

EASTERN IDAHO BUSINESS REPORT

A Post Register publication



Healthcare records are far more valuable on the black market than even credit card numbers. (stock photo)

Layered defense

Protecting valuable records requires multiple approaches, diligence

By Katie Roenigk

For Eastern Idaho Business Report

Everyone is vulnerable to cyber attacks, but for criminals looking to make a lot of money, health care facilities are a prime target.

Shane Paynter, director of information technology and information security officer at Mountain View Hospital in Idaho Falls, said cyber criminals can sell stolen health records for hundreds of dollars.

By contrast, credit card numbers are worth about \$8 each.

"There's more meat on the bone if you go after health care," Paynter said. "It's really just return on investment."

Hospital records can include all kinds of information, from birthdates and Social Security numbers to housing history, names of family members, images of signatures and lists of prescribed medications.

"It's just all your data," Paynter

said. "That stuff is really what the bad guys want."

Once the data has been obtained, it's usually sold online and used for illicit purposes, like buying a house in someone else's name or filling a false prescription.

Then, the cyber criminal will come back for more, often from the same source. Paynter explained that most hackers who are financially motivated don't want their victims to realize they've been exploited.

"The last thing they want to do is alert you to their presence," he said. "They want to find a nice, quiet corner of your network and hide ... happily scraping your information and sending it through some back door."

That's why it's important for hospitals to encrypt their data so it's useless when stolen, and to monitor activity on computer systems to look for improper use. But those are only some of the many tools that

should be applied in a diversified security system.

"It's almost like a mine field," Paynter said. "No one thing may be fool proof, but multiple things done in the right way can definitely help. ... Eventually (the hacker) will get caught."

Employees

According to this year's Verizon Data Breach Investigations Report, 66 percent of malware is installed through email attachments. To avoid that kind of attack, Paynter said employees must be trained to spot suspicious messages and avoid falling prey to them.

"Part of it is just teaching people ... healthy skepticism," he said. "There's no security system in the world that will replace the person."

Even if an employee is tricked into clicking a malicious link, Paynter said, the hacker may not get access to valuable information if pa-

tient data is only available to certain people.

"You want to silo it, protect it," he said. "Scope it down to where those who should touch it can — but only those."

When people with access to privileged information leave the organization or move to another department, Paynter says passwords should be changed and access should be revoked immediately.

Passwords are another line of defense against hacking, he noted. Paynter suggests using pass phrases that include dozens of characters, numbers and punctuation marks, but that are also easy to remember, like, "My chicken has 8 feathers!"

The pass phrase should be coupled with a security question, he added. The DBIR says that kind of two-factor authentication limits the damage that can be done with lost or stolen credentials.

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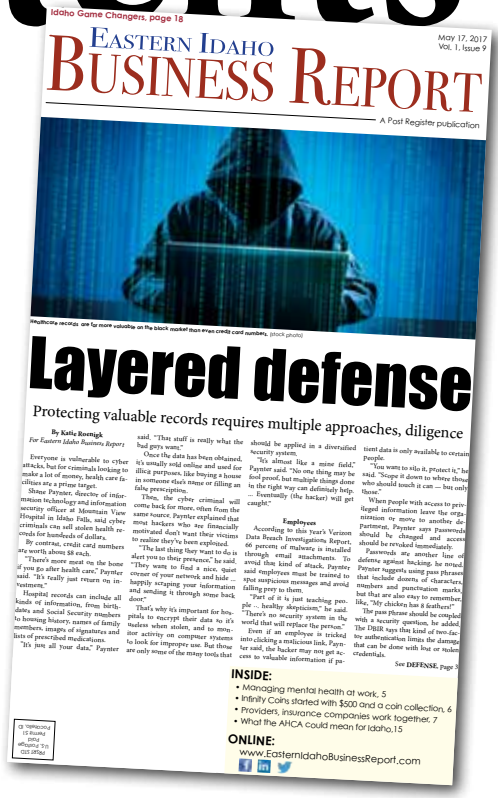
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Defense

Continued from page 1

Eighty percent of hacking-related breaches used either stolen passwords or weak or guessable passwords, according to the DBIR.

Mountain View and other similar businesses also block employee access to certain websites that may make them more vulnerable to attack, and the hospital's computers are unable to accept information from parts of the world where hacking is more common, like Russia, China or Iran. Paynter said the programs that block information based on geography are constantly updated to reflect the most recent threats.

"Set it and forget it is a thing of the past," Paynter said. "You don't say, 'Yep, let's install antivirus,' and walk away."

Finally, once the hospital no longer needs a certain piece of data, the information is destroyed in such a way that it can never be accessed again. Even items that have been printed out and are available in hard copy are safely disposed of.

If paper copies must be stored, Paynter says, security measures should be installed to ward off theft.

"Whether it's electronic or physical, treat it the same way," he said. "Do due diligence, cover the bases (and) make sure it's actually going to work."

Paynter has a dedicated staff that helps him shore up Mountain View's data security system. Other local medical offices, like Allied Health Care, outsource the work. In fact, Mountain View is in charge of information security for some of them, like Walker Spine and Sports Specialists.

For more information about the DBIR visit verizonenterprise.com/verizon-insights-lab/dbir/2017/.

Experts see possible North Korea links to global cyberattack

Youkyung Lee
AP Technology Writer

SEOUL, South Korea — Cybersecurity experts are pointing to circumstantial evidence that North Korea may be behind the global "ransomware" attack: the way the hackers took hostage computers and servers across the world was similar to previous cyberattacks attributed to North Korea.

Simon Choi, a director at South Korean anti-virus software company Hauri Inc. who has analyzed North Korean malware since 2008 and advises the government, said Tuesday that the North is no newcomer to the world of bitcoins. It has been mining the digital currency using malicious computer programs since as early as 2013, he said.

In the attack, hackers demand payment from victims in bitcoins to regain access to their encrypted computers. The malware has scrambled data at hospitals, factories, government agencies, banks and other businesses since Friday, but an expected second-wave outbreak largely failed to materialize after the weekend, in part because security researchers had already defanged it.

Choi is one of a number of researchers around the world who have suggested a possible link between the "ransomware" known as WannaCry and hackers linked to North Korea. Researchers at Symantec and Kaspersky Lab have found similarities between WannaCry and previous attacks blamed on North Korea.

The evidence is still far from conclusive, however. Authorities are working to catch the extortionists behind the global cyberattack, searching for digital clues and following the money.

"We are talking about a possibility, not that this was done by North Korea," Choi said.

HOW IT WORKED

WannaCry paralyzed computers running mostly older versions of Microsoft Windows in some 150 countries. It encrypted users' computer files and displayed a message demanding \$300 to \$600 worth of

the digital currency bitcoin to release them; failure to pay would leave the data scrambled and likely beyond repair.

The hackers appeared to have taken control of computers and servers around the world by sending a type of malicious code known as a worm. The worms quickly scanned computers with vulnerability, in this case the older versions of Microsoft Windows, and used those computers as hackers' command and control centers.

Experts say that the rapid spread of the worm globally suggests it did not rely on phishing, a method whereby an email is sent to people with the aim of having them click on infected documents or links.

Rather, analysts at the European Union cybersecurity agency say the hackers likely scanned the Internet for systems that were vulnerable to infection and exploited those computers remotely.

The worm then is likely to have spread through a channel that links computers running Microsoft Windows in a network. The channel is typically used to share files within a network or to link to a printer, for example.

THE NORTH KOREA LINK

This method has been found in previously known North Korean cyberattacks, including the Sony hack in 2014 blamed on North Korea.

"Since a July 2009 cyberattack by North Korea, they used the same method," Choi said. "It's not unique in North Korea but it's also not a very common method."

Choi also cited an accidental communication he had last year with a hacker traced to a North Korean internet address who admitted development of ransomware.

The Russian security firm Kaspersky Lab has said portions of the WannaCry program use the same code as malware previously distributed by the Lazarus Group, a hacker collective behind the 2014 Sony hack. Another security company, Symantec, has also found similarities between WannaCry and Lazarus tools.

But it's possible the code was simply copied from the Lazarus malware without any other direct connection.

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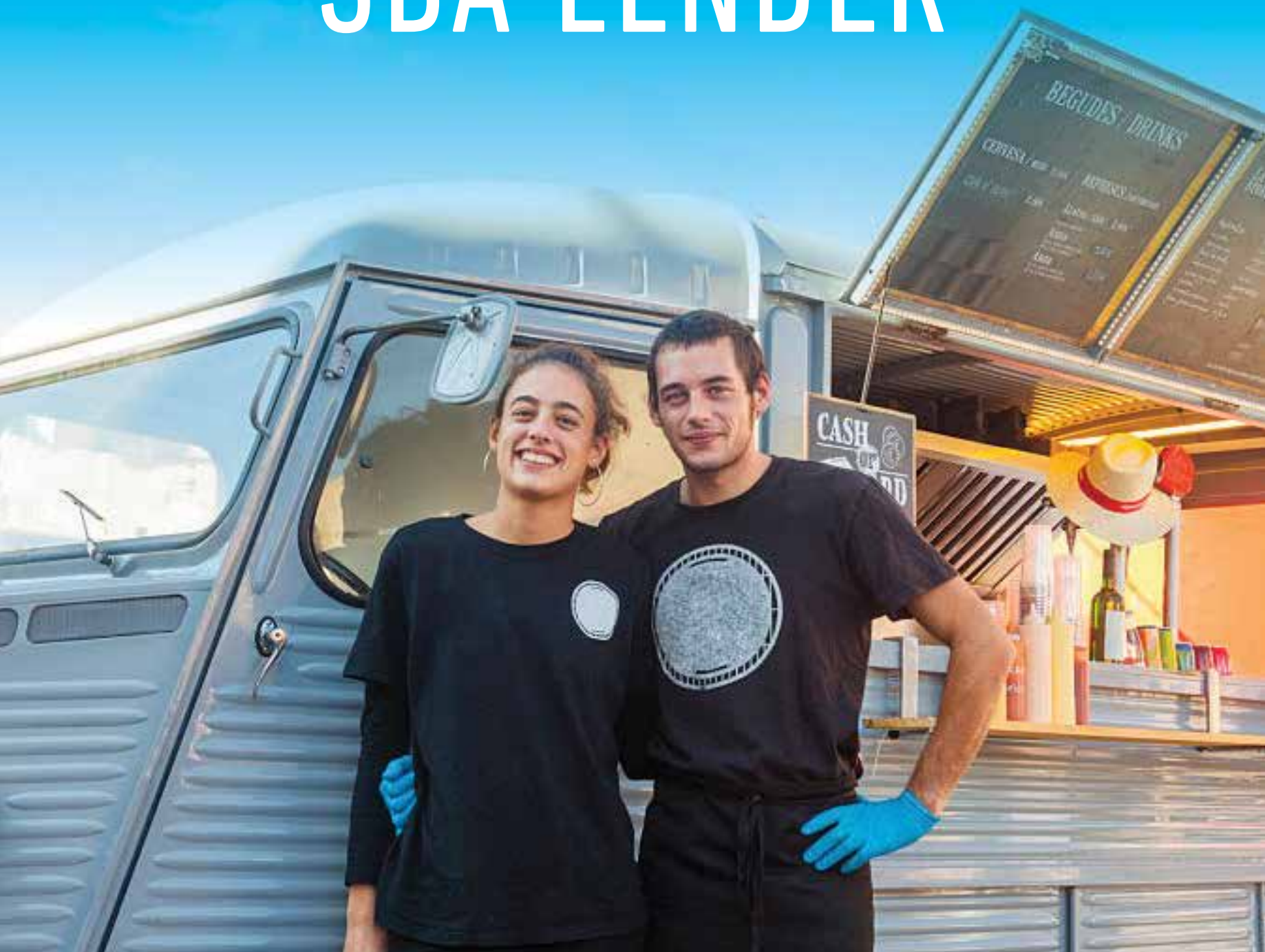
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Managing mental health at work

By Katie Roenigk

For Eastern Idaho Business Report

Most people spend more of their waking time at work than they do at home, so it makes sense that their coworkers, supervisors and employers would be the first to notice the signs of a mental health problem.

“That may be the only place they’re exhibiting symptoms,” said Eric Pettingill, a licensed clinical professional counselor at Mental Wellness Center in Idaho Falls.

Perhaps an employee has started showing up late for work, or they look more disheveled than they used to. They could seem preoccupied, Pettingill said, or their productivity has decreased.

Elaine Sullivan, owner of Sullivan Mental Health Services in Idaho Falls, said daily routines may shift as well.

“All of a sudden they’re ... pulling back and not involving themselves as much with behind-the-scenes office chatter,” she said, adding, “It would manifest itself over a period of time. It just doesn’t come on all at once.”

“Nor will it be taken care of all at once.” Sullivan suggested a gentle approach to the situation, especially if a supervisor decides to talk to the employee one-on-one. In that scenario, she said the boss should make sure the employee knows his or her job is not in jeopardy.

“They need to make sure they say that, because if a person is really depressed and going through issues or having problems, that’s the first thing they’re going to be worried about — ‘Great, now I’m losing my job,’” she said. “Don’t do it as a punitive thing, but try to reach out to them and get them to talk. ... Ask if there’s something going on.”

The employee also could be referred to the human resources department, she said. The HR director should have information about the company’s mental health coverage or employee assistance program.

Pettingill said EAPs have been around for a while, but they have



The first signs of a mental health problem may be noticeable in the workplace as people spend most of their waking hours at work. (stock photo)

been used more frequently in recent years. He described them as add-ons to health insurance policies that can be utilized before a medical intervention is deemed necessary.

“It’s for any life problem that comes up,” he said. “You don’t have to be suffering from a diagnosable mental health disorder.”

If an employee loses a loved one or is going through a divorce, for example, Pettingill said they may be eligible for several confidential counseling sessions through their EAP.

“The hope is ... if you can catch it early and they see a therapist, usually after two or three times they can have more clarity, so to speak — maybe an idea of what they need to do — rather than waiting for the point they might need treatment for several months because they’ve let their mental health continue to get worse,” he said. “It’s like a preventative measure so they don’t get so acute they need to be in therapy ... or an inpatient facility.”

Even if the business doesn’t have an EAP, Sullivan said it’s important for employers to offer options to employees whose mental health may be suffering.

“Be prepared to offer the next step ... so you’re not just putting the person on the spot,” she said. “(Have) a few avenues to throw out for that person to maybe make

some choices.”

The employer or supervisor could be prepared with a list of counseling agencies, or they could suggest the employee contact a primary care physician first. That doctor may recognize the symptoms of a disorder and refer them to a specialist.

Once the initial conversation has taken place, Sullivan said, it’s important to follow up with the employee, because someone who is struggling with their mental health may not have the energy to make a phone call or set up an appointment.

“You have to kind of keep after

them, or maybe make that phone call with them in the office,” she said.

An employer may also want to contact a family member or friend who can offer additional support, but Sullivan said the employee should be notified first.

“Make sure you get their permission before you call behind their back — unless it’s really severe,” she said.

From a purely business perspective, helping a worker with a mental health issue early on avoids the problem of extended medical leave and potential retraining of a new hire, while also addressing issues related to productivity. But both Sullivan and Pettingill said there is a humanistic side to the situation, too.

“We care about each other, and we’re not robots at work,” Sullivan said. “Just caring about our cohorts is important.”

Pettingill said it would be just like if an employee was diagnosed with a serious physical ailment like cancer. In that scenario, he said, the entire work group would likely be involved in supporting the sick person.

“They’d be very empathic and concerned and want to try to do whatever they could to help that person through that difficult time,” he said. “I think the same thing should be said for mental health.”

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Business Owner Q&A



Kevin Josephson

Owner Infinity Coins
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Kevin Josephson started collecting coins when he was 3 years old. (Mike Price/For Eastern Idaho Business Report)

Infinity Coins started with \$500 and a coin collection

By Mike Price

For Eastern Idaho Business Report

Q: When did you start the business?

A: When I was really young — I was about 3 years old — my grandma gave me a handful of stuff and said, ‘this will all be interesting one day, hang on to it, this will all be worth something.’ So, we started collecting. That just bloomed into more and more and more. I got more excited — ‘OK, I’ve got a few coins in a set — complete the set.’ Pretty quick I was buying and selling a lot of stuff with another shop in Idaho Falls. That shop ended up offering me a job when I was 15. I worked there for about a year. When I was 16 I quit because I didn’t like what management was doing, but I decided I still wanted to play coins. So, I opened my own shop. I did that when I was still in high school. I used to come down from Rexburg every day and open the shop for a few hours in the evening. That was nine years (2008) ago and I’ve been at it ever since.

Q: Why do you think it has been a success for so many years?

A: Fair and honest business practices. Specifically, sometimes to a fault. I want to be fair with people. If we notice a mistake in our trans-

action we give the customer a call back and give them some more money to fix the deal, sometimes, if it’s necessary. We sort through things and pull out the better coins out of the deal that most people wouldn’t know. They’re coming to us for the answers. They have no idea what they’re doing. So, we want to be as fair and as honest with them as we possibly can.

Q: Why did you start this business in particular?

A: It was just one of those things that happened. Originally, I was just going to set up at flea markets on the weekends. Just by happen-chance the flea market I set up in closed and several of the vendors decided to move down to this location and I came with them and when they said, ‘we’re not making any money so we’re going to leave,’ I said ‘I’m still making money so I’m going to take over the hole lease.’

Q: What are some of the major changes you’ve experienced over the years?

A: Market changes kind of based off of things like technology. The Internet’s changing how we buy and sell coins on a regular basis. In some cases, making it easier and in some cases making it harder. With the Internet coming into play and realizing that in order to continue

to do business in 2017 we have to have a website. Not only do we have to have a website we have to have a very large and robust website.

Q: What has been your proudest moment as a business owner?

A: Man, there’s probably been a few of them. One of them being, we had a lady come in with a bag full of miscellaneous coins and tokens and things. The whole bag was probably worth \$12. Except the one coin we pulled out that we ended up paying almost \$20,000 for. It was a five-dollar Mormon gold piece. She had no idea she even had it. She was pretty substantially surprised when we told her it was worth as much as it was.

Q: What advice would you give to someone just starting a new business in Eastern Idaho?

A: Boy, that’s hard. Probably the first thing — don’t take out loans. Don’t take out anything. Work with what you’ve got. I started this entire business with \$500 in my pocket and a coin collection.

Q: Where do you see your business in 10 years?

A: Very positive for the next several years on outlook for this. Myself and my general manager, right now, are working on a whole bunch of things to grow. Not only our business

locally but also on a national level. We want to help both our company and the industry as a whole, to grow.

Q: How do you choose employees who will make your business a success?

A: I have a secret for that one. I have a really big secret. It’s my general manager. She’s the diamond in the rough that makes all of that happen. Whatever she does. Whatever questions she asks. That’s what makes it work.

Q: What standards do you live by as a business owner?

A: Fair and honest trading. Fair and honest everything. Treating people how I want to be treated.

Q: What charitable organizations are you involved with?

A: Right now I’m on the executive board of directors of the Downtown Development Corporation. We support the YMCA and a lot of their events. We support the Arts Council downtown here. I’ve been to their events and give them money where I can. And we do a lot of charity work for a lot of other things too. Everything from local community stuff to the high schools — high school rodeo — we support a lot of that. I’ve got three different rodeos I’m supporting this year.

Providers, insurance companies work to keep costs down

By Desirai Schild

For Eastern Idaho Business Report

Local hospitals are pursuing a variety of avenues to maintain patient care in the face of ever-rising challenges.

“We are looking at rising health care costs in the nation and figuring out the best way to manage cost to the individual and to the public,” said Josh Tolman, chief administrative officer, Mountain View Medical Center, Idaho Falls. “The cost of health care in 2001 was just shy of \$1.5 trillion. That number in 2016 was \$3.3 trillion.”

Two cost factors are increased costs and increased usage, he said.

Health care providers are partnering with insurance companies to manage the patient population and to provide better care.

“About 5 percent of the population accounts for about 50 percent of health care,” Tolman said. “There is end-of-life care, chronic care for such conditions as C.O.P.D., diabetes and kidney disease.”

Helping patients manage chronic conditions keeps down costs by keeping them at home and not in a hospital.

“Making sure patients understand their medications and how to take them is an important part of management,” Tolman said. “Education about patients’ conditions and making sure they are supported in managing their conditions is an important step to helping their overall health

and keeping them out of the hospital.”

Insurance companies are doing all they can and Medicare is putting together a tougher system to monitor health care management fees and to offer incentive-based fees, he said.

Another challenge facing health care right now is the lack of doctors and nurses available in this area.

“Recruitment of qualified professionals continues to be a challenge, especially nurses,” said Jeff Daniels, Bingham Memorial Hospital. “The looming shortage of physicians also is a concern. There are more physicians retiring in the next five to ten years than there are new physicians coming in...especially in primary care.”

Innovations continue to catapult medicine into the future. Surgical robotics is a tool that benefits patients now and the need will increase in coming years.

“Many industries take full advantage of these resources and the health care industry is slow to adopt that in the non-clinical side of businesses,” Daniels said. “I also see this increasing on the clinical side. Bingham Memorial has been fortunate to bring in two different robots to help physicians take better care of their patients.”

Daniels said there are three trends in the local population that are impacting care here.

“The first is the aging population, second is the low income average and third is the fact that Idaho has not expanded Medicaid,” he said. “Each puts pressure on the organization to re-

ceive adequate reimbursement for services rendered. Without improvements this will impact the organization’s ability to continue and add new programs locally to help patients from having to travel outside the region for care they could receive locally.”

Methamphetamine and opioids are other medical care considerations.

“We need to provide more education of patients and health care providers on recognizing and handling addiction,” Tolman said. “Handling pain medication is a serious issue. There are physicians who now specialize in pain management and are trained to understand medications and dosages so people get help for pain with less risk of addiction.”

Uncertainty about how Congress will address health care issues keeps local providers on high alert but they say they will do all they can to keep politics from impacting East Idaho citizens.

Daniels said he is working closely with insurance companies to help offer programs that keep people from traveling out of the area for treatment. He said he also meets regularly with state and national elected officials to make them aware of medical care needs here.

“Insurance companies are leading the charge in decreasing costs,” Tolman said. “Fees will be more incentive-based and we will all be working toward decreasing costs any way we can. We will see the people here get the care they need and deserve.”

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Featured Business



EIRMC has several renovation projects in the works with completion set for 2018. This conceptual drawing shows a new reception area in EIRMC's emergency room. (EIRMC rendering)

EIRMC upgrades facilities

By Desirai Schild

For Eastern Idaho Business Report

Aesthetics' and innovation are two components of the \$21 million multi-year renovation at Eastern Idaho Regional Medical Center.

"EIRMC is 30 years old and technology has changed significantly since then. The renovations are going on in several stages and various locations throughout the facility," said Coleen Niemann, director of community relations and marketing for the hospital.

Some improvements are already completed.

"The third and fourth floor in-patient areas are already done and renovations will be done on other floors, too," she said.

The improvements are immediately obvious.

"As soon as guests step off the elevator, they will see the improvements in aesthetics in the patient rooms and nurses' stations," she said. "The renovations also have significantly improved the work

flow to enhance patient care."

Niemann said other renovations are expanding services.

The emergency room is expanding from 28 beds to 41 treatment spaces, she said. The facility also is upgrading from two trauma rooms with C.T. scan access to three.

"This is great for emergency care of patients needing critical and immediate medical treatment," she said. "The emergency room renovation will start this fall and will last a while. Our timeline is somewhere around 2018 to be fully completed."

Another improvement is the six-bed pediatric emergency room and dedicated pediatric trauma room. Pediatric patients are one fifth of the total EIRMC patient load. More than 10,000 young people were treated there last year.

"The pediatric E.R. is a really big deal," Niemann said. "The facility will be aesthetically appropriate and interesting for children."

Emergency rooms can be frightening for anyone, but especially for

children, she said. The new pediatric emergency room will shield children from the chaos, sights and sounds of the regular emergency room scenes.

"There are dedicated pediatric trauma rooms as well as dedicated pediatric nurses and physicians for this emergency center," Niemann said. "The beds, medications and all other equipment are size-appropriate for children"

All patients do better in a calming environment because reduced anxiety is beneficial to both patients and other family members. Studies show that outcomes are better if all involved feel more comfortable and less fearful.

The hospital also has created a dedicated operating room for the Da Vinci robot.

"We will be the only hospital in Idaho to offer a fully integrated surgical suite dedicated to the robotic technology and back-up technology," she said. "The Da Vinci offers extreme control and precision. It also offers extreme clarity and mag-

nifies the surgical site to help the surgeon's view."

Robots are used for surgeries varying from routine to complicated.

The Women's Imaging Center will be moved from its current location on John Adams and Woodruff back to the main medical facility.

"We are significantly expanding our footprint," she said. "More space will be re-envisioned for the Women's Imaging Center."

The imaging center provides mammograms, ultrasounds and biopsies. The facility is set to be open in July.

The health information management facility and medical records located on the sixth floor have already been completed.

"We are constantly upgrading our facility to offer better patient care," Niemann said. "This \$21 million investment over the next several years will improve our ability to provide the highest quality of patient care and to serve our community."

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Overcoming the challenges of electronic payments

Settling health care payments electronically should lead to lower costs and improved efficiencies. In fact, some studies show that health care practices that rely on paper-based, manual payment processes, may be spending as much as 10% of annual revenue on billing and insurance-related tasks.

Over the past few years, more Idaho health care providers have made the switch to electronic

payments systems, however there continue to be bumps in the road as the industry transitions away from paper-based payments to electronic payments. While the majority of consumers still receive paper bills for health care services, providers that can make the move to electronic systems will inherit many benefits.

Driving the shift to electronic payments

Both inside and outside the health care industry, several factors are driving the shift to electronic payments.

The primary factor is that electronic payments are less costly and more efficient. Paper payments, on the other hand, are more complex, which makes them more difficult and time consuming to process.

Specific to those in the health care space are laws meant to drive cost and efficiency improvements. Providers that adopt administrative simplification measures, such as moving to electronic transactions, are financially rewarded for doing so. Those that fail to do so can be penalized for spending too much on administrative activities and not enough on medical claims, as measured by medical loss ratios.

Another factor is the push to simplify the administration of transactions. In an electronic format, ancillary aspects of the payments process are simplified, such as reconciling bank accounts. It also allows vendors to integrate with ERP systems to eliminate the manual work of updating ledgers, for example. In the health care industry specifically, some things that need to be simplified are remittance data and pricing models, which have extremely complex discounting methodologies.

Consumerism in the health care industry had been operating at a delayed pace, but it is increasing. A few years ago, health care was predominantly driven by business-to-business (B2B) transactions, with less than 5 percent of revenue coming directly from consumers. At that time, health care entities did not have to focus much on consumer transactions. As consumers assume greater responsibility for their own health care costs, an increasing percentage of providers' revenue comes from

consumers. This forces providers to act more as retailers because there is a larger piece of revenue at stake.

On the B2B side, changes are primarily being driven by regulations. The remittance data that accompanies a payment can be unwieldy in paper format. Fortunately, the rules that National Automated Clearing House Association (NACHA) has put in place makes it easier to connect electronic payments to electronic remittance data.



Lynda Fennern
Key Bank

Emerging trends in electronic health care payments

Across Idaho and the entire United States, the number of health care providers accepting electronic payments has been increasing, but many are still receiving a large number of paper checks consistently. For providers, the real challenge in the shift from paper to electronic transactions is with smaller payers because they have been slow to make the transition. One reason is that the investment in upgraded payments technology is fairly significant for these payers. Providers are also challenged by the administrative costs to enroll plans with small claims volumes. Some are adopting policies of not accepting payers unless they can provide EFTs so that they can keep the costs of health care delivery down.

On the payments side, payers still mostly process checks and ACH payments. The goal is for 100 percent adoption of electronic payments because it speeds the communications cycle and reduces the costs of paper and mailing. The drive to electronic enhances the overall relationship with providers and members. On the receipt side, payers are seeing many changes in the marketplace. Consumers are making more and more payments. Plus, there are new third-party payment options emerging. However, these options create challenges for HIPAA compliance, reconciliation, controls and applying payments effectively.

Another emerging trend is the use of virtual credit card payments. Providers are seeing these as adding cost, processing time and risk when alternatives, such as EFT payments, already exist. Payers, while they are looking to move providers to electronic payments, are increasingly diligent in reviewing the overall product offering and its impact on providers, particularly their associated costs.

Credit card and interchange fees are also impacting the space. In other industries, such as retail, costs are shifting to the supplier. Unlike retail, in health care there are regulations on how much can be spent on administrative fees. Credit cards are providing a competitive advantage to larger

Lessons learned	Best practices
Treasury is a payment expert and provides a central point for all payments.	All money movement is coordinated and funded through treasury. This needs to be communicated across the business.
Recognize the volume of transaction with the payers.	Create direct connections to payers if volume justifies it, otherwise, leverage clearinghouse connections.
Embrace the change.	Be prepared and have compliance procedures and processes in place.

entities because they can negotiate lower interchange fees. Card-based payments also present difficulties in differentiating between different cards such as credit cards and debit cards.

Looking to the future

- The industry will be looking for bank partners to help manage and streamline all payment types.
- Vendors will consolidate so there will not be as many third-party payment vendors once new procedures become the norm.
- Paper payment will continue to exist unless the applicability of standard is broadened to include TPAs and TPLs.
- It will be important to monitor card vehicles being used to manage HSA payments.

- There will be enhanced point-of-service options for patients.

By being aware of the factors driving the shift in payment processes, the emerging trends and best practices, Idaho's health care providers can transition more smoothly into the world of electronic payments to increase efficiencies and cut costs, while focusing on providing care to more patients.

Lynda Fennern is vice president, commercial banking for KeyBank. She is based out of Idaho Falls and has served the Eastern Idaho business community for more than 25 years as a KeyBank commercial banker. She can be reached at Lynda_Fennern@KeyBank.com.

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CONSTRUCTION ZONE

City celebrates state-of-the-art fire station

Finished on time and under budget, the Idaho Falls Downtown Fire Station #1 officially opened on May 1.

The station, located at 343 E Street, is home to the Fire Prevention Bureau, fire department administrative staff, a ladder truck and 11 firefighters.

"The address, 343, has a significant meaning to us as it signifies the number of firefighters who lost their lives on September 11, 2001. We are here today to dedicate this station in their honor," said Fire Chief Dave Hanneman during an open house of the new facility on May 1.

Planning for the new fire station began in April 2015. A groundbreaking ceremony was held on Jan. 8, 2016.

The general contractor for the 24,000 sq. ft. facility was Morgan Construction and CRSA Architecture did the building design. The building cost \$4.1 million dollars, which was less than the \$4.3 million guaranteed price given by Morgan Construction.

"We are very grateful for the professionalism, hard work and expertise provided by Morgan Construction, CRSA Architecture and all of the subcontractors involved in this project," said Hanneman.

"Deputy Chief Duane Nelson deserves a ton of credit on the fire station's success and that we built it on time and under budget," said Matt Morgan, owner of Morgan Construction. "He was so diligent in helping me and my team."

The biggest challenge construction crews faced on this project was the extreme winter weather the city faced.

"The winter we had was a real challenge," Morgan said. "We worked hard to overcome the winter conditions in the one year schedule we had. We had a lot of subcontractors come help us to stay on schedule."

The new station is a fully ADA compliant building with elevators. The administrative staff occupies the first floor, along with a training room that also functions as a City Coordination Center (CCC).

There are two sets of double bays. The Personal Protective Equipment (PPE) turnout room, located near the bays, is a state-of-the-art area with a ventilation system allowing fumes and contaminants to vent outside of the building, protecting firefighters and the facility.

Upstairs is the living quarters for firefighters, captains and battalion chiefs. There are dorm rooms, showers, a dining room, kitchen, day room, training room with computers, and an exercise room.

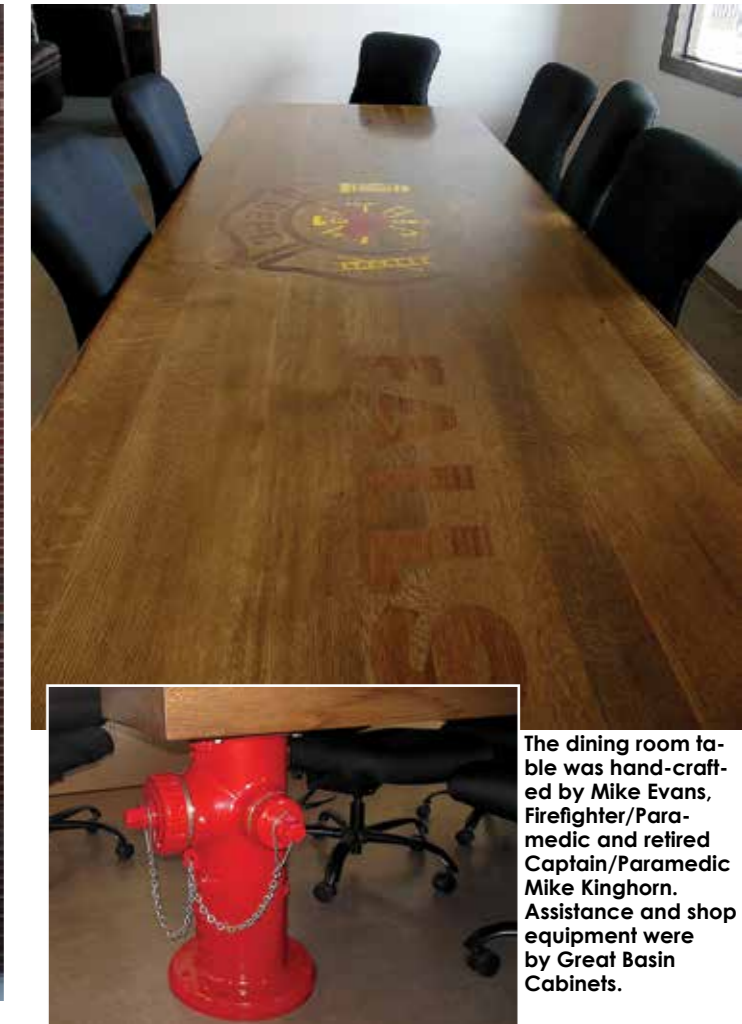
The brains of the building is an alert system with interconnectivity to dispatch. "During an emergency, the alert system will progressively wake pertinent personnel by turning on lights, followed by sound and voice, thereby reducing their heart rates upon notification," explains Hanneman. When the alert system goes off, EMS crews have less than 1 minute to get out on the call from anywhere in the building. Fire calls are less than 1 minute 20 seconds. The central response area with monitors and radios is located near the pole leading down to the bays, giving crews up-to-date information before they get in the trucks and go on the call.

"For us I'm very proud of my guys and my team and myself. We dumped thousands of man hours into that fire station," Morgan said.

—EIBR staff



A radiant heat system was installed in the driveway where the fire engines depart which will prevent snow accumulation so the trucks will always have a clear path to the street.



The dining room table was hand-crafted by Mike Evans, Firefighter/Paramedic and retired Captain/Paramedic Mike Kinghorn. Assistance and shop equipment were by Great Basin Cabinets.



A special ventilation system in the personal protective equipment turnout room allows fumes and contaminants to vent outside the building, protecting the firefighters from harmful carcinogens.

LEFT: The new fire station features an exercise room to help firefighters stay in shape. They are required to exercise at least 1 hour a day to stay conditioned.

(Photos by Donna Nims)



IDAHO FALLS FIRE STATION #1

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News & Notes

4th of July Parade

This is a friendly reminder to please register entries and floats for the 4th of July Parade in Idaho Falls by Thursday, June 1. There will be no exceptions after this date. To register, visit www.idahofallschamber.com/parade.

Upcoming Events

Thursday, May 18

Business After Hours hosted by
Blackfoot
5 – 7 p.m.
Stockman's Restaurant
1175 Pier View Drive, Idaho Falls

Thursday, June 1

Deadline to register parade
entries

Friday, August 11

Annual Scramble for
Commerce Golf Tournament
8 a.m.
Pinecrest Golf Course
Register www.idahofallschamber.com

For more events visit
www.IdahoFallsChamber.com

Local healthcare takes center stage

April was all about health care for the Greater Idaho Falls Chamber of Commerce's Leadership class. The morning was spent at Eastern Idaho Public Health, followed by the Community Family Clinic. The Community Family Clinic is operated by the non-profit Community Council of



Krysten Bullock
EIBR

Idaho. While all patients are welcome, it primarily serves low-income, Spanish-speaking patients. In fact, all of the clinic's employees can speak Spanish.

There is such a need for the clinic's services in the community that they are currently constructing a new building to open in the fall of this year.

The afternoon was spent at Eastern Idaho Regional Medical Center where we got to hear from Nuclear Care Partners and take part in a panel discussion with representatives from multiple health care facilities. It was fascinating to hear from doctors and administrators where they think health care is going and what the greatest needs are for the community.

After lunch we got a tour of the hospital to places rarely seen by folks that aren't patients.

We kicked the tour off with a trauma coming into the emergency room. The emergency responders gave us a rundown of what their procedure is when responding to a call. They also let us check out some of the state-of-the-art equipment they carry on board the ambulance to respond to any situation.

Next we followed the trauma into the emergency room where we got to see EIRMC's trauma team in action.

This team practices regularly so everyone knows exactly what to do. They even have a recorder to document live situations so they can review where they need to make improvements.

Then it was straight into the CAT Scan room where we got to see the machine and learn how it works. Then it was upstairs to the operating room.

We dressed in special suits so as to not contaminate the environment, before heading in. Inside the OR we got to see some of the latest technology EIRMC's is implementing in the hospital to improve patient outcomes and help surgeons stay on top of their game. We even got to take a look at the tools surgeons use during surgery.

Finally we made stops in the Intensive Care Unit and the Neonatal Intensive Care Unit. EIRMC can care for infants born as early as 22 weeks gestation. We learned of the handful of infants born that early at EIRMC, the hospital boasts a 100 percent survival rate.

This year's Leadership Class has decided to help Habitat for Humanity as its service project. Next month I'll talk about my first experience hanging Sheetrock.

Krysten is the Managing Editor of Eastern Idaho Business Report and the Special Sections Editor for the Post Register. She can be reached at kbullock@postregister.com. Krysten is taking the leadership class courtesy of the Chamber of Commerce in order to cover the progress of the class.

As health care industry grows, so does emphasis on wellness

Throughout the nation — including in Idaho — health care is changing, and changing rapidly. Hospitals are busier than ever before because more patients who once lacked insurance coverage are now getting the procedures and care they need. This demand is driving an increase in specialists, family practice physicians and other clinicians. Health care providers are feeling intense pressure to drive costs down. At the same time, the way providers are paid has shifted and become more challenging.

Let's look at one example. Prior to last year, doctors serving the geriatric population received a slight increase from Medicare for seeing a patient. This increase expired in 2016, meaning the same doctors now must see more patients to earn the same amount of money. For them, it means more records and charting, which means more work and time away from their families.

Another shift in health care is how hospitals and providers are reimbursed by Medicare, Medicaid and private payers. The industry is seeing a shift in trends — from a fee-for-service model toward a more qualitative value-based payment model. This is part of a strategic effort to emphasize quality, so that patients receive the best possible care, heal more efficiently, and get back to daily life.

Although these changes are felt most significantly by those in the health care industry, we all visit doctors for our health needs and those of our family. As the health care industry grows, so does an emphasis on wellness.

A focus on health at work. More companies are implementing workplace health programs and initiatives. These programs are designed to encourage healthy habits among employees, and curb health-related expenses. Some employers are offering free flu shots or medical screenings, holding "walking meetings," or installing healthful food options in vending machines. Others even

have rewards programs that offer incentives for completing a smoking cessation or weight management program. Whatever the initiative, it's clear that as the health care industry changes, so do our workplaces.



Adam Velasquez
Zions Bank

An increased need for financial wellness.

Financial wellness is also a critical component to physical and overall health. It's no secret that finances are a major cause of stress and worry. Over time, chronic stress leads to negative consequences for both our physical and emotional health. This means more trips to the doctor, and more time away from work.

Some tips for achieving financial wellness:

- Start an emergency fund. Unexpected life events happen. It's impossible to anticipate every unplanned medical expense or home repair issue. That's why a savings fund for those unanticipated expenses is critical to taking control of your finances and avoiding excess debt.

- Invest in retirement. Whether it's a 401(k) or IRA, make retirement investments a priority. Planning for the future is another key component to sustained financial wellness.

- Seek advice. Seeking advice and guidance from a financial professional is key to making sound decisions. It can sometimes be difficult to navigate different products and services, but it's important to remember that there are bankers and other financial professionals available who understand you and can help you accomplish your goals.

As the health care industry continues to expand and evolve, there is no better time to take charge of our health and wellness — whether it's healthier workplaces or wallets.

Adam Velasquez is a Vice President and Executive Banking Relationship Manager for Zions Bank in Pocatello. To contact Adam, call (208) 244-3467 or email Adam.Velasquez@zionsbank.com.

People in Business

Send People in Business announcements to kbullock@postregister.com

Downtown Development announces new director

The Idaho Falls Downtown Development Corporation announced that Catherine Smith has taken the helm of the organization. She succeeds Krisi Staten.

“Catherine joins Downtown Idaho Falls as we enter a new era of development, business activity, culture, and entertainment,” a Development Corporation news release said.

Downtown will soon see the start of construction of “two keystone projects in downtown” including the Oppenheimer Development Corp.’s development of the former Saving Center property at Memorial Drive and Broadway and the rehabilitation of the Bonneville Hotel, the release said. Other downtown projects are in various stages of planning.

Smith is a fourth generation Idahoan who spent most of her childhood in Swan Valley on her grandparent’s ranch. She attended the Art Institute of Portland where she earned her bachelor’s degree.

Most recently Smith held the position of eastern region development officer for the Idaho Community Foundation and worked with individuals, families, businesses and other community-minded people to establish charitable funds, and direct grants managed



Smith

by the Foundation, to support Idaho organizations and projects.

She also worked for Idaho Falls Arts Council and the Idaho Commission on the Arts as a regional public art adviser focusing on the eastern Idaho region, the release said. She serves on a handful of local nonprofit boards and volunteers regularly for the Idaho Falls Zoo.

For information, visit downtownidahofalls.com.

Ricker joins Zions Bank as Community Development Manager

Bryan Ricker has joined Zions Bank as a Community Development Manager. In this role, Ricker will work with federal, state, county and local governments, as well as active duty military, guard, reserve and veteran communities in Idaho.

Prior to joining Zions Bank, Ricker served as the Regional Director for U.S. Senator Mike Crapo (R-ID) for more than eight years. A Nam-pa native, Ricker earned a bachelor’s degree in political science from Boise State University.

Zions Bank, a division of ZB, N.A., operates 24 full-service financial centers in Idaho and 98 financial centers throughout Utah. In addition to offering a wide range of traditional banking services, Zions Bank is also a leader in small business lending and has ranked as the No. 1 lender of U.S. Small Business Administration 7(a) loans in Idaho’s Boise District for the past 15 consecutive years. Founded in 1873, Zions Bank has



Ricker

been serving the communities of the Intermountain West for more than 140 years. Additional information is available at www.zionsbank.com.

Teton Volkswagen sales manager graduates program

Teton Volkswagen announced that Sales Manager Anthony Hernandez recently graduated at the top of his class of the National Automobile Dealers Association Academy.

Hernandez is a 12-year veteran of the Teton Auto Group.

“The National Automobile Dealers Association provides education and guidance on regulatory matters, provides research data on the retail automobile industry, and offers extensive training programs and professional development to improve dealership business operations and practices,” a Teton Volkswagen news release said.

The NADA Academy includes six intensive weeklong classroom sessions at NADA headquarters in Tysons, Va., outside Washington, D.C. The academy curriculum is combined with hands-on practical application in each area of the dealership: financial management; parts; service; pre-owned vehicles; new vehicles; and business leadership.

During his tenure at Teton Auto Group, Hernandez has been recognized for his “outstanding skills and leadership by being tasked with duties such as fixed operations professional, sales professional, training manager, and sales manager,” the release said.



Hernandez



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What the AHCA could mean for Idaho

On May 4, 2017, the U.S. House of Representatives accomplished the first step in repealing and replacing the Affordable Care Act (ACA) by passing the American Health Care Act (AHCA). Strongly supported by House leadership and the President, the AHCA passed with one vote to spare, 217-214. It remains to be seen what will happen in the U.S. Senate. With a very narrow majority, the table is set for a contentious fight in the Senate between the majority and minority parties, as well as among the various factions of the majority party.



Tom Mortell
Hawley Troxell

The ACA, commonly referred to as Obamacare, was passed in 2010 by the narrowest of margins by a Congress and White House controlled by the then-majority party. For good and bad, the ACA has had a major impact on Idaho's businesses, especially health care providers and health insurance industries.

The focus of the ACA was to reduce the number of individuals without health insurance. In theory, reducing the number of individuals without insurance would help contain health care costs and the costs of health insurance. The ACA sought to accomplish this goal by: (1) requiring businesses with more than 50 employees to provide coverage to their employees or face tax penalties; (2) enacting the "individual mandate" which requires individuals to have health insurance or pay a tax penalty; (3) establishing health insurance exchanges where certain individuals may obtain subsidized coverage; and (4) expanding state Medicaid programs for the working poor. Because more than 800,000 individuals in Idaho receive health insurance through their employer's health plans, Idaho's businesses have a significant stake in the effort to contain the cost of health care and health insurance.

The State of Idaho partially implemented the ACA by enacting legislation in 2013 that established Idaho's health insurance exchange, now known as "Your Health Idaho." Idaho's legislature repeatedly declined to expand Idaho's Medicaid program to provide health coverage for the 78,000 residents of Idaho who live below 100 percent of the federal poverty level and do not have coverage.

With that in mind, what effect would a repeal of the ACA have on Idaho? According to the U.S. Department of Health and Human Services, the percentage of Idaho residents without insurance dropped from 17.7 percent in 2010 to 11.0 percent in 2015, as an additional 109,000 Idahoans obtained coverage as a result of the ACA.

The costs of providing care to the indigent through the counties and the State's Catastrophic Health Care Fund (CAT Fund) dropped from \$55 million in 2012 to less than \$34 million in 2016. The CAT Fund's portion of those costs has dropped from \$38.6 million in 2012 to \$16.6 million in 2016.

As of March, 2017, YHI helped 105,977 residents of Idaho obtain health insurance, with 81,722 of those individuals receiving premium subsidies to help pay for coverage. The average monthly subsidy for these individuals is \$270. Doing some basic math,

Idaho's low income residents receive about \$265 million each year from the federal government to help pay for their health insurance premiums. The ACA also provided cost-sharing subsidies which reduced deductibles, co-pays, and out-of-pocket limits for individuals in the range of 100 percent to 250 percent of federal poverty level. These subsidies dramatically reduced these costs for the poorest of those eligible for subsidized coverage.

If the AHCA becomes law it will change aspects of the ACA that have helped decrease the number of individuals without health insurance in Idaho. According to initial estimates by the Congressional Budget Office, the net effect of these changes will lead to a loss of health insurance for 24 million Americans.

The AHCA eliminates the individual mandate. The AHCA eliminates the ACA's prohibition of allowing insurance companies to "rate" their policies based on age. This will allow insurance companies to charge premiums based on age, leading to premium increases for older individuals. Also, beginning in 2020, the ACA's subsidies for low income individuals to purchase health insurance will be replaced with income tax credits based on age. Under those provisions, individuals up to age 29 will receive tax credits of \$2,000 per year whereas individuals age 60 and over will receive \$4,000 per year. Although higher tax subsidies will be available to older individuals, the expected increase in insurance premiums for these individuals will likely lead to net premium increases. The AHCA also eliminates the cost-sharing subsidies which will lead to an increase in deductibles, co-pays and out of pocket limits to low income individuals. Overall, it remains to be seen what effect a restructured system of tax subsidies will have on Idaho's uninsured.

On the employer side, the AHCA eliminates the employer penalties for not providing health insurance to the employees, a fact that will certainly lead to fewer employers providing insurance. With fewer insured individuals, Idaho's CAT Fund expenditures and the amounts paid by

Idaho's counties for indigent care are likely to increase.

Why do Idaho's businesses care about the repeal of the ACA? Each year at renewal time, Idaho's businesses face increasing costs of providing health insurance to their employees. However, many fail to realize that a portion of each premium reflects the costs associated with health care provided to Idaho residents who have no insurance. Idaho's health care providers write off millions of dollars of uncompensated care each year for services provided to patients with no insurance. Those costs are then passed on to the health insurance companies who pass these costs on to their customers.

The enactment of the AHCA will lead to an increase in the number of Idahoans without insurance. Unfortunately, these individuals will delay receiving health care until their condition becomes acute. What could have been managed through blood pressure and cholesterol medication is now a serious heart condition requiring surgery. Cancer which would have been diagnosed in a routine office visit instead will be diagnosed at an advanced stage.

These uninsured individuals will resort to receiving care at the emergency room of their local hospital, where the cost of care is the

highest and where they will not be turned away based on their inability to pay. The high cost of emergency care, coupled with the more extensive care that is often needed, leads to hospital and physician bills that are simply unaffordable to those without insurance. As a result, the patient ends up in bankruptcy court and/or these costs are written off as uncollectible by hospitals and physicians. To stay in business, these same hospitals and physicians seek additional higher reimbursement rates from private insurance companies who provide coverage to your company and your employees. This is an unsustainable cycle.

Whether the AHCA will become law remains to be seen. Unfortunately, it looks like the AHCA is a replacement solution that would lead to a significant increase in the number of individuals without health insurance. Unfortunately, Idaho's businesses simply cannot afford a major step backwards when it comes to subsidizing the health care costs incurred by Idaho's uninsured.

Mr. Mortell is a partner at Hawley Troxell and chairs the firm's health law practice group. He is also a member of the firm's governing board. He can be reached at tmortell@hawleytroxell.com.

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Bingham Memorial teams up with Lost Rivers Medical Center

BLACKFOOT — Bingham Memorial Hospital (BMH) in Blackfoot, with Lost Rivers Medical Center (LRMC) in Arco, announced a partnership aimed to increase access to high quality surgical services to the residents of rural Butte County and Custer County. Through this collaboration, the two hospitals are building a new, state-of-the-art surgical suite at LRMC, a Critical Access Hospital.

There was a groundbreaking ceremony on Wednesday, April 26 at Lost Rivers Medical Center: 551 Highland Dr., Arco, ID 83213. LRMC and BMH plan to have this new surgical facility operational by the summer of 2018.

“Today’s announcement is an exciting step in the continuation of our journey to provide advanced health care services to the communities that we serve,” said Brad Huerta, chief executive officer at LRMC. “We greatly value our collaboration with BMH and look forward to expanding access to high quality, affordable care to the Lost Rivers Valley and beyond.”

Working together, LRMC will be able to provide the residents of rural Butte and South Custer counties and the surrounding area with access to world-class surgical services including general, orthopedic, and gastrointestinal surgeries. Both

hospitals share this vision to provide outstanding health care services to rural Idahoans.

“Delivery of rural health care services comes with unique challenges,” explains Jeff Daniels, chief executive officer at BMH. “Rural residents have greater transportation difficulties reaching health care providers, often traveling great distances to reach a doctor or hospital. At Bingham Memorial, we believe our delivery model for rural health has been uniquely successful and we’re delighted to have the opportunity to partner in this way with our sister Critical Access Hospital at LRMC.”

Top Eastern Idaho Area Hospitals

Ranked by Patient Revenue

Rank	Hospital Address	Phone Website	Patient Revenue 2016 No. Staffed Beds	Facility Type
1	Eastern Idaho Regional Medical Center 3100 Channing Way Idaho Falls, ID 83404	(208) 529-6111 eirmc.com	\$874,559,437 293	Short Term Acute Care
2	St. Luke's Magic Valley Medical Center 801 Pole Line Rd. Twin Falls, ID 83303	(208) 814-1000 stlukesonline.org	\$719,634,806 200	Short Term Acute Care
3	Portneuf Medical Center 777 Hospital Way Pocatello, ID 83201	(208) 239-1000 portmed.org	\$714,542,418 165	Short Term Acute Care
4	Mountain View Hospital 2325 Coronado St. Idaho Falls, ID 83404	(208) 557-2700 mountainviewhospital.org	\$320,199,159 41	Short Term Acute Care
5	Bingham Memorial Hospital 98 Poplar St. Blackfoot, ID 83221	(208) 785-4100 binghammemorial.org	\$212,884,754 95	Critical Access
6	St. Luke's Wood River Medical Center 100 Hospital Dr. Ketchum, ID 83340	(208) 727-8800 stlukesonline.org/wood_river	\$103,818,220 25	Critical Access
7	Madison Memorial Hospital 450 East Main St., PO Box 310 Rexburg, ID 83440	(208) 359-6900 madisonmemorial.org	\$96,253,014 69	Short Term Acute Care
8	Cassia Regional Medical Center 1501 Hiland Ave. Burley, ID 83318	(208) 678-4444 intermountainhealthcare.org/locations/cassia-regional-hospital/	\$80,999,872 25	Critical Access
9	Minidoka Memorial Hospital 1224 8th St. Rupert, ID 83350	(208) 436-0481 minidokamemorial.com	\$38,541,358 62	Critical Access
10	Steel Memorial Medical Center 203 S. Daisy St. Salmon, ID 83467	(208) 756-5600 steelmh.org	\$37,031,592 18	Critical Access
11	Bear Lake Memorial Hospital 164 S. 5th St. Montpelier, ID 83254	(208) 847-1630 blmhospital.com	\$32,704,509 57	Critical Access
12	Franklin County Medical Center 44 N. First E. Preston, ID 83263	(208) 852-0137 fcmc.org	\$24,460,708 55	Critical Access
13	Teton Valley Hospital & Surgicenter 120 East Howard Ave. Driggs, ID 83422	(208) 354-2383 tetonvalleyhospital.com	\$20,029,008 13	Critical Access
14	Caribou Memorial Hospital 300 S. 3rd W. Soda Springs, ID 83276	(208) 547-3341 cmhlc.org	\$18,489,190 49	Critical Access

Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Donor gifts Madison Memorial with a CuddleCot

A donor has gifted Madison Memorial Hospital's family maternity center with a CuddleCot.

The donor chose to raise funds for the specialized equipment and give it to the hospital after learning about its Angel Babies program which provides burial services for deceased children born less than 20 weeks into a pregnancy.

The hospital sees about 1,500 babies born per year and about 30 of those are stillborn, according to information on the hospital's website.

CuddleCots are bassinets with a built-in cooling system that allows parents dealing with the death of a baby at childbirth "to form an important bond with their baby," the manufacturer's website said. That process is "internationally encouraged by midwives, bereavement practitioners, still birth/neonatal charities, and academics," the website said.



Jeff Robinson
ShopTalk

Business workshop Saturday

SCORE is hosting a Spring Business Essentials Workshop from 8 a.m. to 4 p.m. May 20 at the Idaho Innovation Center, 2300 N. Yellowstone Highway.

Topics included in this workshop are writing a business plan, financing options, social media, business law, bookkeeping and marketing.

Registration is required. Call 208-523-1022.

Idaho issues cease and desist order against mortgage servicer

On the same day the Consumer Financial Protection Bureau filed suit, Idaho joined 24 other states in issuing cease and desist orders against Ocwen Loan Servicing LLC, a Florida-based corporation with headquarters in Delaware and the U.S. Virgin Islands.

The Consumer Financial Protection Bureau accused Ocwen of "years of widespread errors, shortcuts, and runarounds," costing some borrowers money and other borrowers their homes, a National Consumer Law Center news release said.

Ocwen, the nation's second largest non-bank mortgage servicer, servicing 1.5 million families, violated several state and federal laws, the release said.

Freight Advisory Committee seeks applicants

Eight positions to serve on the Freight Advisory Committee are open for nomination or reselection through June 2, and interested members of the public are encouraged to apply.

The successful applicants will represent their respective industry sector on the committee for a two-year term, a committee news release said.

The open positions will represent these industries: railroad, agriculture, natural resources (two positions), manufacturing, retail, carrier shipping, logistics/warehousing, and also will include a member-at-large position.

The committee was created to advise the transportation department on issues related to multimodal freight movement in Idaho, and includes freight-related infrastructure development. It is composed of 14 members representing a cross section of freight and freight-reliant industries.

For information or to apply, visit itd.idaho.gov/freight/ and click on the "Get Involved" tab or contact Jeff Marker at 208-334-8462.

Chemigation licensing and training seminars

The Idaho State Department of Agriculture announces a series of free training seminars for those seeking a pesticide applicator license for chemigation or for those wanting to learn more about Idaho's chemigation requirements.

The upcoming training seminars will be followed by a special exam session for those interested in obtaining the chemigation category license. The training also will include information for licensed chemigators. One recertification credit will be offered for licensed applicators who attend the seminar. Exam fees are \$10 per exam for professional applicators. Private applicators are exempt from exam fees.

Area seminars will be at 9 a.m. May 23 at the Bonneville County Extension Office, 2925 Rolland St., and 9 a.m. May 24 at Blackfoot City Hall, 157 N. Broadway.

Register by emailing Westy Pickup, chemigation program specialist, at westy.pickup@isda.idaho.gov. The attendee's name, phone number and selected session must be included. For information, call Pickup at 208-736-4759, Kevin Kostka at 208-332-8608 or the nearest ISDA field office.

Submit news

Submit business news and story suggestions by emailing news@postregister.com. The Shoptalk column reports on business trends, acquisitions, contracts, openings and relocations.

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Melbihess keeps INL running on time

From high performance computing and visualization to nanotechnology for nuclear fuel recycling; from creation of tools to prevent cyber threats to materials science research that enables more efficient energy options and protects our military, the innovation and technology industry in eastern Idaho is as diverse as the people who call it home.



Amy Lientz
INL

It's this diversity — in innovation and thinking — that truly defines the booming tech space, which is home to Idaho National Laboratory and other innovative corporations. Behind the globally recognized science and research are the leaders and game changers that have the vision and the talent to solve our world's most complex problems.

This month, I am featuring Carlo Melbihess, director of Facilities and Site Services at INL. Carlo leads INL's largest laboratory support organization, employing 510 staff and numerous service and construction contractor workers, while operating an annual \$117 million base budget. He is responsible for the lab's non-nuclear facilities, supporting infrastructure and support services.

These services include facility management, sitewide utility operations, land management, roads and grounds, logistics, property management, campus planning, applied engineering services, drafting, construction services, bus operations, fleet management, precision machining, calibration services, landfill operations, and food services.

Prior to joining INL, Carlo worked in facilities and operations directorates at the U.S. Department of Energy's Pacific Northwest National Laboratory, Oak Ridge National Laboratory and Brookhaven National Laboratory. He was deputy assistant laboratory director for Facilities and Operations at Brookhaven National Laboratory. Carlo holds a bachelor's degree in civil engineering from the University of Washington, is a certified facility manager through the International Facility Management Association, and serves on the Eastern Idaho Technical College Foundation Board of Directors.

Q: What is your day job?

A: Leading an organization that enables our INL research mission through the management and operation of facilities, infrastructure and a diverse set of laboratory support services.

Q: Explain to the average person, "Why is your job important?"

A: It's all about doing two things exceptionally well: enabling sci-



Carlo Melbihess is the director of Facilities and Site Services at INL. (Submitted photo)

ence and mission accomplishment and protecting our Laboratory's assets. Everyone depends on us keeping the lights on. From having the roads and parking lots cleared of snow, transporting our staff to work safely on our buses, to operating and maintaining our facilities so our staff can accomplish the important work they do, to supporting the current and future needs of our researchers.

Q: What is the biggest challenge you face today?

A: Aging infrastructure. We are making excellent progress investing in new capabilities and facilities, modernizing our existing infrastructure and capabilities, and getting out of our old facilities to position INL for the future.

Q: What is next on the horizon in your line of work?

A: Delivering new facilities, and modernizing existing ones.

Q: Where do you see technology going in your field in the next five years?

A: The industrial controls of our laboratory facilities and utility infrastructure are becoming more sophisticated. Everything is now addressed through the Internet and can be controlled remotely, such as our building automation systems (BAS) to our supervisory control and data acquisition (SCADA) systems we use to control our

high-voltage transmission and distribution systems. INL is a leader in the cyber protection of these systems, which makes me sleep much better at night.

Q: What do you believe is the most useful invention in the last decade?

A: The smartphone. It is truly amazing to think how this intuitive, hand-held technology has positively impacted our day-to-day lives.

Q: What would be a useful invention to make your job/life better?

A: Intuitive and secure mobile technology to enhance the delivery of services and work accomplishment. From service request apps on your smartphone to being able to status your facility and utility systems would be extraordinary.

Q: What do you enjoy most about your career?

A: Battelle has provided me the privilege of working at four different national laboratories and one international assignment overseas. Being able to work with and support some of the best and brightest people over the last 25 years has been a priceless experience for me professionally.

Q: What advice would you give a school student interested in pursuing a career in this field?

A: Pursue higher education;

IDAHO GAME CHANGERS

continue to learn how to learn. Be humble enough to learn from not only your mentors but more importantly, the people you lead. Facility management is a profession that goes far beyond just operations and maintenance.

Q: Did you always want to do what you are doing? If not, what did you want to be growing up?

A: Growing up, I always wanted to be an aeronautical engineer. When I learned the football stadium collapsed during construction at the University of Washington, I became passionate about civil/structural engineering. Today, I would have never dreamed of leading a large organization where engineering is one of many business lines I manage.

Q: What surprised you most when you moved to eastern Idaho?

A: The breathtaking beauty of this area. I absolutely love being outdoors and experiencing the beauty of eastern Idaho, riding my motorcycles. There is so much to explore within our area.

Q: What is missing in eastern Idaho that you wish were here?

A: More diversity in our community, industry, in our restaurants and entertainment would be great. I am thrilled to see more and more growth in southeast Idaho.

Q: Tell me what you like to do when you aren't working on research?

A: I love working with my hands. My passion is really learning how to be handy around the house. I really enjoy helping others with their home projects. I also love cooking; my wife and I are constantly trying new recipes while striving to perfect the old.

Q: When and where were you happiest?

A: I am happiest when I get to spend quality time with my wife, family, friends and/or my dog.

Q: Which talent would you most like to have?

A: I have always wished I had learned to play the guitar. My big brother is such a gifted musician and I have always looked up to his incredible talent.

Q: What do you most value in your friends?

A: Their kindness and willingness to always be there to provide you support when needed. They simply help me stay young at heart.

Q: What is your favorite movie?

A: Star Wars movies.

Madison Memorial teams up with Huntsman Cancer Institute to improve cancer services

REXBURG — Officials from Madison Memorial Hospital announced a new affiliation with Salt Lake City-based Huntsman Cancer Institute at the University of Utah that will extend the resources of a premier cancer center to Madison County and the surrounding communities. The agreement formalizes a long tradition of collaboration between Huntsman Cancer Institute, which is part of University of Utah Health Care system, and Madison Memorial Hospital.

The agreement sets the stage for Madison Memorial to provide improved patient access to cancer specialties including clinical trials and other research efforts.

The agreement also offers Madison Memorial the opportunity to benefit from the work Huntsman Cancer Institute is doing around staff development and business efficiency. This affiliation will allow Madison Memorial to take advantage of both the educational opportunities and operating efficiencies associated with a large cancer center.

Madison Memorial officials are optimistic that the collaboration will position both organizations for success in a rapidly evolving health care environment.

According to Rachel Gonzales, D.M., Chief Executive Officer at Madison Memorial Hospital, "We are excited to announce this part-

nership and the opportunities it provides to residents currently receiving care at Huntsman Cancer Institute, those who will seek out this standard of care in the future, and the educational opportunities this affiliation offers to our physicians and employees".

Huntsman Cancer Institute is known for its focus and research on creating safer, more effective cancer treatments which have improved the lives of patients and their families. "We are proud and privileged to offer this standard of care at Madison Memorial Hospital," says Gonzales.

John Sweetenham, M.D., Executive Medical Director at Huntsman Cancer Institute says the partnership makes sense because both organizations share common values. "Both our organizations share a commitment to providing the highest quality cancer care. We recognize that no one wants to leave his or her community when they get sick. The goal of this partnership is to enhance Madison Memorial Hospital's ability to serve the residents in the region with high quality cancer care and make sure they have access to the highly specialized care available at Huntsman Cancer Institute when it's needed" he said.

Both organizations emphasize the affiliation does not change ownership, local control and governance, or restrict patient choice in providers.

Older-worker rate highest since 1962

NEW YORK (AP) — Retire by your mid-60s? How 1960s.

More Americans age 65 and over are still punching the clock, and the last time the percentage was this high was when John F. Kennedy was in the White House.

Last month, 19 percent of Americans age 65 and over were still working, according to government data released recently. That's the highest rate since 1962, and it caps a long trend higher since the figure bottomed out at 10 percent in 1985.

As America grows older and as life expectancy gets longer, some workers keep heading to the office because they like it and still feel engaged. But many others are continuing to work for a simpler, darker reason: They can't afford not to.

More than a quarter of workers age 55 or older say they have less than \$10,000 in savings and investments, according to the latest retirement confidence survey by the Employee Benefit Research Institute. Perhaps because of slim nest eggs, nearly a third of workers in that age group say they expect to work until at least 70, if they retire at all.

Older workers still heading for jobs may also be the lucky ones. Many older Americans would like to work but say they can't find a job, whether because they lack the skills or because employers are looking for someone younger. The unemployment rate for workers age 65 and over was 3.7 percent last month. That's a tick higher than its median over the last 30 years, though it's down from earlier this year.

The numbers may rise still higher, critics say.

Congress this past week voted to overturn a federal rule designed to help states give more workers access to retirement savings plans.

Several states have been pushing to create their own plans to get more workers into plans like a 401(k) that automatically deduct savings from each paycheck. Low-income workers tend to have much less access to savings plans through their jobs.

Republicans and players in the investment industry, though, argue that the state-run plans could end up being much more expensive than imagined and would water down safeguards in place to protect investors.



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Level II STEMI (ST-Elevation Myocardial Infarction) indicates that the hospital's cardiac team is appropriately trained and certified in recognizing and treating acute coronary syndromes.

STEMI patients can receive the initial medication, treatment and stabilization for a heart attack onsite at TVH. Swift intervention reduces the destruction of heart muscle. After initial treatment and stabilization, patients are then transferred to EIRMC to determine the extent of cardiac damage, coronary artery involvement and possible further intervention that requires a cardiac surgeon.

STROKE III

*We have the equipment and
expertise to diagnose strokes.*

TVH offers a stroke team 24/7 trained in stroke diagnosis and treatment, and has a neurologist or physician available to assist in diagnosis (in-person and via University of Utah Health Care Telestroke services).

TVH also has the correct diagnostic equipment, and utilizes protocols and procedures to support treatment of ischemic and hemorrhagic strokes.

For stroke patients, TVHC can provide the initial diagnosis within a very rapid time frame through a CT (computerized tomography) scan with subsequent ability to provide the clot-busting medication for ischemic strokes. The patient would then be transferred to EIRMC for Neurology ICU and any further interventions.

TRAUMA IV

*We can provide advanced
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Teton Valley Hospital has bolstered its standardized system of care approach for time sensitive emergencies including trauma, stroke and heart attack.

Hospital staff is also required to collect program-specified data for analysis and reporting to the Idaho Department of Health and Welfare and TSE Council.

In addition, TVH RNs working in the ER are certified in the Trauma Nurse Core Course and the Emergency Nurse Pediatric Course, which are not required for the Trauma IV designation.

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