators in support or in opposition to legislation affecting hospitals or health care in Iowa. [Join the network today.](#) (See more information about the network on Page 2.)
- **Read the IHA Policy Blog:** Stay apprised of breaking news and other policy issues on the [IHA Policy Blog](#). The blog details issues related to health care and hospital policy and provides readers an opportunity to comment on stories and share information with IHA.
- **IHA Legislative Day:** Set for **February 24**, Legislative Day is the largest annual gathering of hospital advocates during the year and is free to all attendees. The day will begin with Iowa State University Political Science Professor Steffen Schmidt, known as "Dr. Politics," providing the keynote address on health care in Iowa and the importance of citizen engagement. Then advocates are invited to the Iowa State Capitol to hold meetings with Legislators and advocate on behalf of Iowa's hospitals. [Registration is available here.](#)

- **IHA Legislative Action Center:** The Internet-based Legislative Action Center features many new tools for hospital advocates: Look up information about Iowa's state and federal legislators with the new [online directory](#); follow [legislation tracked by IHA](#); and respond to [IHA Action Alerts](#). [Click here to visit the site.](#)
- **Legislative Bulletin:** In addition to *The Friday Mailing* and *Federal Report*, IHA publishes *The Legislative Bulletin* each Friday during the Iowa legislative session. *The Legislative Bulletin* provides in-depth information, analysis and news surrounding health care and hospital policy at the State House. Contact [Dan Royer](#) at IHA for more information.

IHA is looking forward to representing Iowa's 118 community hospitals during the 2010 Iowa Legislative Session. Hospitals and health care are expected to face many challenges on a variety of different levels this year, and it's imperative that hospital advocates stay engaged with the process and up-to-date on the issues. By using the tools described above and helping others to get involved, hospitals can look forward to a successful legislative session in 2010.

2010 Iowa Hospital Advocacy Network Registration Drive Begins

A major pillar of successful hospital advocacy is the participation of hospital advocates in the Iowa Hospital Advocacy Network. Currently, more than 17,000 hospital advocates receive and respond to IHA Action Alerts throughout the year. With 2010 setting up to be a particularly challenging year for hospitals and health care in Iowa and across the U.S., meaning an "all-hands-on-deck" approach is needed to ensure success.

To that end, IHA is beginning the 2010 advocacy network registration drive on January 11 and continuing through April 1. The goal of the drive is to increase participation in the network and work toward 20,000 hospital advocate subscriptions.

Registration is easy: simply direct advocates to the [registration site](#) or use the new "[tell-a-friend](#)" feature.

IHA is developing an education series consisting of demonstration webinars and videos to educate hospital staff on the importance of responding to alerts and how to use the advocacy network. Hospital CEOs and health care policy staff contacts are encouraged to begin working on campaigns next week and will be receiving goals and progress reports throughout the legislative session.

IHA staff is also available for in-person legislative update presentations to assist in educating hospital employees on legislative issues and demonstrate the advocacy network tools.

Contact [Dan Royer](#) at IHA with questions or to schedule a hospital presentation.

PRESIDENT'S MESSAGE

Well, if Al Zastrow (CEO at Keokuk Area Hospital) ever needed affirmation of anything, he at least got it this week when the national weather service confirmed Keokuk as the 'Caribbean of Iowa' because the temperature for that scenic Mississippi River town hit a balmy 20 degrees. Of course, that's only because Bill Bumgarner (CEO at Spencer Hospital) was unofficially crowned "Nanuk of the North" when that city hit 30 below zero on more than one occasion this week and that's **without** the modern weather analysis of wind chill! Add to that a whopping five feet of snow in and around Spencer and one understands why spring seems a long way off in northwest Iowa.

As representatives from all corners of the state gather next week to gavel in on the second session of Iowa's 83rd General Assembly, the environment they come from says a lot about how they approach public policy issues. Make no mistake, the stoicism that allows one to withstand the extremes of the northern prairie and its agricultural volatility or the industry found along the Mississippi corridor speaks volumes on what drives a particular legislator's perspective on any given issue. It's also why the Legislature tends to be fairly deliberate in its work; because it's difficult at best to find common ground between legislators and how best to address issues confronting Iowans.

Like molecules when compressed in the air, the environment at the Legislature will heat up quickly next week because of the high pressure of this shortened legislative session. To make their contribution to the savings column, legislators have lopped 20 days of per diem payments off their normal 100 days for the second year of a General Assembly. Although the impact is more symbolic than substantive in curing Iowa's budget woes, shortening the session is a serious motivator for legislators living any distance from Des Moines to return home, particularly since it's at the end of a monthly rent cycle.

Like any election year, divisive partisan issues are likely to crop up even during a shortened legislative cycle because it's difficult for partisans to step back from the policy that they believe runs to the core concerns of their political constituents. However, these issues will be short lived and the ultimate focus will remain on the budget.

Relying on the non-partisan Legislative Service Bureau's summary for FY 2011, the Legislature needs to find a combination of things to fill an expected shortfall in excess of \$1 billion dollars. This includes over \$100 million for collective bargaining, more than \$100 million for property tax credits, nearly \$125 million to backfill federal stimulus funding from FY 2010, nearly \$200 million for Medicaid and in excess of \$500 million for K-12 funding.

As in every year, IHA will be at the Capitol daily representing the best interests of our membership and will keep you posted via *The Friday Mailing*, *Legislative Bulletin*, the IHA policy blog and new this year, instant updates from the rotunda via Twitter (read more about all of this in this week's lead article). If that's not enough to stay abreast of the action, there will also be weekly legislative conference calls for hospital advocates each Friday.

Who knows, maybe some of the hot air escaping the rotunda will warm our climate to something on the order of bearable in the next 80 days. If not, I'm sure the good people of Keokuk would enjoy the influx of visitors during the winter months!

– Kirk Norris

IHA Outlines Key House, Senate Differences on Health Care Reform Bills

Now that the House and Senate have both passed health care reform bills, the next step will be to iron out the differences between the two bills before sending one final bill to President Obama. There are several provisions that need to be resolved before the final vote, and IHA has put together a side-by-side comparison of both bills. Further, IHA has drafted talking points on several key issues to assist hospital advocates in communication with Iowa's Congressional Delegation.

[View the side-by-side health care reform legislation comparison here.](#)

[View IHA health care reform talking points here.](#)

The House will resume its work on January 11, while the Senate is scheduled to return to full session on January 19. Hospital advocates are encouraged to be in contact with legislators, and Senator Grassley has announced a series of town hall meetings across eastern Iowa next week. [View town hall schedule here.](#)

IHA continues to monitor the health care reform legislation process and is in constant contact with Iowa's Congressional Delegation and staff to lay out concerns on behalf of Iowa's hospitals.

Moving forward, there are indications that Congress will skip a formalized conference committee process and rather "ping-pong" a bill between the House and Senate using the amendment process on the floor to come to a final resolution. Talks are already underway behind the scenes, with a compromise amendment expected in the near future.

Contact IHA government relations staff with any questions or for more information.

Strategic Thinking about Social Media is No Substitute for Action

(The following was provided by Lee Aase, manager of syndication and social media for Mayo Clinic, who will present at the IHA Social Media and Health Care conference on February 9. [For more information and to register for the conference, click here.](#))

At a certain level, it's important to think strategically about how your organization will use social media. **Strategy is "a plan of action or policy designed to achieve a major or overall aim."** Aimless use of social media is no better than aimless advertising or product development research. It's never a good idea to devote your organization's time and

resources to an activity that doesn't relate in some way to an overall strategy. Aimless is pointless.

As B.L. Ochman has chronicled, there's no shortage of [self-proclaimed gurus, experts, specialists and strategists](#) – nearly 16,000 at her last count – on Twitter. She also has a good post on [“The only two questions you need to ask your prospective social media agency.”](#) The problem with many of the self-proclaimed “gurus” is that they lack experience in tying social media to organizational strategy, and as B.L. says, “they’ll be learning on your dime.”

It's much better for YOU to learn on your dime. Or your time.

There is certainly a place for agencies to help in this area, especially if you have more money than time. They may be able to help you refine your plans and bring perspective from other similar organizations to help you sell management on your plans. But instead of insisting that you have a grand, fully developed strategy before embarking in social media (and which is accompanied by a hefty planning and consulting price tag that will make the ROI harder to prove,) I would suggest there are some goals compatible with social media strategies that apply for most organizations. So here are a few goals to consider in the new year, using social media:

- **Improving communication and collaboration among employees.** Find a work unit in part of your organization that doesn't deal with your most proprietary or confidential information, and encourage those employees to pilot use of Yammer, PBWiki or other networking and collaboration tools.
- **Preventing brand-jacking.** Claim your organization's name on popular social networking sites to keep impostors from posing as you. That's what we did with our [Mayo Clinic Twitter](#) account, [Facebook page](#) and [Mayo Clinic YouTube channel](#).
- **Improving customer service.** Use social media tools like Twitter to listen to customers. [Comcastcares](#) is an example of this.
- **Reaching niche “audiences” with in-depth content and helping those “audiences” coalesce into communities.** A YouTube channel, blogs and podcasts all may be good tools to use in reaching this goal, as you can provide information and resources to people who really want it, instead of using expensive advertising to interrupt those who don't.
- **Learning all you can about social media.** By becoming conversant in social media and accustomed to its norms and mores, you'll see many more specific applications for your work that will support your organization's goals. I can recommend [lots of books](#), but hands-on experience is essential to understanding. That's why you might want to [become a SMUGgle](#).

A social media strategy doesn't have to be perfect right away. In fact, I believe it should continually evolve as you learn more about the tools and see new applications.

The other point I want to emphasize from the definition of strategy is that it is a “plan of action...” Action without a goal is likely unproductive, but planning without action is even worse. By acting rashly without full consideration you might possibly do the right thing; you could just get lucky. But analysis paralysis means resources will be consumed with no hope of accomplishing anything. **So those who seem to be the greatest defenders of strategy run the risk of undermining it.**

To avoid this, identify one or two goals for your use of social media, either picking from the list above or something else you have in mind. Goal #5 can always be your personal entry point, if necessary.

Then execute against that plan, putting your strategy into action. General (and later President) Dwight Eisenhower famously said “plans are useless, but planning is indispensable.” I believe his wisdom is best applied in an almost continuous planning process that is accompanied by continuous execution and modification.

Remember, it’s a lot easier to steer a moving car than it is to get it started from a dead stop. If you find yourself going off course, you can always steer back or even tap on the brakes. And by choosing some small but well-defined (and likely successful) social media projects, you can build momentum.

IHA Scholarship Program Taking Applications

IHA’s scholarship program for college students studying for careers in health care is now taking applications. The program, administered through the Iowa Hospital Education and Research Foundation (IHERF), awards scholarships of \$3,000 per year for a maximum of two years to students enrolled in an accredited program leading to registration, licensure or a clinical laboratory science graduate or undergraduate degree. In exchange for that financial support, students who accept the funds agree to work one year in an Iowa hospital for each year they receive a scholarship.

Since 2005, when the first scholarships were awarded, 136 students have received IHERF Health Care Careers Scholarships, with a total value of \$408,000. Scholarship recipients are now working for Iowa hospitals throughout the state, helping to bolster and stabilize Iowa’s hospital work force.

Scholarship application packets are available at hospital human resources departments and at financial aid departments at all Iowa colleges. [Scholarship information and application materials are also available on the IHA Web site.](#) **The deadline to apply for the scholarship is March 10.**

Health Care Spending Slows Significantly, CMS Reports

U.S. health care spending grew 4.4 percent in 2008, its slowest rate in nearly 50 years, according to data released this week by the Centers for Medicare & Medicaid Services (CMS). Spending for hospital care grew 4.5 percent to \$715 billion, down from 5.9 percent

in 2007 and the smallest increase since 1998. Spending on physician and clinical services increased 5 percent in 2008 to \$496 billion, a deceleration from 5.8 percent in 2007.

Contributing to the slowdown were hospital reimbursement rates, which decreased from 3.5 percent growth in 2007 to 3 percent in 2008, and Medicaid spending for hospitals, which slowed as states with budgetary challenges implemented cost containment strategies, the report states. In addition, non-operating revenue for hospitals declined \$6.9 billion, or 20.3 percent, in 2008 as hospitals reported major losses in investment income as a result of the recession, CMS said.

Spending by public programs such as Medicare and Medicaid grew 6.5 percent, the same rate as in 2007, while private spending for health care grew 2.6 percent, down from 5.6 percent in 2007. At the aggregate level, the shares of financing for health services and supplies by businesses (23 percent), households (31 percent), other private sponsors (3 percent) and governments (42 percent) have remained relatively steady over time. Between 2007 and 2008, however, the federal government share increased significantly (from 23 to 25 percent), while the state and local government share declined (from 18 to 17 percent).

Total health expenditures reached \$2.3 trillion in 2008, which translates to \$7,681 per person and 16.2 percent of the nation's Gross Domestic Product (GDP). Despite slower growth in overall health expenditures, the share of GDP devoted to health care increased from 15.9 percent in 2007.

The economic downturn significantly impacted health spending as more Americans could not afford to spend their limited resources on health care and instead went without care, CMS said.

For more information, [visit the CMS National Health Expenditure Accounts Web site](#).

HHS Releases National Health Security Strategy

U.S. Health and Human Services Secretary Kathleen Sebelius has released the National Health Security Strategy, the nation's first comprehensive strategy focused on protecting people's health in the event of a large-scale emergency. The strategy sets priorities for government and non-government activities over the next four years by providing a framework for actions that Sebelius said will build community resilience, strengthen and sustain health emergency response systems and fill current gaps.

“As we've learned in the response to the 2009 H1N1 pandemic, responsibility for improving our nation's ability to address existing and emerging health threats must be broadly shared by everyone – governments, communities, families and individuals,” Sebelius said. The strategy and the accompanying interim implementation guide outline 10 objectives to achieve health security:

- Foster informed, empowered individuals and communities.

- Develop and maintain the workforce needed for national health security.
- Ensure that situational awareness so responders are aware of changes in an emergency situation.
- Foster integrated, health care delivery systems that can respond to a disaster of any size.
- Ensure timely and effective communications.
- Promote an effective countermeasures enterprise, which is a process to develop, buy and distribute medical countermeasures.
- Ensure prevention or mitigation of environmental and other emerging threats to health.
- Incorporate post-incident health recovery into planning and response.
- Work with cross-border and global partners to enhance national, continental and global health security.
- Ensure that all systems that support national health security are based upon the best available science, evaluation and quality improvement methods.

Among the initial actions for the federal government are conducting a review to improve the system for developing and delivering countermeasures – medications, vaccines, supplies and equipment for health emergencies; coordinating across government and with communities to identify and prioritize the capabilities, research and investments needed to achieve national health security; and evaluating the impact of these investments.

Federal, state, local, tribal, and territorial government agencies, as well as medical, public health and community-based organizations, collaborated to develop the strategy. To obtain a copy of the strategy and implementation guide, [click here](#).

Program Offers Free Counseling to 2008 Disaster Victims

Although it's been a year and a half since the state was struck by catastrophic storms, tornados and floods, the physical, emotional and financial stress still lingers among Iowans who were impacted. For that reason, the Iowa Department of Human Services implemented the "Ticket to Hope" program to help victims of these 2008 events who need mental health services but lack the financial resources to afford them.

"Ticket to Hope" is available to anyone who reports they need mental health or co-occurring mental health and substance abuse disorder counseling in part due to the impact of the 2008 disasters. To qualify, these individuals must also show that they lack health insurance, have no mental health benefits or have maxed out those benefits.

Qualified individuals and families will receive up to eight sessions of mental health therapy at no cost, but the “Ticket to Hope” program expires on **June 30**.

Iowa health care providers are encouraged to direct individuals who might qualify for these free services to the “Ticket to Hope” [Web site](#) or the program hotline at 800/447-1985.

Member-Abilia

Genesis Medical Center in Davenport has been recognized for service excellence under the J.D. Power and Associates Distinguished Hospital Program. The distinction was determined by surveying recently discharged patients about their perceptions of their hospital stay and comparing the results to the national benchmarks established in the annual J.D. Power and Associates National Hospital Service Performance Study.



Data center construction and operation firm TEAM Companies, an IHA Associate Member, has announced that the new data center in Waukee it has built for **Iowa Health System** will open at the end of the month. Construction of the \$15 million data center began in November 2008. The facility was originally scheduled to open last month, but was postponed because of bad weather.

Links:

1. [Newsstand](#)
 2. [Trustee Minutes \(Winter 2010\)](#)
 3. [Employment Opportunities \(IowaHealthJobs.net\)](#)
 4. [Friday Mailing Archive](#)
 5. [IHA Blog](#)
 6. [IHA Education Program Calendar](#)
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“The Patient Protection and Affordable Care Act is the opening act in health reform, not the final act.”

– Senator Tom Harkin