President’s Message

It’s hard to believe but another month is under our belt. Hump day is past and we are halfway through a very interesting legislative session.

By the time you receive this news brief, the fate of Medicaid expansion will have been decided on the Senate floor.

It is shaping up to be very close vote and I am grateful to those of you who have reached out to the legislators and expressed your support for expansion.

The bill is drafted in a way that each acute care hospital would receive a prorated share of the appropriation based on their most recently settled cost report charity care cost.

This bill was heard in appropriations on Thursday and it was given a no vote by the committee but the bill will still be heard on the floor of the Senate.

The critical access endowment funding is also being looked at and it appears that the funding will continue to be available for several more years.

I encourage those of you that have foundations to utilize this matching fund when you do fund raising. You can actually receive matching funds up to $250,000 and we have several of our members that have done just that.

For those of you without a foundation, this may be an excellent reason to form a foundation and have that foundation get involved in fund raising.

Those of you that operate nursing centers are aware that the Governor has requested an appropriation of $9.7 million to facilitate the funding quality initiative that we have spent the last 18 months working on with the Department of Health and with legislative representatives.

Most of you are aware that when the appropriations committee looked at the request, the $9.7 million was cut in half. Steve Bahmer and I have been working with representatives and senators to have the other half reapportioned and to date we have the funding back the 75% of the request. We may need your help to get the final 25% reinstated so be prepared to reach out to your legislators and tell them how important the full funding is to your facility and to the funding quality initiative.

We held a board meeting this past week and we are in the planning process for our trustee education session to be held May 21st in Riverton. We are still in need of a couple of dedicated hospital board members to serve on the Trustee Education Council and have applications available for anyone that is interested.

Margo Karsten, CEO of Cheyenne Regional Medical Center, was appointed to fill the vacancy on the WHA Board of Trustees with the departure of Vince DiFranco.

I would like to thank Vince for his dedication and service. I will miss his leadership and friendship. I am excited to welcome Margo to the board and look forward to working with her.

Always remember, we are here when you need us and we will continue to represent the great hospitals and their staffs. If there is anything we can do, please let us know.
The Rock Springs Rotary Club recently presented the Obstetrics unit at Memorial Hospital of Sweetwater County with 500 literacy packages for expecting mothers and their children. Each packet contains a baby shirt with the words “Read to Me” as a reminder to parents that reading to your children at an early age influences their participation in the learning process before they enter school.

The packet also includes the booklet “Every Child Ready to Read”, which serves as a guide to give families many ideas for reading at different age groups (birth to 18 months, 18 to 36 months, and then 3-4 years of age).

Partnering with the staff and nurses on the Obstetrics unit, each new mother will receive the packet with a letter from The Rock Springs Rotary Club.

South Lincoln Medical Center (SLMC) has named Ken Archer their new CEO.

Ken Archer, who came to Kemmerer from Nebraska where he was a CEO, applied for the Kemmerer position because it’s closer to family in Utah.

He also applied for the position because he has a passion for rural medicine.

“I’ve loved it, and I love rural medicine,” Archer said. “It’s the profession I chose and I love the interactions of the hospital, healthcare, nursing home and clinic to the whole community. It’s actually very special to be a part of that, to watch it grow and watch the community grow.”

He and his wife are also looking forward to being a part of the community.

Archer started on Monday, Jan. 5, and has been working on getting situated in his position.

He started his career in health care in 1983 in the Air Force, where he learned the medical administration profession.

He started at the bottom, working as a medical records clerk filing paperwork before doing a variety of other health care jobs. After the variety of jobs, Archer was offered a chance to move into administration he said if he had an opportunity to do it all again, he’d do it the same way.

Out of those 31 years in health care, Archer has been in administration for 25 years, working in a variety of hospitals in multiple states.

He’s worked in large hospital systems as well as hospital/nursing home/clinic combination hospitals similar to the Medical Center.

Even so, he’s already impressed with the give and take the community and the hospital have with the annual health fair being a prime example.

CMS has announced that it will explore possible changes to the Medicare Electronic Health Record Incentive Program in rule-making this spring.

Patrick Conway, M.D., CMS chief medical officer and deputy administrator for innovation and quality, said the agency will consider shortening the reporting period to 90 days in 2015, as AHA and hospitals have advocated.

The agency also will consider modifying other aspects of the program to “match long-term goals, reduce complexity, and lessen providers’ reporting burdens,” he said.

In addition, a proposed rule might realign the hospital reporting periods to the calendar year to allow hospitals “more time to incorporate 2014 Edition software into their workflows and to better align with other CMS quality programs.”

The rulemaking, which Conway says is intended to help “reduce the reporting burden on providers, while supporting the long term goals of the program,” will be separate from CMS’s anticipated rule setting standards and timing for Stage 3 of the program.