DALLAS-FORT WORTH HOSPITAL COUNCIL

INTERLOCUTOR

SUMMER 2025 WWW.DFWHC.ORG NEWS FROM THE DFW HOSPITAL COUNCIL

Compassion!

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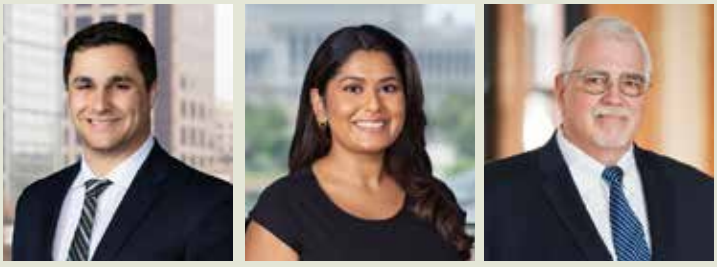

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Steve Love
President/CEO
Dallas-Fort Worth
Hospital Council

The One Big Beautiful Bill

I'VE HAD SEVERAL PEOPLE ask me about the Texas Medicaid impact due to the new reconciliation bill recently passed by Congress. My answer is that every state has a different Medicaid plan, and components of the new law will impact states differently.

For example, the Texas Medicaid program generally covers low-income residents including pregnant women, disabled individuals, children and seniors in long-term care. Therefore, work requirements might affect some, but most beneficiaries would have an exemption from that part of the law. The provider taxes can be at 6 percent if in place at the time the law became effective, and Texas did not expand Medicaid so the rules for expansion states will create a lowering of that percentage over time.

If state-directed payments were submitted preprints at the time of enactment, those payments will be grandfathered in but will decrease at the beginning of 2028. Any new state-directed payments will be capped at 110% of total published Medicare rates. The new law does not postpone the reduction in Medicaid disproportionate reimbursement (DSH) and most estimates reflect $778 million funding will be reduced in Texas.

The new law sets aside $50 billion for rural health transformation spread $10 billion over five years across the U.S. Texas has many rural hospitals, and Medicaid covers a large part of the patient population. This funding will help, but it may not cover hospital shortfalls. Many rural hospitals already deal with cash flow issues, uncompensated care and diminishing margins. These hospitals could possibly reduce services or even close. Many rural hospitals are the largest employer in the community so closing the facility could have a negative economic impact on the region.

Texas leads the nation in medically uninsured, and some estimates are that an additional 430,000 individuals will lose Medicaid coverage by 2034.

A major concern that is not present in the bill is the enhanced premium tax credits for individual market health plans will expire at year end unless Congress renews them. Since Texas did not expand Medicaid, many Texans use these tax credits to assist in securing coverage in the federal health marketplace. If these credits are not renewed and the enrollment process shortened, some estimate that approximately 1.5 to 2.0 million Texans will lose healthcare coverage.

This would be a serious issue for all of our providers, in addition to impacting our residents and creating economic problems. Congress must renew these enhanced premium tax credits to help individuals secure healthcare coverage. ■

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INTERLOCUTOR

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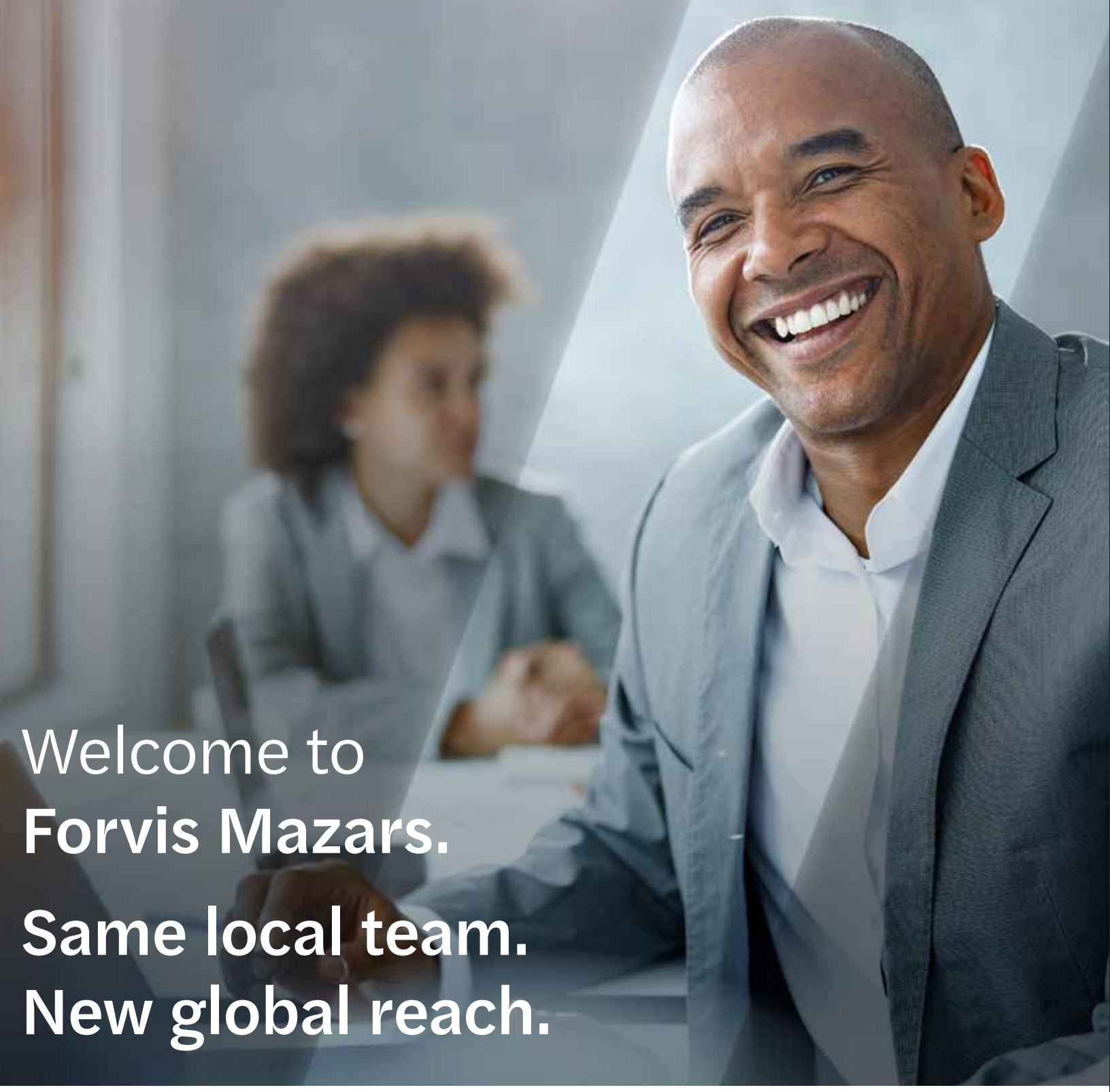
DALLAS-FORT WORTH HOSPITAL COUNCIL

INTERLOCUTOR
1: one who takes part in dialogue

2: one in the middle of a line who questions end people and acts as leader



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Compassion!

DFWHC announces date, location and speaker for its **Annual Awards Luncheon**

IN HONOR OF HIS BESTSELLING BOOK

"Compassionomics," the DFW Hospital Council (DFWHC) has signed **Dr. Stephen Trzeciak** to serve as the keynote speaker during its **77th Annual Awards Luncheon** on Friday, **October 24**. For the second straight year, the event will be held at the **Loews Arlington Hotel and Convention Center** next door to the Texas Rangers' Globe Life Field. The address for the venue and parking garage is 888 Nolan Ryan Expressway.

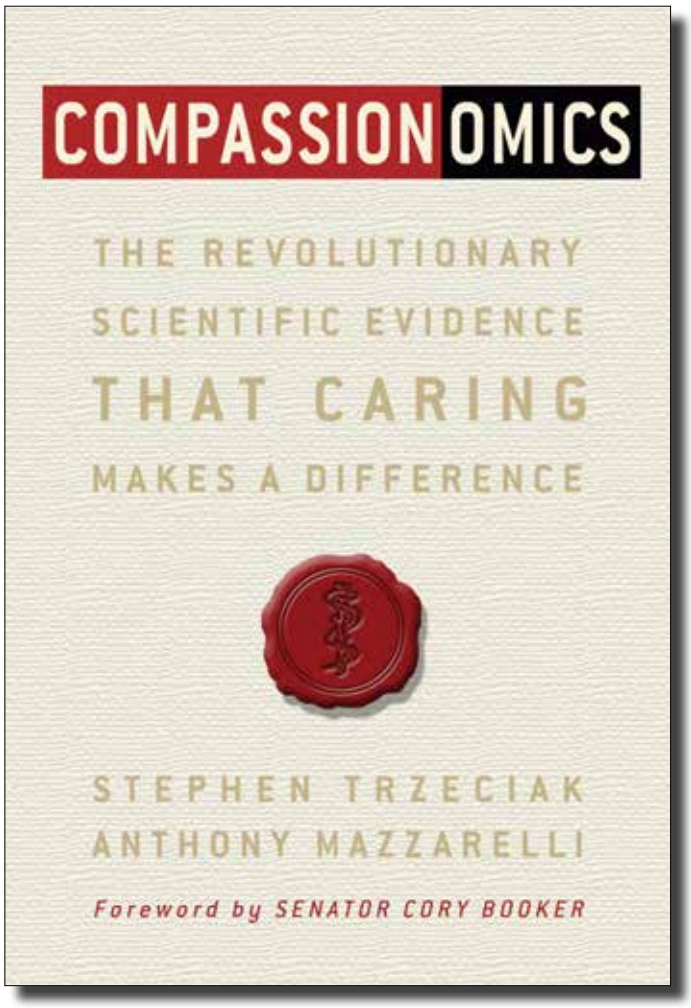
"Due to multiple recommendations, I read Dr. Trzeciak's book 'Compassionomics' and was so impressed that we asked him to serve as our keynote speaker," said **Stephen Love**, president/CEO of DFWHC. "In our healthcare profession, compassion matters. As noted in his book, research shows that compassion has measurable beneficial effects across a wide variety of patient conditions and moves patients to take better care of themselves. We are looking forward to his presentation."

"Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference" was first published in 2019. It has remained on the bestseller lists for more than five years. Co-authored with **Dr. Anthony Mazzarelli**, the book details research showing the benefits of compassion, and how it can be learned. One study they cite shows that when patients received a message of empathy, kindness and support that lasted just 40 seconds, their anxiety was measurably reduced.

The book also details that compassion seems to prevent employee burnout, a condition that affects almost half of all healthcare workers in the country. According to Dr. Trzeciak, medical schools often warn students not to get too close to patients, because too much exposure to suffering is likely to lead to exhaustion. But evidence detailed in his book shows the opposite appears to be true. Connecting with patients makes healthcare employees happier and more fulfilled.


Dr. Stephen Trzeciak

During his presentation, Dr. Trzeciak will share his story of going through burnout, and how compassion was the key to his recovery. His book and its evidence-based arguments have become revolutionary, inspiring medical



schools across the country to make compassion a part of today's curriculum.

A physician scientist and professor, Dr. Trzeciak is the chair of medicine at Cooper Medical School of Rowan University, and the chief of medicine at Cooper University Health Care. He is a specialist in intensive care medicine and a clinical researcher with more than 120 publications in scientific literature. Dr. Trzeciak is a graduate of the University of Notre Dame. He earned his medical degree at the University of Wisconsin-Madison, and his Masters in Public Health at the University of Illinois at Chicago. He completed his residency training at the University of Illinois at Chicago Medical Center, and his fellowship training at Rush University Medical Center.

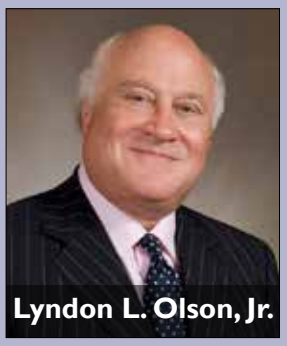
During the luncheon, DFWHC will present the **Distinguished Health Service Award**, the **Young Healthcare Executive of the Year** and the **Kerney Laday, Sr. Trustee of the Year**. Chairs of the DFWHC hospitals' boards of trustees will also be introduced to open the program.

Ticket and sponsorship information will be announced in August. For questions, please contact **Chris Wilson** at **chrisw@dfwhc.org**. ■

Lyndon L. Olson, Jr. to receive Distinguished Health Service Award

THE DFW HOSPITAL COUNCIL (DFWHC) has announced the **Honorable Lyndon L. Olson Jr.** will be the 2025 recipient of its **Distinguished Health Service Award**, an honor dating back to 1948. The award will be presented during DFWHC's 77th Annual Awards Luncheon on October 24.

Olson has demonstrated a long commitment to a host of civil, political, cultural and philanthropic organizations in the state of Texas and the nation.


Lyndon L. Olson, Jr.

Since 1995, Olson has served on the **Scottish Rite for Children** Board of Trustees and has been chair of the board since 2006. Olson was born with bilateral club feet. At 10 years old, complications led his parents to Scottish Rite for Children. It was decided amputating both legs would give him a better chance to continue enjoying his favorite activities like baseball. Olson believes it was the right decision and has never looked back.

Olson was a longstanding member of the board of trustees for **Baylor Scott & White Healthcare**, chair of the board of the Baylor Scott & White Health Plan, and is an Emeritus Trustee of the Baylor College of Medicine. He is also a former member of the Advisory Committee for MD Anderson Cancer Center and former chair of the Texas Mental Health Association.

Olson served as a member of the Texas House of Representatives (1973-1979). **President Bill Clinton** appointed Olson as a U.S. Ambassador to the Kingdom of Sweden (1997-2001). A former Commissioner and Vice Chairman of the U.S. Advisory Commission on Public Diplomacy, he was appointed by **President George W. Bush** and confirmed by the U.S. Senate.

"Ambassador Olson has volunteered decades of his career to support North Texas healthcare," said **Stephen Love**, president/CEO of DFWHC. "We are so indebted to his leadership at Scottish Rite and Baylor Scott & White. I cannot think of a more deserving recipient. We are looking forward to honoring him." ■

Around DFWHC

DFWHC hosts Young Healthcare Executive event

THE DFW HOSPITAL COUNCIL (DFWHC) in coordination with **Ryan Gebhart**, president of Baylor Scott & White Medical Center – Frisco at PGA Parkway, hosted the first Young Healthcare Executive Cohort meeting of the year for DFW administrative residents and fellows on May 28 at Texas Health Harris Methodist Hospital Fort Worth.

Gebhart, DFWHC board member and the 2024 Young Healthcare Executive of the Year, served as host and provided introductions. **Jared Shelton**, president of Texas Health Harris Methodist Fort Worth and DFWHC board member, served as keynote speaker as he discussed the community outreach of his hospital.

The residents and fellows were from hospitals across North Texas. Also present were **Stephen Love**, president/CEO of DFWHC, and **Jen Miff**, president of the DFWHC Foundation.

"The DFWHC Board of Trustees initiated this program in 2017 for young healthcare executives," said Love. "This program encourages collaboration for our up-and-coming hospital executives in North Texas. We were proud to be a part of this effort where multiple hospitals worked together to provide education and to improve the quality of healthcare."

Two more Young Healthcare Executive Cohort meetings are scheduled in September and November.

For information, contact **Stephanie Suarez** at **ssuarez@dfwhc.org**. ■

DFWHC stands with hospitals to combat **workplace violence**

ON JUNE 6, THE DFW HOSPITAL COUNCIL (DFWHC) honored **#HAVhope National Day of Awareness** in coordination with hospitals, health systems, nurses, doctors and other health professionals across the country. DFWHC stands together with the North Texas healthcare family against violence in our workplaces and communities.

Since the pandemic, workplace violence in hospitals has become a growing concern, affecting healthcare workers and negatively impacting patient care. Healthcare workers are five times more likely to experience workplace violence than employees in other industries, and it is adversely affecting the personal and professional lives of employees in our clinics, hospitals and other medical facilities across the country. This violence can range from verbal threats to physical assault and even homicide.

The DFWHC team joined together to create awareness on this community issue. By standing with our hospitals, together we can forge a path for hope. ■

For info, contact **Chris Wilson** at **chrisw@dfwhc.org**.

Summer Educational Webinars

AS AN EDUCATIONAL SERVICE to our members, the DFW Hospital Council hosts monthly webinars with Associate Members.

June 11, 2025

"Identifying and Preventing Violence in the Workplace"

– DFWHC/Abilene Christian University

Speaker **Dr. Brenda McAdoo**, former FBI Hostage Negotiator, of Abilene Christian University.

https://www.youtube.com/watch?v=ZjBFTqQulgw&t=4s

July 9, 2025

"Cracking the Code: Understanding CMS Price Transparency and Compliance"

– DFWHC/Hospital Pricing Specialists

Speaker **Randi Brantner, MBA** of Hospital Pricing Specialists.

https://www.youtube.com/watch?v=L5N4AjMmzbU

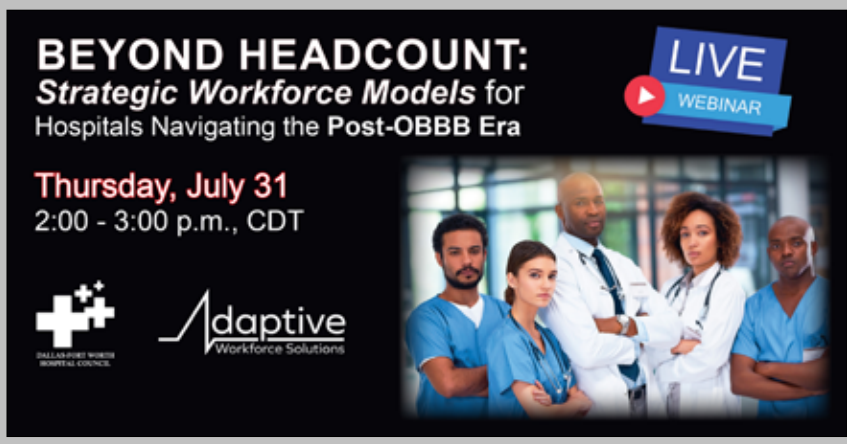
July 31, 2025

"Strategic Workforce Models for Hospitals Navigating the post-OBBB Era"

– DFWHC/Adaptive Workforce Solutions

Speaker **Julie O'Keefe** of Adaptive Workforce Solutions.

https://www.youtube.com/watch?v=KWXSMdbnX68



Upcoming

August 7, 2025 - 2:00-3:00 p.m., CT

"Building a Flexible and Sustainable Workforce for the Future"

– DFWHC/ShiftKey

Speaker **Matt Clark** of ShiftKey.

August 14, 2025 - 2:00-3:00 p.m., CT

"The One Big Beautiful Bill and the Future of Healthcare"

– DFWHC/Forvis Mazars

Speaker **Chad Mulvany, FHFMA** of Forvis Mazars. ■

Around DFWHC

Stevens named CEO of MC Frisco

KEN STEVENS was named chief executive officer (CEO) of **Medical City Frisco**, starting in May.

Prior to this role, Stevens served as the chief operating officer at Medical City Lewisville since 2023. There, he has provided leadership and direct administrative oversight of strategic planning for business development and project management resulting in service growth and enhancements in patient and physician satisfaction. He served as vice president of operations at Medical City Frisco from 2020-2023.


Ken Stevens

"Ken has a proven record of operational leadership across the Medical City Healthcare system of care, including his prior tenure at Medical City Frisco," said **Ben Coogan**, CEO of Medical City Plano. "As we continue to advance to meet healthcare demand in this growing community, I am confident Ken will lead Medical City Frisco to the next level of healthcare excellence."

Previously, Stevens spent five years in leadership roles at Medical City Plano. He began his Medical City Healthcare career in 2011 as a financial analyst. ■

Northern new president of Texas Health Frisco

TIFFANY NORTHERN, FACHE, has been named president of **Texas Health Hospital Frisco**, effective in March. She has served as the hospital's interim president since December.


Tiffany Northern

Northern joined Texas Health Resources in 2021 as chief operating officer at Texas Health Presbyterian Hospital Dallas. In this role, she led the hospital's strategy and business development efforts, including physician workforce planning, medical group practice development and service line profitability, ensuring operational readiness.

"Tiffany is a dedicated, leader who is committed to developing people and culture and serving the community," said **Kirk King**, COO of Hospital Channel for Texas Health. "She is already a proven leader to the team at Texas Health Frisco and I'm excited to see her lead the long-term growth of the hospital."

Northern joined Texas Health from MedStar Health in Washington, D.C. ■

Mathis named new CEO of Medical City Las Colinas

CHRISTINA MATHIS was named chief executive officer (CEO) for **Medical City Las Colinas**, effective in March.

Mathis previously served as CEO of Medical City Frisco since Nov. 2023. Under her leadership, the hospital experienced significant growth in services while also achieving Level III Trauma Center and Level III Maternal facility redesignations. Medical City Frisco was named one of Healthgrades' 250 Best Hospitals in 2023 and 2024.


Christina Mathis

Mathis began her HCA Healthcare career as an associate administrator at Medical City Plano in 2017 before being promoted to vice president of operations and assistant chief operating officer at the hospital. She then served as chief operating officer (COO) at HCA Healthcare's St. David's Georgetown Hospital and later as COO at Medical City Plano.

Mathis earned a Master of Health Care Administration from Trinity University in San Antonio and a Bachelor of Science in Human Development and Family Sciences from The University of Texas at Austin. She's also an active board member of the American College of Healthcare Executives North Texas chapter.

The ACHE of North Texas will host a "Breakfast with the CEO – Christina Mathis, MHA" on August 14, from 7:30 a.m. to 9:00 a.m. in the hospital's Medical Office Building at 6750 North MacArthur Boulevard in Irving. You can register at **www.eventbrite.com/e/breakfast-with-the-ceo-christina-mathis-mha-tickets-1407576833199**. ■

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Associate Members

New Texas law limits restrictive covenants in health care

By **Robin Sheridan, Keith Dugger** and **Chandani Patel**

NOT UNLIKE THE LAWS in just about every other U.S. state, Chapter 15 of the Texas Business and Commerce Code has required that non-solicitation and non-compete agreements for all employees be limited to reasonable time, geographic and scope of activity parameters. However, on June 20, 2025, **Texas Governor Greg Abbott** signed into law Senate Bill No. 1318 ("SB 1318"), dramatically amending the state's restrictions on restrictive covenants for physicians and certain other health care practitioners. The changes are highlighted below:

PHYSICIAN RESTRICTIONS

Current:

Covenant must be ancillary to or part of an otherwise enforceable agreement at the time the agreement is made. No change.

Covenant must contain limitations as to time, geographical area and scope of activity to be restrained that are reasonable and do not impose a greater restraint than is necessary to protect goodwill or other business interest. Covenant must contain limitations as to time and scope of activity to be restrained that are reasonable and do not impose a greater restraint than is necessary to protect goodwill or other business interest; ***the geographic restriction is now limited to five miles or less from the location at which the physician primarily practiced prior to termination.***

Covenant may not deny the physician access to a list of the physician's patients whom the physician had seen or treated within one year of termination of the contract or employment. No change.

Covenant must provide access to medical records of the physician's patients upon authorization of the patient. No change.

Covenant must provide that any access to a list of patients or to patients' medical records after termination of the contract or employment shall not require such list or records to be provided in a format different than that by which such records are maintained, except by mutual consent of the parties to the contract. No change.

This article was submitted by **Hall Render.** For info, please contact Chris Wilson at chrisw@dfwhc.org.

HALL RENDER
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A buyout must be included and must be set at a reasonable price or by mutually agreed upon arbitration. A buyout must be included ***in an amount not greater than the physician's total annual salary and wages at the time of termination of the contract or employment.***

Physician may not be prohibited from providing continuing care and treatment to a specific patient(s) during the course of an acute illness even after the contract or employment has been terminated. No change.

Additional conditions not addressed in current law

- Covenant must expire no later than the one-year anniversary of the date the contract or employment has been terminated.
- All terms and conditions of the covenant must be written, clear and conspicuous.
- An otherwise enforceable covenant will be void and unenforceable against a physician who is involuntarily discharged from contract or employment without good cause. "Good cause" is defined in the statute as "a reasonable basis for discharge of a physician from contract or employment that is directly related to the physician's conduct, including the physician's conduct on the job or otherwise, job performance, and contract or employment record."

Although prior section 15.50(c), which excluded a physician's business ownership interest in a licensed hospital or licensed ambulatory surgical from the limitations, appears to have been removed, the provisions of Chapter 15.50 are limited to non-competes "related to the practice of medicine," and SB 1318 expressly provides that the limitations do not apply to physicians who are managing or directing medical services in an administrative capacity for a medical practice or other health care provider.

OTHER HEALTH CARE PRACTITIONERS:
Dentists, Physician Assistants, Registered Nurses, Licensed Vocational Nurses, Licensed Practical Nurses, Advanced Practice Registered Nurses

Current:
Covenant must be ancillary to or part of an otherwise enforceable agreement at the time the agreement is made. No change.

Covenant must contain limitations as to time, geographical area and scope of activity to be restrained that are reasonable and do not impose a greater restraint than is necessary to protect goodwill or other business interests. Covenant must contain limitations as to time and scope of activity to be restrained that are reasonable and do not impose a greater restraint than is necessary to protect the goodwill or other business interest of the promise; ***the geographic area subject to the covenant is now limited to five miles or less from the primary location of practice prior to termination.***

Additional conditions not addressed in current law

- Buyout must be included and must be set in an amount not greater than the practitioner's total annual salary and wages at the time of termination.
- Covenant must expire no later than the one-year anniversary of the date the contract or employment has been terminated.
- All terms and conditions of the covenant must be written, clear and conspicuous.

Notice that the provisions for physicians and non-physicians are not identical: requirements that allow for continuing care and access to lists/records were not provided for non-physician practitioners; additionally, a non-physician practitioner's covenant is not void if employment/contract is involuntarily terminated without good cause. These changes apply only to a covenant entered into or renewed on or after September 1, 2025.

For further information or assistance, please contact:

- **Robin Sheridan** at **rsheridan@hallrender.com**;
- **Keith Dugger** at **kdugger@hallrender.com**; or
- **Chandani Patel** at **cpatel@hallrender.com**.

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Obesity Management in Adults

www.etamu.edu

By **Donna Callicoat**, DNP, APRN, FNP, East Texas A&M University

OBESITY, DEFINED AS A BODY MASS INDEX (BMI) greater than 30 (Edwards et al., 2020), is a growing public health concern in the United States. Its rising prevalence has placed significant strain on the healthcare system, costing an estimated $173 billion annually (CDC, 2022). Despite the risks of heart disease, diabetes, and certain cancers, primary care clinics often miss opportunities to address obesity effectively.

National data show a concerning trend, with adult obesity rates increasing from 30.5% to 41.9% between 2017 and 2020, with severe obesity rising from 4.7% to 9.2% (CDC, 2022). In Texas, the obesity rate is a concern with statewide rates of 35.7% for 2020 (Texas Health and Human Services, 2023).

PROJECT OBJECTIVE

A recent evidence-based project conducted by a faculty member in the School of Nursing and Health Sciences at East Texas A&M University aimed to implement the AHA/ACC/TOS obesity guidelines in a rural Texas primary care clinic. The goal was to assess the effectiveness of these guidelines in reducing weight, body mass index (BMI), and waist circumference among adults 18 and older with obesity.

METHODS

The project was implemented over a 12-week period. In week one, the project lead met with healthcare providers to present the AHA/ACC/TOS evidence-based obesity guidelines, including diet, exercise, and screening procedures. Education packets were prepared for providers to give to patients.

From weeks two through ten, the intervention was implemented. Providers recruited eligible patients during routine visits by screening for obesity-related risk factors. Patients who agreed to participate received education on achieving a 500–750 kcal/day dietary deficit and were referred to the Health 4 You Program (online nutritional modules).

Patients were introduced to the MyFitnessPal app for

This article was submitted by **East Texas A&M University.**
For info, please contact Chris Wilson at chrisw@dfwhc.org.

self-monitoring. They were also encouraged to engage in 200–300 minutes of physical activity weekly and referred to exercise specialists when appropriate.

The project lead conducted bi-weekly telephone follow-ups to monitor patient engagement, support app usage, and reinforce education. Progress was tracked through the MyFitnessPal app, and weight, BMI, and waist circumference measurements were obtained during monthly visits.

In weeks eleven and twelve, the project lead collected final data, including post-intervention weight, BMI, and waist circumference, and collaborated with a statistician to analyze the outcomes.

RESULTS

At the end of 8 weeks, among 21 participants, statistically significant decreases in BMI (from 38.30 to 37.82), weight (a reduction of 3.53 lbs.), and waist circumference (a decrease of 1.32 inches) occurred. These reductions are meaningful, as even modest changes in these measures can reduce the risk of obesity-related health complications.

Descriptive data revealed that participants achieved an average daily calorie deficit of 1,495 calories, though individual results ranged from 550 to 3,000 calories. This variability suggests differences in adherence to the intervention or in individual metabolic responses.

Although participants reported an average of 105.71 minutes of exercise per week statistical analyses indicated that exercise levels were not strongly linked to calorie deficits, and that dietary changes may have played a more substantial role in weight loss. Overall, the results indicate that the intervention had a positive and measurable impact on participants' weight, BMI, and waist circumference.

These findings highlight the importance of individualized approaches to obesity management, as well as the potential for structured education and self-monitoring to support health behavior changes.

KEY FINDINGS AND LIMITATIONS

The project strengths included the focus on patient education, accountability, and accessible tools like the **MyFitnessPal** app to encourage self-monitoring of diet and physical activity. These elements empowered patients to take an active role in managing their health, resulting in measurable improvements. Individualized follow-up had a positive effect on patient success. The results suggest the program is practical and effective, providing strong support for continuation in the clinical setting.

Statistical analyses indicated exercise levels were not strongly linked to calorie deficits, and that dietary changes may have played a more substantial role in weight loss.

This intervention supports broader health goals by promoting positive behavioral changes and directly addressing obesity, demonstrating its value as a sustainable way to improve patient outcomes. At the same time, it is important to indicate some limitations of the study.

The main limitation of the project was its short duration, which restricted the ability to observe long-term outcomes and the sustainability of weight loss and behavior changes. Additionally, a larger sample size would provide more confidence of the generalizability of these findings to a broader population.

CONCLUSION

This pilot project demonstrated that integrating digital self-monitoring tools, structured education, and consistent follow-up can lead to relatively quick and meaningful improvements in obesity outcomes. Nurse practitioners play a critical role in facilitating these interventions by leveraging technology and relationship-based care to empower patients.

Our nurse preparation programs (traditional BSN/competency based RN to BSN/online Family Nurse Practitioner MSN) at East Texas A&M University ensure that our graduates are up to date in the latest health technologies and are skilled in relationship-based care so that they are best positioned to help their patients with obesity and other health related issues. ■

FACING THE PRESSURE:

How operational assessments help rural and community hospitals

By **David Domingue**, SVP of Business Development, Community Hospital Corporation

COMMUNITY HOSPITALS, ESPECIALLY THOSE designated as Critical Access Hospitals (CAHs), are facing mounting pressures from multiple fronts. Workforce shortages, rising supply costs, aging infrastructure, and changing reimbursement models all strain hospital operations. At the same time, the rapid growth of Medicare Advantage plans introduces new barriers to care and payment, adding to the financial uncertainty.

Medicare Advantage plans are now a dominant force in healthcare coverage, but for rural hospitals, the shift has brought significant challenges. According to the American Hospital Association, these plans frequently delay care, deny claims, and impose burdensome prior authorization requirements, which result in longer hospital stays, increased administrative work, and cash flow disruption. For hospitals already operating with limited margins, the strain is becoming unsustainable.

In this environment, hospital leaders must take proactive steps to assess their financial health, evaluate strategic options, and develop a realistic plan for long-term viability. For many, the first step is an operational assessment.

A ROADMAP TO IMPROVEMENT

An operational assessment provides a comprehensive view of hospital performance and lays the groundwork for a performance optimization plan. Conducted in collaboration with hospital leadership, the operational assessment identifies specific opportunities to decrease expenses, improve performance, and enhance care delivery. It can also help inform critical decisions around potential partnerships, management support, and other paths to stability.

KEY AREAS OF FOCUS INCLUDE:

Operations. With an estimated one-third of healthcare

Article submitted by **Community Hospital Corporation.**
For info, contact Chris Wilson at chrisw@dfwhc.org.

An operational assessment provides a comprehensive view of hospital performance and lays the groundwork for a performance optimization plan. Conducted in collaboration with hospital leadership, the operational assessment identifies specific opportunities.

spending attributed to waste, operational assessments uncover inefficiencies that may be increasing costs without contributing to quality care. The goal is to streamline operations while maintaining or improving clinical outcomes.

Staffing. Labor costs remain a top concern. Assessments include productivity evaluations and workforce planning that consider recruitment, retention, and provider alignment. Strategies to reduce turnover and reliance on contract labor are essential to cost control.

Supply chain. Rising costs and reimbursement delays make supply chain optimization more critical than ever. An assessment evaluates purchasing practices, vendor relationships, and opportunities for group purchasing or standardization that can yield meaningful savings.

Revenue cycle and finance. Assessments evaluate the full revenue cycle, from contract negotiation to final collections. This includes analyzing charge capture, coding accuracy, billing efficiency, and expense management. Identifying and correcting gaps in the revenue cycle can significantly improve cash flow.

Leadership. Effective leadership is vital during challenging times. Assessments examine governance, resource allocation, communication, and planning to determine whether the current leadership model supports the hospital's goals, and whether external partnership or interim support could be beneficial.

Information technology. Technology infrastructure must support both operations and care delivery. The assessment includes a review of clinical and financial IT systems, cybersecurity risks, and interoperability issues. It also considers how technology investments can relieve pressure on staff and improve efficiency.

Strategy. Even hospitals focused on survival need a strategic plan. An assessment looks beyond day-to-day solvency and helps position the organization for future growth by identifying service lines with potential, evaluating market trends, and considering partnership models that may strengthen long-term sustainability.

MORE THAN A DIAGNOSIS: A PLAN FOR ACTION

Operational assessments begin with a thorough data review and stakeholder interviews to capture both quantitative and qualitative perspectives. This process not only identifies where the hospital stands in each performance area, but it also examines how and why those conditions developed.

The outcome is a tailored performance enhancement plan with realistic recommendations, financial projections, and timelines. Some hospitals choose to implement the recommendations independently, while others seek partnerships for ongoing support, interim leadership, or full management services. The operational assessment offers a clear path forward that is grounded in data, shaped by experience, and focused on sustainability. ■

A DEEPER APPROACH TO HEALTHCARE MARKETING.

At Agency Creative, we see beyond the surface.

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HEALTHCARE MARKETING

PERSPECTIVES

Service Line Growth Through Precision Campaigns

The Future of Healthcare Marketing

In today's competitive healthcare landscape, hospital CEOs are laser-focused on driving growth in high-margin and strategic service lines such as cardiology, orthopedics, and oncology. To meet these goals, health systems are turning to precision campaigns—marketing efforts powered by data and designed for impact.

Precision campaigns go beyond broad messaging. They use real-time data to identify and engage high-value patients based on medical risk, age, behavior, and lifestyle. For example, rather than advertising joint replacements to a general population, a campaign may target active adults over 50 who've recently searched for mobility aids or arthritis care. This level of targeting improves efficiency, ROI, and—most importantly—access to the right care at the right time. We at Agency Creative have honed this approach leveraging our strategic DSP partner, Cadent, through their predictive healthcare audience building process.

But data alone isn't enough. Effective precision campaigns are built on robust consumer segmentation. By categorizing individuals based on their health status, care preferences, and digital behaviors, hospitals can tailor messaging that resonates—whether it's a clinical outcome story for oncology patients or a convenient scheduling message for busy parents needing pediatric cardiology consults.

Equally important is journey mapping across every patient touchpoint—from symptom search to appointment booking to post-visit follow-up. Understanding this journey allows marketers to remove friction, personalize outreach, and reinforce trust at every step. A patient considering spine surgery, for example, may first interact with educational content, followed by a virtual consult prompt, and finally a concierge scheduling experience.

In short, precision campaigns transform service line marketing from generic outreach into high-performance engines for growth. For healthcare leaders, the opportunity is clear: harness data, segment smartly, map the journey—and grow with precision.

If you have any questions or need advice on this, give me a call. I'll be glad to help.

About the author
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Insights & Inspirations

THE ONE BIG BEAUTIFUL BILL

and the Future of Healthcare

LIVE WEBINAR

DALLAS-FORT WORTH HOSPITAL COUNCIL

forvis mazars

Thursday, August 14

2:00 p.m. - 3:00 p.m., CDT

The One Big Beautiful Bill Act (OBBBA) makes significant changes to healthcare, particularly affecting Medicaid and the Affordable Care Act (ACA). It includes provisions for cost containment, program integrity, and increased state flexibility. The bill could result in substantial cuts to Medicaid spending and a potential increase in the number of uninsured Americans. Join us for this complimentary webinar as we discuss what the OBBBA could mean for the future of healthcare.

SPEAKERS

Chad Mulvany, FHFMA
Dir. Healthcare Consulting
Forvis Mazars

Stephen Love,
President/CEO
DFW Hospital Council

- MEDICAID
- AFFORDABLE CARE ACT
- PROGRAM INTEGRITY
- COST CONTAINMENT
- STATE FLEXIBILITY
- UNINSURED AMERICANS

INFORMATION:
Chris Wilson, chrisw@dfwhc.org, 972-719-4900

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Jennifer Miff
President, DFWHC Foundation
Senior Vice President, DFWHC

Building our workforce

AS WE START TO NEAR THE END OF SUMMER, it will soon be time for the DFW Hospital Council (DFWHC) Foundation's signature education events of the year.

First, the Patient Safety Summit, now in its 18th year, will feature keynote speaker **Urs Koenig**, a former UN Peacekeeper and renown expert on humble leadership. Our team is already reading his bestselling book "Radical Humility" in preparation for the conference. We are enjoying his practical advice for stimulating self-awareness as a leader, achieving high standards while still being empathetic, empowering teams, and creating a culture of candor.

The Patient Safety Summit is designed to educate healthcare providers to include bedside care givers, quality directors, regulatory staff and risk management staff on best practices in patient safety and compliance. The event will also include presentations on "Gentelligence," a "Texas Legislative Update," "CMS, PSSM Requirements," and "4S Model of Change Management."

We hope you can join us for this virtual event taking place from 10 a.m. to 12 noon every Thursday in September. The Summit will also provide a total of 7.5 CNEs. For more details, visit **dfwhcfoundation.org/2025-patient-safety-summit/**.

On October 9 and 10, we will host our 8th Annual Information and Quality Service Center's (IQSC) Data Summit. Texas Health Resources has generously agreed to host us in person on the October 9 at their Arlington campus, where we will also host a poster session. The second day will continue with virtual sessions to extend the learning experience. Our in-person keynote presentation will feature Parkland Health and PCCI, with a special session on Parkland's Imaging Surveillance system, which leverages large language models to review radiology notes for needed follow ups.

Finally, we are excited to announce that Dallas College has received a new four-year grant from the U.S. Department of Labor. The PATH (Partners in Advancing Talent in Healthcare) Project unites Dallas College with Tarrant County College, Navarro College, Hill College and the DFWHC Foundation to deliver targeted training, build innovative career pathways and directly support students through more than $1.3 million in tuition assistance. I'm proud to share the words of Dr. Justin H. Lonon, Dallas College chancellor. "With this grant, we're not just training tomorrow's workforce — we're investing in the health and vitality of our communities."

Thank you for your support of the DFWHC Foundation. ■

How to contact us
972-717-4279
info@dfwhcfoundation.org

DFWHC FOUNDATION
www.dfwhcfoundation.org

Foundation Mission
Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

Foundation Vision
As the trusted "go to" resource, inspire collective improvement of health and healthcare outcomes.

Around DFWHC Foundation

Attendees at the formal signing ceremony on July 14 included Robin Manuel of Dallas College (l to r), Dr. Tetsuya Umebayashi of Dallas College, Jen Miff of the DFWHC Foundation, Sally Williams of the DFWHC Foundation, Stephen Love of DFWHC and Abbey Batchelder of Baylor Scott & White Health.

Foundation teams with Dallas College for federal initiative

A TRANSFORMATIVE $5.7 MILLION federal investment is set to reshape health care education and workforce development across North Texas. Funded by the U.S. Department of Labor, the **PATH (Partners in Advancing Talent in Healthcare) Project** unites **Dallas College** with **Tarrant County College**, **Navarro College**, **Hill College** and the **Dallas-Fort Worth Hospital Council (DFWHC) Foundation** in a bold effort to expand access, improve equity and meet the growing demand for skilled health care professionals.

"This is what barrier-busting business looks like: collaboration across institutions, innovation in workforce development and a shared commitment to equity and access in health care," said **Dr. Justin H. Lonon**, Dallas College chancellor. "We're investing in the health and vitality of our communities."

The four-year grant will deliver targeted training, build innovative career pathways and directly support students through more than $1.3 million in tuition assistance. Funded by the U.S. Department of Labor's Employment and Training Administration, this grant will serve thousands of students across North Texas, particularly low-income individuals, first-generation college students and aspiring health care professionals.

"The PATH Project gives our students more than just access, it gives them direction, support and a clear path into health care careers that are deeply needed across our communities," said **Dr. Tetsuya Umebayashi**, vice provost of the School of Health Sciences at Dallas College."

"The demand for skilled healthcare professionals in North Texas has never been greater, and our health systems continue to seek innovative ways to grow and develop the North Texas healthcare workforce," said **Jen Miff**, president of the DFWHC Foundation. "We appreciate our enduring partnership with Dallas College, which equips the current and future healthcare workforce with the skills and experience needed to thrive."

On July 14, Dallas College hosted a formal signing ceremony with all partner institutions to launch the PATH Project, which will run through 2029. ■

Around DFWHC Foundation

Foundation's **Patient Safety Summit** to begin Sept. 4

REGISTRATION IS NOW OPEN to the DFW Hospital Council Foundation's 1**8th Annual Patient Safety Summit** set to begin **September 4** and continue consecutive Thursdays **September 11, 18 and 25**. The virtual event will take place each day from 10:00 a.m. to 12:00 noon, CDT.

Themed "Mastering Patient Safety," the event kicks off September 5 with Keynote Speaker **Urs Koenig**, the bestselling author of "Radical Humility." He is also a former United Nations military peacekeeper commander. His presentation will focus on a human-centered approach to leadership in today's world.

Additional topics and speakers include:

- Thursday, September 11 – "Gentelligence" with **Justin McGlothin, ED. D.**, Professor of Management at Miami University;
- Thursday, September 18 – "Texas Legislative Update" with **Jack Frazee** of the Texas Nurses Association;
- Thursday, September 25 – "4S Model of Change" with **Jackson Kerchis**, Partner at Happiness Means Business.

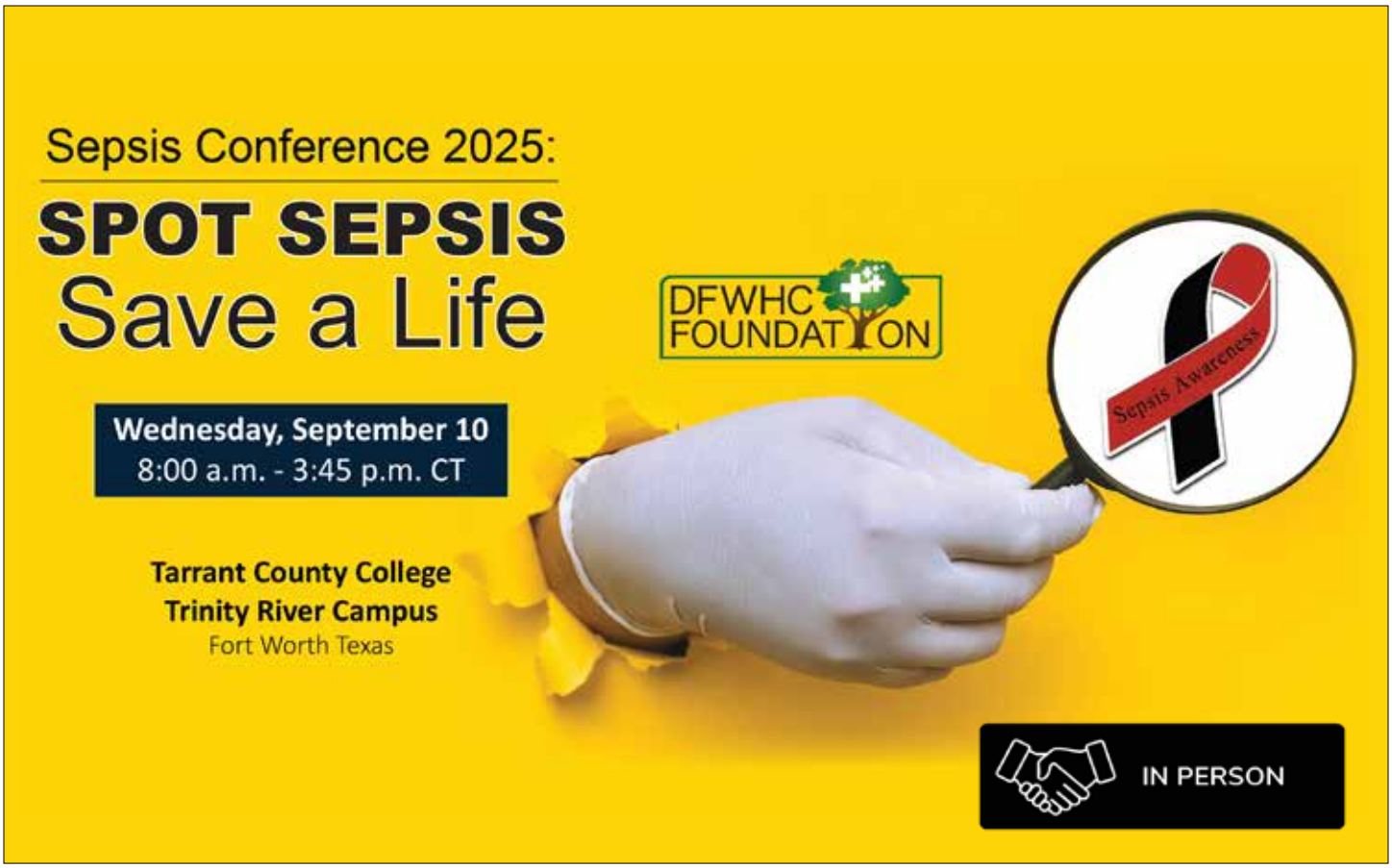
There will be 7.5 hours of continuing education credits available.

For complete agenda, speakers and CE Credit info, please go to **dfwhcfoundation.org/2025-patient-safety-summit/**.

For sponsorships or tickets, please got to **dfwhcfoundation.org/2025-patient-safety-summit/**.

For information, please contact **Patti Taylor** at **ptaylor@dfwhcfoundation.org**. ■

Fourth Annual Sepsis Conference set for Sept. 10



THE DFW HOSPITAL COUNCIL FOUNDATION will be hosting its **"Fourth Annual Sepsis Conference"** on Wednesday, **September 10** from 8:00 a.m. to 3:45 p.m., CDT at the **Tarrant County College Trinity River Campus** in Fort Worth. The event will be held in the school's Action A, B and C Rooms.

This conference is pre-registration only. Through July 31, early-bird tickets are available for only $35. Starting August 1, cost is $45 per person. Fee includes breakfast and lunch provided by Jason's Deli.

This year's theme is "Spot Sepsis Save a Life," with speakers and agenda listed at **dfwhcfoundation.org/about/events/educational-events/**.

Learning objectives will include:

1. Identify the signs of Sepsis in a patient present in the hospital emergency department;
2. Interpret the importance of the SEP-1 Bundle;
3. Use BLASTERS as a tool to treat patients;
4. Develop strategies to protect your nursing license.

At the end of the conference, the inaugural Clover Award will be presented. This award honors 9-month old **Clover Annabel** Harrold who lost her life to sepsis. The family's aim for the award is to honor healthcare workers who have taken life-saving actions to identify and treat sepsis early. Submission deadline is August 15.

Poster Submissions, Clover Award nominations and CE details can be foundt at **dfwhcfoundation.org/about/events/educational-events/**.

You can register at **dfwhcfoundation.org/about/events/educational-events/**.

The conference will be hosted by the Sepsis Strike Force. Coordinated by **Patti Taylo**r, director of quality and patient safety at the DFWHC Foundation, the group was formed in 2017 with the intention of providing evidence-based clinical guidelines, protocols and best practices regarding sepsis.

For questions, please contact **Patti** at **ptaylor@dfwhcfoundation.org**. ■

Around DFWHC Foundation

The North Texas Gen Healthcare Industry Partnership

John Phillips and Vanessa Walls

Dr. Justin Lonon (left) and Stephen Love

North Texas partnership brings together hospital leaders

ON MAY 21, the **North Texas Next Gen Healthcare Industry Partnership** was launched with 25 North Texas hospital industry leaders and 13 community partners in attendance. The launch was hosted by **Texas Health Resources** at their corporate headquarters in Arlington.

The partnership brings together leaders from health systems and hospitals across North Texas to discuss how to move forward together on strategic regional opportunities. Industry leaders discussed technology, innovation, workforce, precision medicine and infrastructure/transportation. All of these issues will require broad community collaboration to move the sector forward.

Community partners listened to leaders discuss the industry and considered how their expertise could be leveraged to support industry-led goals. Coordinators of this effort are the Dallas-Fort Worth Hospital Council (DFWHC) Foundation and Dallas College.

Vanessa Walls, Chief Market Executive, Northern Market with Children's Health and DFWHC Board Chair; and **John Phillips**, President of Methodist Dallas Medical Center, kicked off the meeting. They were followed by a welcome from **Stephen Love**, President/CEO of DFWHC; and **Dr. Justin Lonon**, Chancellor of Dallas College. ■

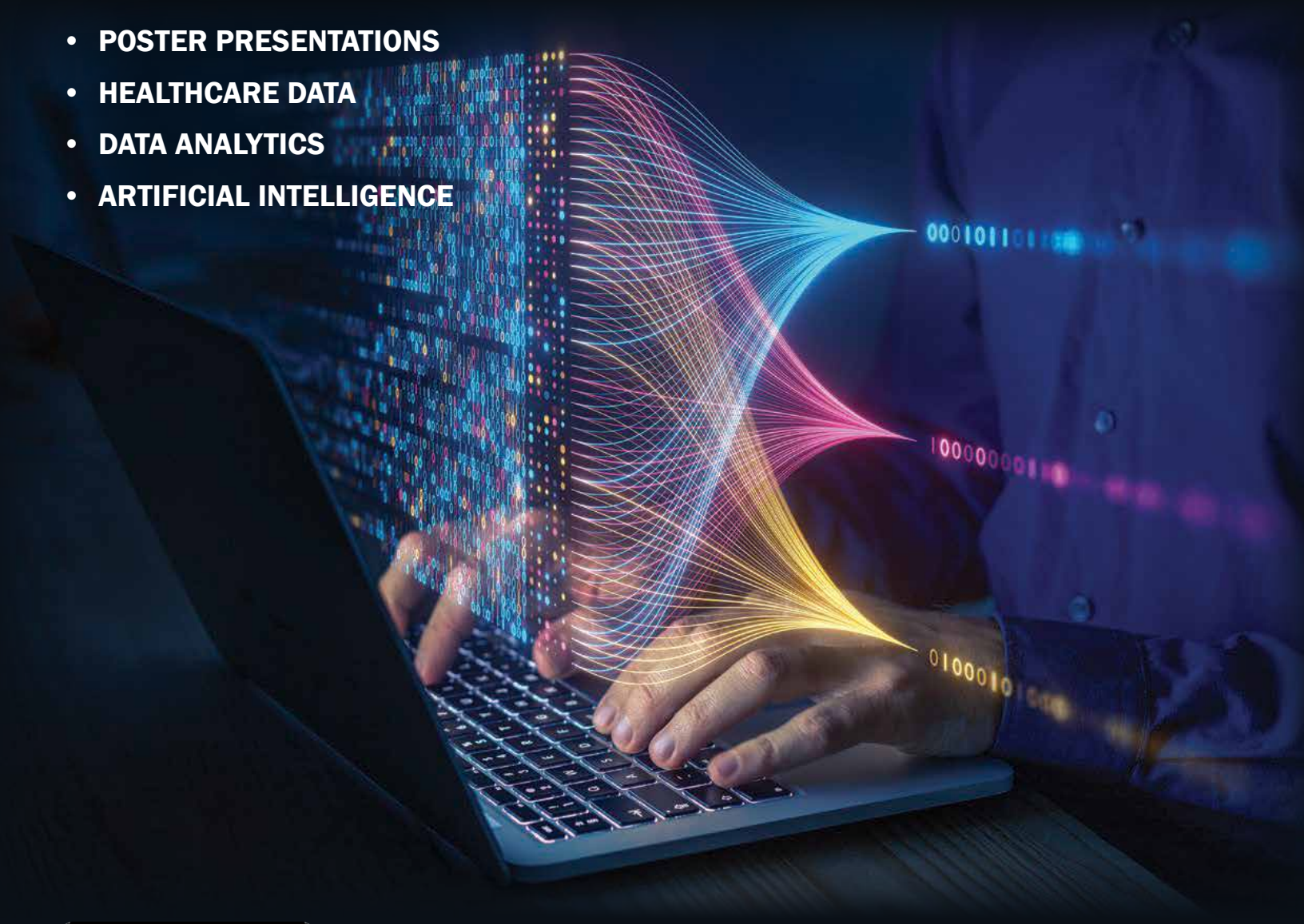
Information Quality Services Center

IQSC Data Summit

October 9, 2025 – 8:30 a.m. - 1:30 p.m., CDT, In-person and Virtual, Texas Health Resources Corporate Offices in Arlington

October 10, 2025 – 9 a.m. - 12 noon, CDT, Virtual only

- **POSTER PRESENTATIONS**
- **HEALTHCARE DATA**
- **DATA ANALYTICS**
- **ARTIFICIAL INTELLIGENCE**



SCAN ME!

COST:
$100 for both days, includes lunch
$80 virtually both days
CE credits will be available

DFWHC FOUNDATION

Danny Davila
Director, FCRA Regulatory Risk & Consumer Compliance Advisor
GroupOne Background Screening

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Background reporting value

ONE OF THE MANY LESSONS I LEARNED during my introduction into the world of human resources (HR) was counsel provided by a respected Chief Operation Officer, who also had a high aptitude for financial management. He stated, "Remember your HR office is not a revenue-generating department. To bring value to an organization, you need to exceed the expectations of your customers, vendors and employees." Twenty-five-plus years and over 100,000 hires later, I've learned that even though costs keep increasing, we must search for ways to bring value to the HR onboarding process.

If you are an HR leader who is concerned about the rising costs of background checks, keep in mind that in today's employment market at least 40 percent of the candidates recruited and hired have several variables that should be carefully considered. Some HR directors may consider insourcing the checks. However, the cost of several individuals conducting the research and investigation could be expensive. Unlike other volume-driven processes, the higher the volume of hires, the more you will see an increase in efficiency and a decrease in cost when outsourcing background reports.

What is the average cost per hire for your organization? Perhaps $4,000, to include expenses for advertising, sourcing, assessment, drug testing and compliance? It should be noted that each of these costs can double, triple and even quadruple when making a bad hiring decision. If you underestimate the effectiveness of having a quality, data-driven background report that captures a wide range of adverse information, then your HR office could indeed become a revenue-losing operation.

A detailed return on investment (ROI) tool that can be used to measure the cost effectiveness of your HR operations, including background reporting, can be obtained through various sources. One example can be found at **www.fountain.com/discover/recruitment-roi-estimator**.

In summary, the costs associated with background reports should be factored into HR operational reporting. The outcomes from an efficient, risk management-oriented approach to background checks will ensure that your workforce is both productive and compliant. And there's no better way to show the value of your department. ■

GroupOne
BACKGROUND SCREENING

GroupOne Services

Created by a board of hospital CEOs in 1989, GroupOne was the nation's first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.

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800-683-0255
Fax: 469-648-5088

Danny Davila:
ddavila@gp1.com

www.gp1.com

GroupOne's **"Behind the Curtain"** set for Aug. 6!

WE ALWAYS ENJOY A DISCUSSION between experts! Join us for GroupOne Background Screening's webinar "Behind the Curtain: An HR Director's Perspective on Background Screening" on Wednesday, August 6 from 2:00 to 3:00 p.m., CDT.

This unique presentation will detail a conversation between new DFW Hospital Council HR Director **Leah Whitworth** and GroupOne's HR Guru **David Graves**. They'll bring their decades of knowledge to the complimentary event while providing a fascinating look behind the curtain in background screening.

Topics will include background screen ordering, reviewing reports and challenges faced when managing the process. We'll also detail compliance issues and best practices. Don't miss this great opportunity to explore the many lessons learned during two careers spent coordinating background screening.

GroupOne's Communications Director **Chris Wilson** will also be along for the ride to serve as moderator and unofficial referee should there be any spirited disagreements.

You can register at **events.teams.microsoft.com/event/c13848ee-f56f-4d89-b5a0-139842a9ab49@76c3db70-eee8-4a1b-969c-dc07754d8f83**.

For questions, contact David at **dgraves@gp1.com**. ■

10 WAYS to speed up background checks

AS THEY SAY, "TIME IS MONEY." In today's market, hiring the right candidate quickly is important. Expediting your background checks can help you retain good candidates before they're hired away. Here's 10 tips to speed up your process.

1. Experienced Provider
Retain a quality provider such as GroupOne. Money is always important, but if you base your decision on cost, mistakes will be made. Mistakes create higher costs because of potential liability.

2. Applicant Tracking System (ATS)
An applicant tracking system (ATS) helps HR professionals track candidates. Working with a provider that offers ATS integrations such as GroupOne avoids problems with inaccurate data. Integration enables data to directly flow to your background provider, thus saving time.

3. Automate, Automate, Automate
Minimizing manual data entry prevents errors. You should have an automated system for electronic authorizations and results. Automation also helps to eliminate paper costs and waste.

4. Online Data Collection
When you work with a provider that gathers data online, you can benefit from greater hiring efficiency. ATS integration and online tracking expedites gathering authorization.

5. Candidate-Friendly Solutions
A paperless background check increases hiring efficiency. Your applicants will appreciate a smooth process that includes authorization and the delivery of results.

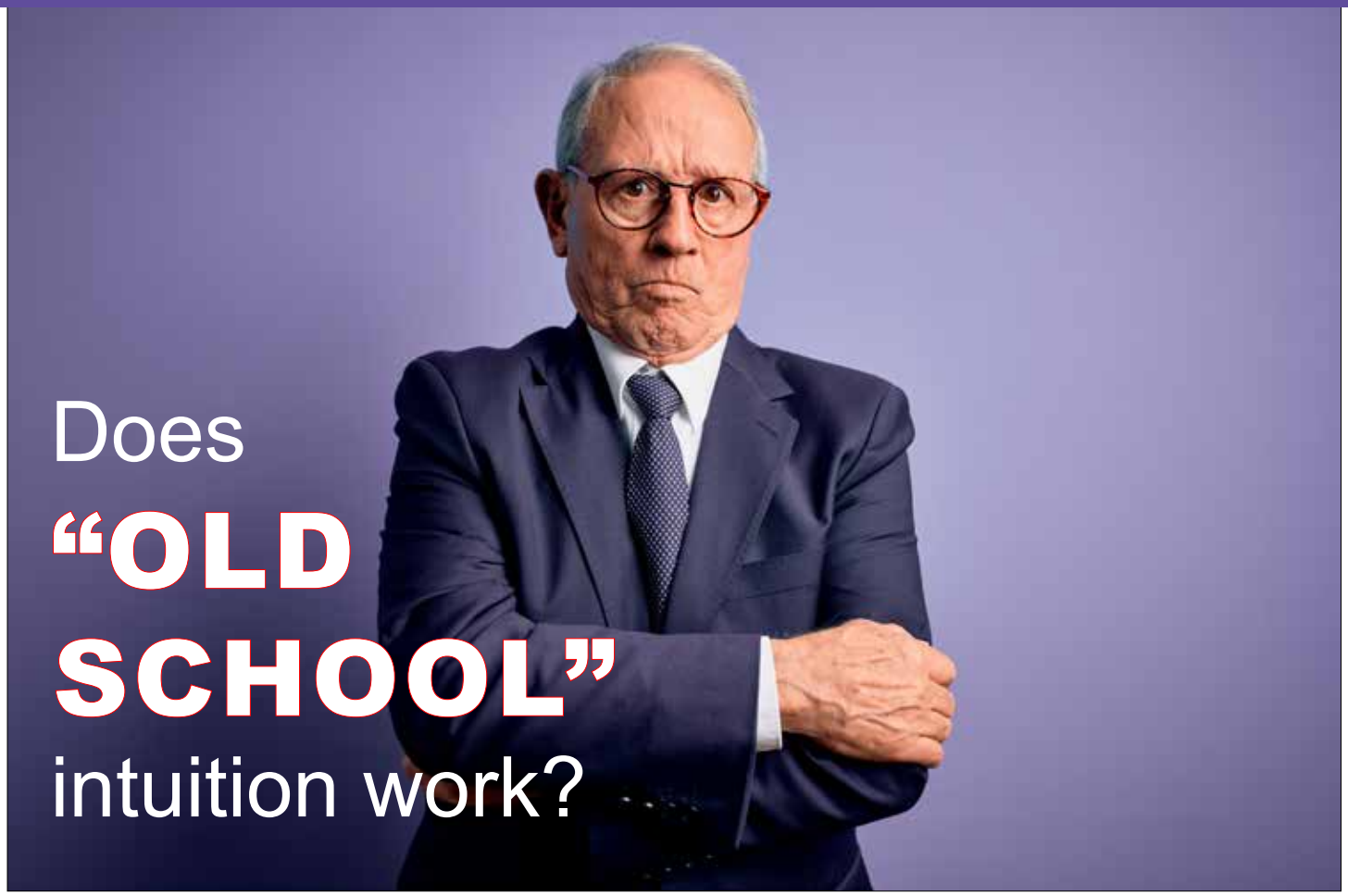
6. Digital, Digital, Digital
Under the FCRA, you must provide notice that you intend to conduct a background check and obtain written authorization. With digital disclosure and authorization, you can quickly send the forms electronically.

7. All Documentation!
Before GroupOne can conduct a background check, we must have documentation to comply with the law. Make sure to submit the candidate's full name; Social Security number; date of birth; and signed authorization forms.

8. Paperless Drug Screening
Paperless drug screening helps to recognize which candidates need a test and provides them with instructions for scheduling. Going paperless can notify you when your candidates sign their authorizations so that you won't lose time receiving the results.

9. Early Bird
Submitting requests early in the day can help you receive reports faster. Courts and clinics close at 5 p.m. By placing your orders in the morning, GroupOne has a full day to process the order.

10. Adverse Action Automation
Under the FCRA, you must complete an adverse action process if you decide not to hire a candidate based on a background check. An automated process allows you to generate notices and provide notifications. ■



Does "OLD SCHOOL" intuition work?

YES, THE PROPER DEFINITION OF "OLD SCHOOL" generally refers to ideas or styles that are traditional, conservative, or characteristic of an earlier era. Here at GroupOne Background Screening, we believe "old school" could also be defined as "reckless."

Specifically, we were hired by an HR director to run a background check on a certain employee. It amazes us that many HR Directors are hesitant to run background or reference checks because they believe it to be costly, or they were so impressed during the job interview that a check would be unnecessary. One HR director thought he was such a good judge of character he could tell whether a candidate would be a good fit based solely on a resume and face-to-face interview.

The company needed to hire someone to handle their national expansion. This specific hiring decision was based solely on the candidate's impressive interviewing skills and resume. He had the gift of gab and a great smile, and so the HR director was sold.

Unfortunately, after a few months on the job the HR director received numerous complaints the new employee wasn't getting the job done. That's when GroupOne was called in. We were asked to check his background and references. We discovered the reason he wasn't getting the job done was because he fudged multiple times on his resume. In fact, he had never before done the type of work he was hired to do. So much for intuition!

The cost to the company for not checking his references turned out to be $200,000. Now that's pricey. If a background and reference check had been done on this individual before he was hired, the cost would have been less than $500. We would all like to believe we are excellent judges of character. In this case, it led to a poor hiring decision.

What many HR directors should realize is that there are many job candidates who are attractive and bubbly and who interview extremely well. That's great, but can they do the job? On the flipside, there are many great employees who do not interview well. Should you rely on intuition? This is why a careful background and reference check is so important. There's nothing the matter with old school, but it could be costly to your company. ■

It's elementary my dear **HR Director!**

IS AN ORGANIZATION AS GOOD as its people? Here at GroupOne Background Screening, we say unequivocally yes! We understand the need to hire qualified employees is crucial to your business success. It is most certainly crucial to GroupOne's success.

Every member of our team is a licensed private investigator. Now, we're not saying we can track down missing persons or solve criminal cases. We'll leave that to Sherlock Holmes and Columbo. But we can wade through complex records and databases to find the information you need. Equally important is we help you avoid bad hires who may not have the credentials claimed.

There are several factors that go into selecting a consumer reporting agency such as GroupOne. These include expertise, reputation, turnaround time and customer service. You need help, you can call us anytime during business hours and our onsite team members are here to assist. We believe communication and customer service are key to the solutions we provide.

As advancements in technology surrounding background checks are made, there is a factor that HR directors should consider. Does the firm provide a team-oriented background screening service, or is it simply technology-driven data acquisition with a claim of speed and lower costs?

We'll be the first to admit technology has improved the speed of background checks. But we also believe a screening firm should prioritize client support, compliance and expertise. Background screening is not just data recovery. If this were the case, then our reports would be rife with inaccuracies and compliance issues.

At GroupOne, we provide professional service with a deep understanding of compliance issues in a complex legal landscape. Our human expertise ensures accuracy. Prioritizing technology over service could expose you to bad decisions and expensive lawsuits.

Be wary of screening firms marketing themselves as technology-driven, with automated platforms delivering instant reports. Our profession does not serve fast food. While automation has streamlined many aspects of background screening, it cannot replace customer service and compliance proficiency.

Background information requires industry expertise to understand if the data is accurate and complete. Our team has substantial training and an understanding of the sources and limitations of specific data types. Criminal records, employment history and educational credentials can contain complex and inconsistent information requiring human oversight to verify accuracy.

Background checks are pulled from multiple sources, many of which require manual verification. There are more than 3,200 counties in the U.S. with data, and a significant number have systems that are antiquated. Relying on automated sources carries the possibility of error that an employer cannot ignore.

And don't get us started on screening laws such as Ban the Box or Fair Chance Hiring! Such regulations vary widely across states and cities. Without human oversight, employers risk violating these complex compliance laws.

At GroupOne, we believe a truly effective background screening process is one that balances efficiency, accuracy and human involvement. While technology speeds up our searches, it is our expertise that ensures the results.

As Sherlock Homes would say, "It's elementary my dear HR director!" ■

WEB VERIFY

Employment & Salary Verification System

FAST
SECURE
SAVINGS

AUTOMATED! ACCURATE! AMAZING!

WHAT

WEBVERIFY is GroupOne's web-based system providing instantaneous employment and salary history on current and previous employees in place of those numerous phone calls to your HR team. This automated service conveniently provides an alternative for your staff having to respond to verification requests from mortgage lenders or companies wanting to verify the employment of current and previous staff members. This automated process saves you time and money, not to mention decreasing those calls. Our system is fast and secure while providing reliable information. **WEBVERIFY** is easy to implement and is available at no cost. Your employees also benefit as they can retrieve their own employment and salary history 24/7 through the system.

GroupOne
BACKGROUND SCREENING

BENEFITS

- Easier
- Faster
- Confidential
- Secure
- Accurate
- Saves Time

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300 Decker Drive, Suite 300
Irving, TX 75062

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