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Percent doctor turnover at St. James 2008-10	Percent doctor turnover at St. Peter's 2008-10	Percent doctor turnover at Benefis 2008-10	Percent doctor turnover at Bozeman Deaconess 2008-10	Percent doctor turnover at Billings Clinic (Fiscal years 2009-2011)	Percent doctor turnover at Kalispell Regional Medical Center 2008-10	Percent doctor turnover at St. Patrick 2008-10	Percent doctor turnover at Community Hospital 2008-10

## DIAGNOSIS: TURNOVER

**'UNHEALTHY'** | St. Peter's Hospital's doctor turnover rate among highest in state  
**PHYSICIANS** | Doctors bemoan 'controlling' administration at St. Peter's Hospital  
**ADMINISTRATION** | Employment, health care trends contribute to 'negligible' rate

By **SANJAY TALWANI** | *Independent Record*

If you think it's hard to find a doctor in Helena, you're not alone. The number of internists who see patients outside the hospital has dropped by half in recent years. Several well-known doctors have left town, and several more have left their affiliation with St. Peter's Hospital to work for the VA at Fort Harrison. The hospital has seen highly valued specialists come and go, with several longtime players in the medical industry here alarmed by what they perceive as an unhealthy turnover rate for doctors, both in specialties and primary care.

Several doctors also left the Helena Physicians Clinic over the past few years, landing at St. Peter's, the VA, or out of the area. With the pending sale of the clinic to St. Peter's, the last significant competition to the hospital will disappear. From 2008 to 2010, St. Peter's saw 17 doctor resignations (in addition to five retirements) while recruiting 27 new physicians for its medical staff, which now numbers 101.

Dr. David Lechner, a member of the hospital board of directors and the president of St. Peter's Medical Group, describes recent turnover as "negligible." But data from other hospitals around the state show a higher turnover rate here, and several doctors with long-term experience here say the turnover rate is higher than it should be, and is bad for the community.

More **TURNOVER**, page 9A



Eliza Wiley/Independent Record

## Highway deaths fall to lowest level since 1949

### Region

The Pacific Northwest region, which includes Washington, Oregon, Idaho, Montana and Alaska, saw fatalities fall 12 percent.

By **KEN THOMAS**  
*Associated Press*

WASHINGTON — Highway deaths have fallen to levels not seen since the Korean War, helped by more people wearing seat belts, better safety equipment in cars and efforts to curb drunk driving.

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## Bill Skidmore, longtime Helena newsman, dies at 64

By **EVE BYRON**  
*Independent Record*

Consummate newsman Bill Skidmore, known to his friends as "Skid," died early Saturday morning after a two-year battle with cancer. Skidmore, 64, was a quiet man who listened more than he



Skidmore

talked, perhaps due to a tendency to stutter. But to those who took the time to listen, he was a dry-witted man whose intense love of reading translated into his writing and conversations.

He started as a reporter at the Helena Independent Record in 1971, after graduating with a degree in journalism

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# Turnover: Examining why doctors leave St. Peter's

continued from 1A

"Doctors are losing control of their individuality and autonomy that they've had for years. And the hospital tends to become the focus of that because changes occur in the hospital to lower costs to make it more favorable for the business community, because you have two pressures: You can have doctors be totally autonomous and not worry about costs, and the business side says you have to control costs. So part of the hospital leadership is to kind of integrate those two, and sometimes that creates tension."

John Solheim, CEO, St. Peter's Hospital



"So being an employee, and not making individual decisions as a manager for your own clinic, that's a role that's difficult for some to change into. And that's a change for some physicians."

Dr. David Lechner, president, St. Peter's Medical Group



"If you have someone with a chronic disease who wants to see a doctor, they're out of luck."

Dr. Jay Larson, internist, private practice



"It's time for the community of Helena to take responsibility for this. We tried and it didn't work."

Dr. Lee Harrison, hospitalist, St. Peter's Hospital

Doctor turnover is a problem around the state and the nation, with internal medicine specialists — those doctors who care for patients with chronic illnesses — arguably in the shortest supply. Several trends are contributing to the situation: young doctors heading into specialties; the rise of the use of internists as hospitalists (doctors who work exclusively in hospitals, taking care of patients and thus relieving outside doctors of those duties); and the trend toward more direct employment of doctors by hospitals, making doctors more able to move from job to job and city to city, instead of building practices slowly over the long term and staying in a single community for an entire career.

But in Helena, several physicians say there's an additional problem — a poor relationship between the doctors and the hospital administration, and particularly with hospital President and CEO John Solheim.

While some doctors spoke of positive experiences with the administration, others told the Independent Record of a wide range of practices they say drive doctors out, including control of patient care by hospital administrators, instead of by doctors; an aggressive drive by the hospital to employ more and more doctors directly; and a rigid atmosphere in which doctors' suggestions for improvements are ignored.

Several doctors contacted by the Independent Record would not speak directly of their experiences in the hospital, or would speak only on narrowly limited subjects. Several cited fear of retaliation by the hospital administration; several noted that hospital rules for medical staff prohibit disparaging remarks about health care delivery. Some said they would not speak about the quality of health care at the hospital because of fear of liability.

"Solheim's a tough guy, and he never forgets," said Randy Sibbitt, a radiologist whose group parted ways with the hospital in 2009.

## Revolving door

Several doctors describe a revolving door of physicians in Helena.

In the past few years, several doctors have left St. Peter's for the VA hospital at Fort Harrison, an attractive place to work with its single-payer billing, absence of on-call responsibilities, regular hours and steady paycheck.

Internist Erik Riessen is now in Utah and gastroenterologist James Riegler now practices in California. They did not respond to messages left at their offices. Tracy Dill, in charge of the hospitalist program at St. Peter's, has left for St. James Hospital in Butte. Shari Marx, internist at St. Peter's and later at Helena Physicians Clinic, is now a hospitalist at Bozeman Deaconess. She declined to comment for this story. Cardiologist Blair Erb is in Bozeman. He did not return a call to his office seeking comment. Family practitioner Bill Schoderbeck left suddenly and is working in Oregon. He, too, declined comment.

Pulmonologist Carl Hallenborg is in Utah; currently St. Peter's has no permanent pulmonologist on its medical staff. When the hospital opened its clinic on North Montana Avenue in early 2008, it named four doctors to its staff. Two of them, Dr. Phil Hess and Dr. Paul Donaldson, are gone. Interventional cardiologist Andrew Carter came from Michigan and joined the hospital in 2007; he's gone.

Doctors who worked for or at St. Peter's but who are now at the VA at Fort Harrison

include internists Scott Falley and Elaine Samuel; and family practitioners Derek Williams and Trena Bonde.

With the fresh arrival of Dr. Anne Anglim, Helena has just five internists (not counting those with additional sub-specialties, or those at the VA) who see outpatients. That's one more than the towns of Hamilton and Dillon each have, according to data compiled by Dr. Jay Larson, an internist here for about two decades.

Larson and Dr. Jean Justad have a private practice that's full; they don't accept new patients.

"If you have someone with a chronic disease who wants to see a doctor, they're out of luck," Larson said.

## Examination of turnover

Solheim and Lechner said turnover at St. Peter's is consistent with similar hospitals in the state and nation. Lechner described turnover in the past year as "negligible." Some of it is attributable to the departure of doctors at Helena Physicians Clinic who also were on St. Peter's staff.

"If it's your doctor that's leaving it feels heavy," said Solheim. "But the reality is our turnover is no greater or less than the other communities."

Data supplied by Montana hospitals alone cannot tell the full story, as lists of medical staffs may include doctors with a variety of roles and differ from hospital to hospital. Yet when calculated equally as the number of doctors who left during the three-year period of 2008-10 against the current staffing totals, it gives insight as to the trends occurring at hospitals across the state.

From 2008 to 2010, St. Peter's saw 17 doctor resignations (plus five retirements) while recruiting 27 new physicians (12 in 2010) for its medical staff, now numbering 101 (including both hospital-employed and independent doctors). Counting the retirements, the three-year loss totals nearly 23 percent of the current number of staff.

Benefis Health System in Great Falls had a near identical rate of turnover: 36 doctors left active staff from 2008 to 2010, in addition to six retirements. The hospital added 52 full-time staff, bringing its current total to 184 (a conservative count of only its active physicians, the hospital said). That puts the number of departures about 23 percent of active staff over the three-year period.

St. James Hospital in Butte has seen a higher rate of turnover; its CEO resigned in 2008 amid what he called long-standing animosity between doctors and the administration. In 2008-10, St. James lost 29 doctors (including a pair of retirements, and five emergency room doctors who were removed when the hospital ended a relationship with an outside company and directly hired its own doctors) out of 70 on active staff, a loss of 41 percent of the current total.

Others had greater retention.

At Bozeman Deaconess over the same period, 22 doctors left and one retired as 45 new doctors came on board to bring the staff total to 153, for a 14 percent turnover.

Kalispell Regional Medical Center has undergone rapid expansion, adding 60 physicians to staff from 2008 to 2010, bringing its staff total to 188. Over that time, 22 doctors left the hospital, including six who retired, or a total of less than 12 percent departed.

St. Patrick Hospital in Missoula had still lower turnover. It has 283 doctors on staff (many of whom are also on the staff of nearby

Community Medical Center.) At St. Patrick, 25 doctors left in 2008-09, but just four did so in 2010 — a turnover rate of less than 10 percent over three years and just 1.5 percent last year. Over that same period the hospital added 61 doctors.

At Community, a spokesman said the hospital has lost just a few doctors from its staff of about 250 over the past few years for a turnover rate of less than 5 percent.

"The turnover on that has been very, very little," said Larry Fagerhaug, vice president of organizational development at Community.

At the Billings Clinic — which employs all its physicians directly in its main hospital and various clinics — 30 doctors left during that time while 57 were hired to bring the total to 236 — a loss of 13 percent over the three years.

"The board thinks that there's no turnover," said Dr. Lee Harrison, a current St. Peter's hospitalist and a former member of the board, who has practiced in the community for about two decades. "It's so corrupt and in such a petty way."

"It's way greater turnover (in Helena) than we ought to be seeing, so I have to think that there's some bad treatment of physicians by the administration, not just letting them be physicians," said Dr. James Crichton, a former chief of staff at St. Peter's and former medical director at Blue Cross and Blue Shield of Montana, now retired.

Dr. Mark Ibsen, who owns Urgent Care Plus downtown (and who worked in St. Peter's emergency room until about four years ago), caters to many patients who are without primary care doctors or are unable to see them. An advertisement for his operation invites patients who are "between doctors."

"There are a lot of patients who can't get in to see their primary care doctor," he said. He described as an example a recent patient who needed to see her internist, but couldn't get an appointment for 3 1/2 months.

## Recurring issue

The issue isn't new. In February 2008, more than half the doctors on staff wrote the hospital board of directors warning that "The bullying and antagonistic attitude of the administration is significantly to blame" for doctor departures, and called for a meeting with the board and Solheim.

"Rest assured, these developments are a major threat to the quality of health care in Helena, and it necessitates that you become informed and involved," the letter said.

Asked about the letter, Solheim said he never saw the signatures; Lechner said doctors were "bullied" into signing it. He attributed the letter to "very specific individuals who were promoting their own agenda."

Orthopedists Brooke Hunter, John Michelotti (a former board member), Peter Hanson, Max Iverson and David Heetderks were among those who signed the letter. They said about 74 doctors signed it (a significant majority of the medical staff), although they didn't show the names to hospital administrators.

"The hospital expects to be treated by the physicians as a partner, and expects the physicians to accept being treated by the hospital as a commodity," the letter quoted a departed internist as saying.

"I'm fairly certain we could get most of those people to sign again," Harrison said.

That letter led to a few meetings with one or two board members, but no significant

More **TURNOVER**, page 10A

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# Some doctor turnover reflects national trend

By SANJAY TALWANI  
Independent Record

Until recently, hospitals were places that provided facilities and medical staff, where physicians — independent or part of doctor-owned practices — plied their trade.

But medical care is more complex than ever, and across the nation, hospitals are directly employing more and more doctors. Many doctors find that appealing, with a more reliable income and hours, as opposed to the expensive and risky proposition of a private practice, where doctors have to handle every aspect of the business from hiring and firing to malpractice insurance to time-consuming billing and paperwork.

"Most physicians want to look for an alternative to being in private practice, and our goal is to aggregate that so that we can coordinate the care better across the continuum," said St. Peter's President and CEO John Solheim. The doctors want good facilities and diagnostic equipment, income guarantees, stability and less time on call, he said.

But some doctors are unhappy with the trend, saying they are giving up their role as advocates for their patients, instead being pressured by the hospital's bottom line, cutting short hospital stays (when, for example, Medicare pays a set fee for a given condition or procedure) or pushing patients toward expensive tests and procedures that aren't necessary.

St. Peter's maintains that it leaves patient care completely up to the doctors, and that many doctors (though not all) prefer hospital employment. Hospital administrators say the hospital does essentially all the recruiting of new doctors to the area, often paying them more than they actually generate in services, in order to fulfill the hospital's mission of

providing enough physicians for the area.

Still, many say it fundamentally changes the doctor-patient dynamic.

"When a physician is in a town, and is committed to that community, his customers, his patients, he's in there for the long haul and invested in the thing and he plans to stay there a long time, as my cohort of physicians did," said Dr. James Crichton, a former St. Peter's chief of medical staff who is now retired. "It's a different situation when you're employed by a hospital and your main customer's the hospital."

When Crichton was chief of staff, he said, all the doctors — primary care physicians and specialists — were somewhat dependent on each other, and the medical staff was also autonomous from hospital administrators. Doctors, not the hospital, were responsible for disciplining their peers, and several in fact did lose hospital privileges.

"But if the hospital employs the physician, as long as the guy's making money, they're very unlikely to do anything to him," he said. "You don't really have the peer pressure to work on physician quality."

Dr. Jay Larson, a longtime local internist who has previously been employed by the hospital, also is a strong advocate for independent practitioners.

"Right now, (Dr. Jean) Justad and I have a great little clinic," Larson said. "We focus on patients. That's what it's all about. That's what people want. They want to feel cared for, they want to make sure the person taking care of them is their advocate, and is going to recommend the best thing for them. ... I have no conflict of interest when I order anything. If they want to go somewhere else to get a diagnostic test, it's fine with me."

Longtime family practitioner Richard Sargent moved into private practice in

December in what he described as an "amicable" separation from St. Peter's, where he retains his hospital rights.

"When you're in a small practice, you get to make all the decisions," he said, calling that both a plus and a minus. "When you're in a large group ... a small group of people makes all the decision for everyone that's in the group."

And that can be good for patient care, he said, since the hospital-employed doctors may do things in a more consistent manner.

Solheim, Dr. David Lechner, a member of the hospital board of directors and the president of St. Peter's Medical Group, and others maintain that the "integrated" model, in which the hospital supplies a facility and all the services within it, is not only here to stay, but improves care and lowers costs, making more efficient use of staffing and resources with more timely and efficient access to medical records.

Dr. Jeffrey Martin, for example, arrived in July to work for the independent group of orthopedists (Helena Orthopedic Clinic), but moved over to St. Peter's Medical Group and direct employment by the hospital in March.

Martin switched from the clinic to the hospital because of business issues, he said. Also, he wanted to be part of a bigger and multispecialty group.

The hospital's purpose in hiring him (and another orthopedist, who also moved from the clinic to the hospital) wasn't to dilute or compete with the existing practice, he said, but rather to bring in specialists the town needs — and that requires investment and risk.

"Practices are finding less and less reason (to hire new partners)," he said. "And the hospital's saying, 'We'll take the risk.'"

Hospital employment also makes doc-

tors more mobile, for better or worse. Crichton blames the doctors to some extent.

"You get disgruntled about something (and) instead of saying, 'Well, I'm committed to this thing, I'm going to see if I can make it better somehow,' you say, 'Hell, I'll just go,'" Crichton said. "It's lack of commitment, but we have a society where lack of commitment is found just about everywhere you want to look."

Urologist Dr. Tim Grossman left his local practice in 2008, but recently returned to Helena — as a hospital employee.

"For several years, St Peter's Hospital and its affiliated medical group has suffered because of the lack of stability of its physician work force. The loss of so many high-quality experienced doctors has served to damage the reputation of the group and the local health care system as a whole. I, in part, contributed to this problem, having closed my independent practice for a period of time. Now, I hope to be a part of the solution," he wrote in an e-mail.

He said grumblings about the hospital seem to swell periodically.

"It is a complex organization, with complex problems," he continued.

"However, the ongoing criticism regarding this particular issue, I feel really assumes two things incorrectly. First, (that) the administration up to the board level doesn't consider physician turnover a serious problem, which must be fixed. Second, (that) this organization is static and incapable of change. We have new leadership in this group. Individuals who have worked in health systems which are and have been extremely successful. I remain optimistic their ideas and experience will eventually produce results but it is going to take time."

## Turnover: Doctors outline their complaints against administration

continued from 9A

changes in relations between hospital and medical staff resulted, Hunter said. Solheim said neither side got all they wanted from the meetings, but an agreement on recruitment and retention was reached.

In January 2009 the Lewis and Clark County Board of Health launched a Task Force on Universal Health Care, which in October 2010 released a report on the loss of physicians and access to care.

"Residents perceive that the hospital is not providing quality services for community members," the task force wrote.

"Providers attribute, in part, the high turnover of primary care providers to dissatisfaction with hospital administration."

In December, the Helena Physicians Clinic announced its physicians were giving up hospital admitting rights because it could not pay the costs demanded by St. Peter's for its hospitalist program.

The move brought on a fresh wave of concern among patients that they would not be able to find medical care in Helena. The clinic, a branch of the Great Falls Clinic, was once the largest local competitor to St. Peter's. In March, the hospital began the process of buying the clinic building.

Dr. Brian Weitz, who left the clinic for Minnesota, said the hospital demanded nearly \$400,000 a year to support the hospitalist program — a prohibitive sum for the clinic. Other providers in the area are not charged for the hospitalists.

In February, Lewis and Clark County Commissioner Derek Brown addressed the issue of doctor turnover and doctor-administration relations in a talk at the weekly Home-town Helena morning coffee gathering, and placed blame directly on Solheim.

"I've never come across this situation, in such a big organization, where everything's focused on one person," Brown told the Independent Record. "It's all about one person, and everybody I know that deals with him says he's a bully."

After Brown's talk and after he sent an e-mail on the matter to about 120 people, Rick Hays, a member of the hospital board and its past chairman, invited Brown to a meeting

that included Solheim, Brown said.

"Solheim looked like he was being taken to the principal's office," Brown said. "We probably met for 45 minutes to an hour and it just ran downhill."

### Numerous complaints

Nearly every doctor who spoke with the Independent Record said the vast majority of staff at the hospital are dedicated and hard-working and deliver excellent patient care. But their complaints against Solheim are numerous and personal.

Harrison, who still works at St. Peter's, said she quit the board after it gave Solheim a new contract with glowing recommendations. "He's a bully and he bullies the board," she said. "Being able to bully and intimidate is really important to him."

Harrison said she sees numerous patients who are angry at the hospital — because of doctors leaving, or because of long waits at the emergency room, for example.

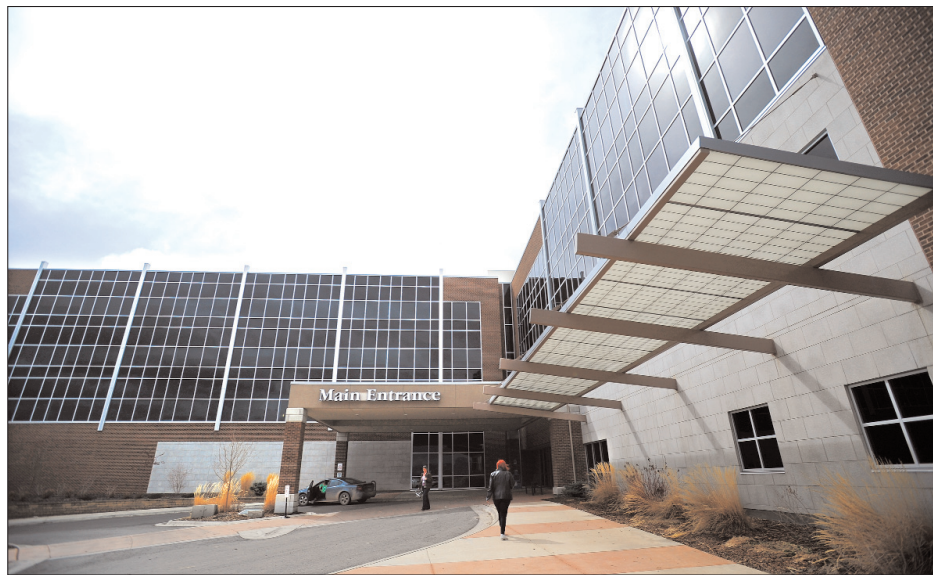
Among her several complaints: Hospital administrators interfere with the care of patients, even sending e-mails to the patient case managers, urging them to get patients out of the hospital, she said. (In many cases, Medicare pays a specific amount of money for a given condition or procedure, so the hospital loses money if patients stay long and makes money if they are discharged more quickly.)

Lechner strongly denied that anyone but doctors makes decisions regarding patients. "Clinical decisions stay with the doctor, period," he said.

Others said the hospital uses hardball tactics to influence doctors' behavior and get them out of independent practices and into direct employment by the hospital.

Dr. Keith Edwards was a partner of Sibbitt's, working in Helena from 2005 to 2009. Edwards had previously been a colleague of Dr. Dennis Palmer, another partner in the radiology practice, who invited him to Helena.

"Dennis told me a little about the fact that they were at odds with the hospital, but I don't think I had an idea of how strained the situation was," Edwards said in a telephone interview from California, where he is a professor at the medical school at the



Eliza Wiley Independent Record

University of California-San Diego.

Before working in Helena, Edwards had led an 18-doctor radiology group that worked with a 425-bed hospital, so he had some experience dealing with hospital administrators. Edwards said Solheim made clear he would do anything to control medical practice in the area, including bringing in new hospital-employed doctors and pitting them against independent practices.

"I think what's probably led to a lot of people leaving, is that John is just so tightly controlling and really, I think, looks at doctors as widgets," Edwards said.

He said the administration did not, for example, welcome the radiologists' input into the equipment it purchased, which he called "a crazy way" to run things. He called the relationship with administrators "unusually harsh and unusually pejorative."

"(Solheim's) not a compromising kind of guy, and doctors are not stupid people. And I think they can certainly be reasonable and they can certainly compromise and work with people, but I don't think that John ever considered doing that," Edwards said. "When you're paying their paycheck, you can pretty much tell people what to do, if you want to, and I think that's the way he ran the business."

Iverson, an orthopedist with 16 years' experience in Helena and, before that, 20 years in the Los Angeles area, described the doctor-administration relationship here as "poisonous" and "adversarial," with workers, from doctors on down, afraid to speak critically.

"If they say anything derogatory or corrective, it puts a target on their

back," he said. "It stifles constructive criticism."

He said he never saw such a problem with morale in his decades in Los Angeles. But there, he noted, there's plenty of competition among hospitals.

"As with most hospitals, establishing the climate, good or bad, frankly boils down to the administrator," Iverson said.

Larson has been an internist in town for a couple decades, including a stretch as a hospital employee, and now operates an independent practice with Justad. Larson left the hospital, he said, when he asked the clinic manager point-blank what the value of internal medicine was in the community. "And he said, 'I don't know,'" he said.

Weitz, who as a partner at the Helena Physicians Clinic was part of St. Peter's medical staff, called the administration "unprofessional, immoral and disrespectful."

"It's a nasty place to work," he said in a telephone interview from Minnesota. "It's horrible, really."

It's different at his new job. "We have a voice, we participate in patient care decisions and management decisions," he said. "We are treated with respect, and there is no fear."

Dr. Harnek Singh joined St. Peter's as a hospitalist in 2009 and only lasted one year in what he described as "mental torture." Now, he commutes more than 60 miles to St. James Hospital in Butte, working for a company contracted to provide hospitalist services there.

Dr. Robert McNutt, a rheumatologist, practiced in the Cleveland area for many years. In September

2008, he began working for St. Peter's, and then in 2010 opened Montana Rheumatology on Last Chance Gulch — a move he did not plan to make when he first moved here, although he said he enjoys the new practice immensely.

He declined to discuss why he left hospital employment and said the vast majority of health care delivery at the hospital is excellent. But he thought the hospital could improve if it considered the suggestions of doctors who left.

"It would seem like a board member ought to be involved in an exit-interview process," he said. "It would have to be a board member, not a member of the administration."

General surgeon Dr. John Galt, a former board member, called St. Peter's "a great hospital" but noted problems.

"The employees, nurses and physicians are compassionate, well-trained individuals who work hard every day to provide exceptional care to the community," he said in a written statement. "The largest threat to our ability to continue to provide this level of care is the current hospital board and administration."

General surgeon Dr. William Harper described the doctors' relationship with the hospital administration as amateurs trying to take on professionals at negotiating.

"They go to meetings to talk about how to control us," he said of the administration. "They've been given instruction, or tips, on how to control the situation."

He described a three-year process of trying to establish a payment system for specialists to be on call. Although hospitalists now

handle much of what used to require doctors to be on call, they still typically need specialists on call for specific needs. With so few doctors in each specialty, it can be a difficult and expensive burden, with some doctors on call every third or fourth 24-hour period. That means stopping what they're doing — sleeping at home, treating other patients in their offices, whatever — and making it to the hospital within 20 minutes.

At some hospitals, the "call pay" is several hundred dollars to more than a thousand dollars per 24-hour period.

A few years ago, the general surgeons — at that point, three of them — proposed a pay level. The administration hired a consultant to come up with a figure, which Harper described as "insulting" — \$100 per day, or just over \$4 an hour.

"They basically ignored us," Harper said. "We weren't asking for the world."

It led to a standoff between the doctors and hospital. Eventually the sides agreed, for starters, that there should be another surgeon in town to make call duties less burdensome, and the hospital hired one.

Asked about this, hospital spokeswoman Peggy Stebbins responded only that the board determined call coverage payments in 2009.

### Changing relationship

Solheim denies having an antagonistic relationship with doctors, although he acknowledged that in a big organization going through many changes, not everyone will be satisfied with administration decisions.

He said some of the doctors' complaints relate to the bigger picture of the changing dynamics of health care and the impending changes from health care reform, including a more systemlike approach and coordinated patient care.

"Doctors are losing control of their individuality and autonomy that they've had for years," he said. "And the hospital tends to become the focus of that because changes occur in the hospital to lower costs to make it more favorable for the business community, because you have two pressures: You can have doctors be totally

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# St. Peter's looks ahead to wired, integrated future

By **SANJAY TALWANI**  
*Independent Record*

Hospital care in the not-so-distant future could start in your home, with scales and pillboxes connected to the hospital's electronic medical records system.

If you have, say, hypertension, and then suddenly gain five pounds in just a few days, or don't take your pills, the system would contact you, or maybe your doctor or a nurse, to try and get things right before it leads to a trip to the hospital.

"What an amazing opportunity to make a difference in this person's chronic disease management," said St. Peter's Medical Group President Dr. David Lechner.

It's not here yet, and it could cost \$8,000 to \$10,000 for the "wired" home, say hospital administrators. But that's also about what a hospital stay might cost.

Such a health care concept — combining personal responsibility, technology and a hospital's diverse array of services — may

be closer than it appears, and it's part of the vision of St. Peter's Hospital.

Lechner and St. Peter's President and CEO John Solheim say such investments in the hospital information systems will help keep costs down, all in the context of major transformations in the industry brought on by the federal health care reform bill passed by Congress and signed into law by President Obama last year.

"I don't think we've totally seen the depth of the cost-savings yet, but the vision is, and the goal is, to coordinate exactly for that — to prevent hospitalizations, and you have to invest in that infrastructure to get it done," said Solheim.

Solheim said the hospital has been successful so far in reducing overall hospital costs by \$1 million a year each of the past three or four years, bringing St. Peter's costs into the lowest 25 percent of hospitals in the state and the nation.

He points to recognition of the hospital as one of the most

"wired" in the nation and said it's spent \$8 million so far on a comprehensive, integrated EMR (electronic medical records) system, with another \$8 million yet to go for full implementation.

"In the old, old days, you had paper charts. In a group our size, trying to track down a paper chart is a full-time effort for several FTEs (full-time employees) and things (would) still fall through the cracks," said Lechner. "That doesn't happen anymore."

And, an EMR is a top tool in the ongoing quest to recruit doctors to Helena — a must-have element for young doctors.

"There's not a resident in the United States who's now trained on a paper chart. Every one of them has Velcro-ed to their belt some form of electronic media," said Lechner. "It's a bit of a learning curve for the doctors, particularly the doctors who have been here for a bit. But the doctors coming in now, their learning curve is pretty brief."

The integration of records would connect inpatient, outpa-

tient and post-acute care, saving money while improving care, Lechner and Solheim said. A doctor in an emergency room can now see the results of tests from an hour ago or a year ago, massively cutting down on expensive duplication of lab work, MRIs and more.

Another trend, one that the hospital embraces, is more direct employment of doctors. The large, integrated organization is able to use resources efficiently, they say. For example, an expensive doctor visit could be avoided when a less expensive respiratory therapist, nurse or pharmacist might do. Still, "rightsizing" staff, making sure the personnel is there for busy times without having idle people during slow times, remains a top priority.

The move to electronic records will also further empower patients, they said, as the hospital looks toward a "patient portal," available in as soon as six months. That's analogous to online banking, where patients can check lab results, make

appointments and more.

"It'll be an adjustment for people," Solheim said. "Some people like the online approach, some people don't."

As for other elements of the future of St. Peter's, no major new expansion or construction is planned, although it does plan to develop a heart and vascular center and a women's health institute over the next few years.

Meanwhile, the struggle to keep big-time doctors in a small market remains. With room for only a few doctors in each specialty, there's a lot of on-call duty for some, compared to in a larger market where a group of eight or more specialists might rotate through the duty. On the other hand, if the community gets too many specialists, they won't have as much work as they would want.

The hospital has landed some specialists that are rare in small markets, like a spine surgeon and a pediatric orthopedist in the past few years.

"We have a lot of services for this size facility," Solheim said.

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autonomous and not worry about costs, and the business side says you have to control costs. So part of the hospital leadership is to kind of integrate those two, and sometimes that creates tension."

Moreover, hospital-employed doctors do not necessarily make managerial decisions as they would for their own clinic or practice, Lechner said. "So being an employee, and not making individual decisions as a manager for your own clinic, that's a role that's difficult for some to change into," he said. "And that's a change for some physicians."

Solheim said employment of physicians isn't a tool to control doctors, but rather a tool for retention. Without direct employment, the hospital would have 50 percent fewer physicians, he said. And, Lechner added, employment by the hospital is not for everyone, although a lot of doctors prefer it to avoid the headaches of private practice and focus on patient care.

"Our goal is not to employ every physician, and employing physicians is not an easy gig," Solheim said.

Solheim and Lechner also note that over the past decade, the hospital has tripled its revenues and expanded services while also merging five separate medical groups into St. Peter's Medical Group. Are there growing pains? Absolutely, Solheim said.

Joe Seifert is a lawyer who has represented doctors and other former employees against the hospital, including fights over noncompete clauses the doctors used to have to accept for employment — clauses he called "draconian." But he said the administration and board work hard to examine and improve hospital operations, and that's not always an easy road.

"The CEO demands a great deal from the managers. And the managers demand a great deal from those who respond to them," he said. "They're a victim sometimes of their own desire to improve their operation."

Some of the departed doctors, too — radiation oncologist Robert Pfeffer and family practitioner Cheryl Cavalli — related positive experiences in Helena.

Pfeffer said he liked the administration and that decisions kept patient care as the highest priority.

"They said if you think that's going to improve quality of care, we'll get it," Pfeffer said of one expensive equipment purchase. "They really did bend over backwards to keep me happy. They let me go up to Great Falls to use the cyber-knife (an advanced surgery tool

used at Benefis Health System). They didn't have to do that; they could have said, 'You're our employee.' (Instead) they said 'Look, we want you to get professional satisfaction.'"

In June, Pfeffer left, he said, because he just wasn't busy enough and got an offer for a more rewarding position in Spokane.

And that's a problem with Helena, he said — it's an awkward size. There's some work for specialists, but not enough people to keep many specialists as busy as they might like.

Interviewed from her Pueblo, Colo., office, Cavalli described Lechner as a Carroll College classmate and said, "I just don't think there's a better human on earth." She came to Helena and left for personal, not professional reasons, she said, but she loved it here.

"The administration of St. Peter's was doing all they could to help us provide good care," she said. "I could get involved in as many community events as I wanted and that helped me build my practice."

Cavalli is aware of criticisms from the community, she said, but attributes it in part to "the 'medicine's-better-somewhere' people."

"That's what I picked up from the community," she said. "And I just don't think that was the case."

### Quality of care

It's unclear whether doctor-hospital animosity negatively affects the quality of care patients receive, but many observers think so.

"People who work at the hospital tell me that the quality of medicine's lower than it was," Crichton said. "Several physicians have told me that. And I've had nurses tell me that."

Mountain-Pacific Quality Health, which contracts with the state and federal governments on Medicare and Medicaid issues, gives awards annually. For the past three years, St. Peter's has failed to land in the top tier of that statewide recognition. In 2010, nine Montana hospitals (among 12 that applied), including both big and small facilities, earned the top honor, the "Quality Achievement Award," while St. Peter's earned the next-best recognition, the "Commitment to Quality Award." Two hospitals that applied received no award.

In 2009, 14 hospitals applied for recognition and seven earned the top honor; St. Peter's and four others landed in the second tier, with two earning no award. St. Peter's was in the second tier in 2008 also.

Solheim defended the hospital's performance, noting that it at least

received some recognition from Mountain-Pacific where other hospitals did not; and that some of the winning hospitals are bigger than St. Peter's, offering more services.

"A lot of times we fall out because we don't have an appropriate number of cases," he said. "It's still an award."

Among the nine hospitals that won the top award in 2010, six are larger than St. Peter's (Billings Clinic; Bozeman Deaconess; Community Medical Center in Missoula; Kalispell Regional Medical Center; and St. Vincent Healthcare in Billings) and three are smaller (Clark Fork Valley Hospital in Plains; Community Medical Center in Anaconda; and the HealthCenter in Kalispell).

HealthGrades, a national organization, rates 5,000 hospitals, using Medicare patient records from fiscal years 1999-2009 related to 26 procedures and conditions. Most of Montana's larger hospitals were rated in six or seven broad categories (cardiac, orthopedic, and so on) and then in further sub-categories. HealthGrades reports whether hospitals were at, above or below national averages in the sub-categories.

St. Peter's scored the "below average" tag in all seven subcategories within three of the main categories: orthopedic, critical care and pulmonary procedures. No other Montana hospital was labeled below average in a majority of subcategories in more than one of the main categories.

Solheim dismissed those conclusions also, saying the data is old and that HealthGrades ratings are widely debated.

"We don't have the depth in specialty that a lot of places do that might affect that data," he said.

He said St. Peter's has an 83 percent market share in Helena; if you remove data on services St. Peter's doesn't provide, like certain advanced cardiology and neurosurgery procedures, the figure rises to 90 percent, he said.

"The facts speak for themselves," Solheim said. "People do come here because we have good care, good facilities, good people and good doctors."

As for costs, Eric Schindler, former chairman of the St. Peter's board and now CEO of Montana Unified School Trust, which buys health coverage for school districts, said St. Peter's is among the more inexpensive hospitals in the state — charging about 93 percent of the average of the state's nine biggest hospitals (adjusted to the mix of cases from each hospital).

"I think they run a good operation and they're keeping the costs low," he

said. "I think John Solheim's done a really good job. ... They have a fine balance to watch between mission and margin."

### Finding a remedy

The hospital CEO answers to the 16-member board of directors (one of whom is Solheim), but several doctors said the board doesn't have sufficient independence from the administration.

Three positions on the board are held by whichever doctors serve as the medical chief of staff (now Cancer Treatment Center director Dr. Thomas Weiner), the vice-chief of staff (now pediatrician Dr. Tom Strizich), and the president of St. Peter's Medical Group (now Lechner), the hospital said. The other board members, including an additional independent doctor (now pathologist

Dr. Maria Braman) are nominated by a committee of three board members named by the board chairman, currently attorney Thomas Harlen.

Hays, the board's immediate past chairman, said he has never felt any lack of independence from Solheim or the rest of the administration, and said they always have candid discussions.

"We probably have more doctor representation on the board than most of our counterparts across the state, just because we think that's important," he said.

But some doctors think there's not enough independence.

Edwards, the radiologist now in California, said he went to the hospital board with complaints but that Solheim "hoodwinks" the board.

Larson, the longtime

internist, said the board should have more oversight and direction over Solheim. "That's the way it's supposed to work," he said.

Orthopedist Iverson said the board "does not apply as much oversight as it should" with respect to Solheim.

The board's meetings and the meetings' minutes are not public.

Some doctors said that, in a sense, board members are ultimately answerable to the community — friends and neighbors of board members, and the patients themselves who seek care there.

"It's time for the community of Helena to take responsibility for this," Harrison said. "We tried and it didn't work."

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