

A CNO no-no

How dare you? I just finished reading, "By the Numbers," the December 2008 supplement to *Modern Healthcare* (p. 34), and I am outraged. Your list of the top corporate executives excludes the chief nursing officer.

We are not "corporate department executives" who rank below a chief privacy officer or any other executive. CNOs are responsible for the patient care of an entire hospital, or system, and are a recognized leader not only on the senior team but also in the boardroom. We are usually responsible for almost 50% of a hospital's labor budget and most CNOs are astute business managers as well.

Please, the next time you decide to compare executive compensation (or any other type of comparison), include the CNO. If they don't already sit at the senior leadership table, then they should.

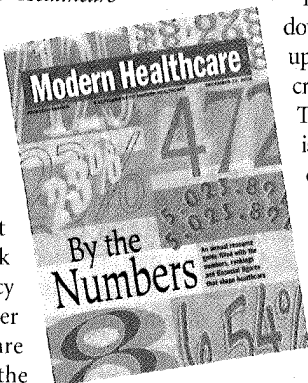
Beverly Bokovitz
Senior vice president and
chief nursing officer
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Some tech support

Your coverage of the AHA Solutions' recent survey ("HIT budgets taking a hit: study," Dec. 15, p. 10) certainly raises some good points related to tough decisionmaking in a tight economy.

What the survey data do not show, however, is that technology of clear need and value should not be cut from even the slimmest of budgets. Your writer touched on this point briefly in the article using examples of hospitals moving ahead with important purchases and implementations. These are reflective of the strong demand our company still sees for revenue-cycle technology and services.

One of the silver linings of a difficult economic period is a forced scrutinization of expenditures. There are administrative, clinical and financial technologies that can immediately improve a hospital's efficiency and increase revenue even amid hiring freezes, layoffs and other capital cuts. These same technologies can also improve patient satisfaction by trimming the time between admission and care and improving billing accuracy. Patient



satisfaction is always priority one, but is also always susceptible to unintended consequences of scaled-back budgets.

Hospitals should not allow an economic downturn to deter them from acquiring or upgrading information technology that is critical to their abilities to fulfill their mission. To the contrary, if the return on investment is measurable, then it should be an easy decision for the chief financial officer.

Mindy Hall
Vice president of national
revenue-cycle solutions
Passport Health Communications
Franklin, Tenn.

Recession truth

I think the main story for 2009 will be financial survival for hospitals (*Health IT Strategist* asked readers to offer their opinions on what the biggest stories will be in 2009). There are dual tsunamis about to hit: first, disappearing investment income, and second, cash flow problems, weak collections and more write-offs from a weak economy.

With more consumer-based healthcare, the days of hospitals doing well in a recession are gone. Frozen capital budgets and demolished information technology budgets will be the norm. If you're selling clinical systems, *forgetaboutit*; if you're selling revenue-cycle systems (or bolt-ons), it should be your year.

Frank Poggio
President
Kelzon Group
Barrington, Ill.

Color coordination

Thank you for printing this oh-so-important finding ("The color of professionalism," *Outliers*, Dec. 8, 2008, p. 36). As a hospital librarian caught in the evidence-based practice hurricane, I have done no fewer than six literature searches in the past two years in an attempt to establish research-supported recommendations for the optimal color for healthcare staff uniforms.

Clearly, this is an issue dear to the hearts of hospital staff, and I have sent copies of the study to our dress-code mavens. I can only be grateful that the team in Cleveland has settled this issue. For the time being, anyway ...

Julie Stielstra
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Silencing the quacks

Insurance companies do indeed provide significant value. They act as a check on what would otherwise be runaway utilization of every gimmick and quack therapy known to man.

The average layperson just isn't equipped to be able to figure out cost-benefit and so is at the mercy of every medical charlatan. A single-payer system might make sense, but it will have to be accompanied by strict utilization rules—a la the insurance companies—to keep us from becoming more broke than we are already.

Ronald Hellstern
Medical practice management consultant
Dallas

Medicare for all

We have an obvious solution to the worsening healthcare access crisis: Expand Medicare to cover all.

It is not "socialism," the outlandish charge made by fanatics when a single-payer system is discussed, anymore than the Veterans Health Administration is communism.

We have got to look at solutions, not repeat the empty rhetoric we hear on talk radio.

Medicare works. When combined with supplemental private policies, it provides a base level of coverage for those over 65. Why not expand it to all age groups? Some say costs will go up; this charge is unfounded. Yes, there will be cost-shifting from businesses to government. This will make our industries more competitive with foreign manufacturing, which does not pay health benefits to its employees.

And there will be cost-shifting from state and local governments, which are picking up part of the tab for indigents, to the federal government where it belongs.

Medicare administrative costs are much lower than the private insurance sector, which spends about one-third of our premium dollars on marketing-related costs.

Further, if current Medicare efforts regarding determining best medical practices are expanded, cost savings can be achieved and largely offset any increased systemic costs.

Jack Bernard
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What do you think?

Write us with your comments. Via e-mail, it's mhletters@crain.com; by fax, 312-280-3183.