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Information Technology and the New Pathology "Supergroup"

A Regional Model for the Delivery of Pathology Healthcare in the 21st Century

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Anatomic pathology is unlike any other medical specialty. For patients, pathologists are the most important doctor they will never see. For physicians, a trusting relationship with a pathologist colleague is critical for medical decision making. For healthcare in general, pathology/laboratory findings drive 60-70% of healthcare decisions and profoundly influence costs. How a pathology laboratory integrates IT into their practice can have a significant impact on these relationships.

Four years ago, three western Washington anatomic pathology groups (Black Hills Pathology in Olympia, Associated Pathologists in Everett and Washington Pathology Consultants in Seattle) merged to become CellNetix Pathology & Laboratories. Amongst the threats the companies faced pre-merger, as small independent pathology groups, were new IT requirements, the costs and complexities of which were far beyond their budgets and resources.

Upon its formation, CellNetix utilized its merged resources to implement state-of-the-art IT technologies, as well as to centralize laboratory operations and leverage increased pathologist sub-specialty expertise. This involved considerable expense ($3 million for IT alone) and would probably not have been embarked upon in the current economy. Pathology groups, or even large hospitals, are not now willing to spend these kinds of resources on IT in the niche of anatomic pathology. Because we did, we are separated from our competition by a financial "Grand Canyon." IT costs are increasing the optimal operating size of pathology practices and labs that traditionally have been relatively small and centered on one or two hospitals. CellNetix is

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LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to dpeel@wahcnews.com.

Letter from the Publisher and Editor

Dear Reader,

Now that healthcare reform has become law, many organizations are developing plans for it's successful implementation and administration.

Our current times remind me of 1996. That was the year the Health Insurance Portability and Accountability Act (HIPAA) was enacted. HIPAA was intended to combat fraud, abuse, and waste and make the system more efficient. The federal government's initial estimate of the cost of complying with HIPAA was $3.8 billion. This was much lower than industry estimates as the American Hospital Association alone estimated the hospital industry's cost of compliance at $22.5 billion. Although hard to find, many companies used external resources like attorneys, accountants and consultants to successfully implement HIPAA.

The new law is much more expensive and complicated than HIPAA and you will again need external resources. Fortunately, unlike 1996, you can quickly and easily find attorneys, accountants and consultants by visiting the Consultant Marketplace page of the Washington Healthcare News web site at wahcnews.com/consultant. Until next month,

David Peel, Publisher and Editor

Washington Healthcare News 2010 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2010	Clinics	December 1, 2009	December 21, 2009
February 2010	Human Resources	January 2, 2010	January 19, 2010
March 2010	Hospitals	February 1, 2010	February 23, 2010
April 2010	Insurance	March 1, 2010	March 23, 2010
May 2010	Clinics	April 1, 2010	April 20, 2010
June 2010	Human Resources	May 3, 2010	May 25, 2010
July 2010	Hospitals	June 1, 2010	June 22, 2010
August 2010	Insurance	July 6, 2010	July 20, 2010
September 2010	Clinics	August 2, 2010	August 24, 2010
October 2010	Human Resources	September 1, 2010	September 22, 2010
November 2010	Hospitals	October 1, 2010	October 19, 2010
December 2010	Facilities	November 1, 2010	November 23, 2010

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one of an emerging cadre of "Super Groups" whose origin can, at least in part, be traced to the creation of an advanced IT infrastructure that centers on innovation, reliability, and quality.

At the outset we identified seven critical IT objectives:

- Identical IT systems at all sites
- Robust interfaces with key hospitals and clients and the ability to fast-track future ones
- Barcode driven, paperless workflow
- Specimen tracking from collection to report delivery
- Telepathology to enable specialty diagnostic teams (SDT) in a geographically dispersed environment
- Web delivery of pathology results
- Facilitate cost control through efficiencies of operations and centralizing IT

The opening of our new 50,000 sq. ft. facility in October 2007 required a rapid (10 month) implementation of start-up operations. The remaining objectives have taken us the last three years to implement.

One Desktop, One Practice: Homogenous Systems at all Sites

Prior to merging, three different Laboratory Information Systems (LIS) were in use at seven sites, from Aberdeen to Everett. Some sites were on hospital campuses using hospital PCs and there was little interconnectivity. The solution to the problem involved three steps.

Step 1: A single LIS for all CellNetix work was chosen after an exhaustive analysis.

Step 2: A secure Wide Area Network (WAN) was installed between all sites.

Step 3: It was critical to have the same applications available to what would be 200 employees. We chose "Thin Client" technology. This allowed our data center in Seattle to provide end-users with the same applications over relatively slow WAN links.

A single LIS, robust WAN and application availability all played critical roles in surmounting logistical barriers that could have kept us operating inefficiently as separate companies rather than the cohesive force we are now.

HL7 Heaven: Client Interfaces

Connecting with our hospital and clinic clients was (and is) mission critical. We quickly put together a still-existing effective interface team during the build-out stage of

our operation. We built three major hospital interfaces in about four months, which was not a minor feat, as just getting on the hospital project schedules was a huge task. We now create many interfaces each year; an impossible task for the pre-merger groups.

Supermarket Science: Barcoding

It's simple: patient identification is critical to patient safety. To increase patient safety, CellNetix implemented barcode technology at each step in our workflow. Using the same barcode scanners that you see at the supermarket we aimed to reduce errors. A recent study from the Henry Ford Hospital showed that barcoding results in a dramatic reduction in slide misidentification (95% error reduction), while increasing technical throughput by 125%.

Fed Ex® Findability: Specimen Tracking

It's a dirty little secret of the lab business that most of the time, specimen movement from site to site is rarely tracked or reconciled. Specimens have been left on top of cars and have been found in parking lots (not at CellNetix). We developed a specimen tracking system that tracks specimens from the client office through the various stages of processing in the lab to slide delivery at our remote sites. At every point on the journey from collection to result we know where the specimen is. Critically, we also know how long specimens are spending at each stage so we can eliminate delays and congestion in the workflow.

Pathologists Without Borders: Telepathology

Our forty-four pathologists at eight different sites allows us to offer a range of specialty diagnostic teams (SDT) that very few groups can match - even on a national level. We have sub-specialists in almost every major area of pathology. These sub-specialists can now support each and every hospital we serve, regardless of hospital or pathologist location. How could we make our Seattle neuropathologists available in Aberdeen without purchasing a Lear jet? Microscope cameras and encrypted software that allows doctors to easily view each other's slides were the answer. Telepathology also allows clients to interact with pathologists and review microscopic images securely in real-time. We are able to provide our smaller hospitals and even our largest medical centers with far more sub-specialty expertise than if they employed their own pathologists.

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Personal Pathology Portal: Web Results

Pathology reports these days often contain images. At CellNetix we print all our reports in full color and felt that we needed a better immediate delivery method than faxing. Accordingly, we implemented a web portal to ensure clients can see images and full color reports. In addition we are in the process of adding supply ordering and delivery of other ancillary reports such as diagnosis summaries. Ultimately, we will connect with personal health portals to provide chart information to patients.

Cost Efficiencies

The IT solutions described above allow us to move specimens through the system more rapidly (increased technical throughput, with decreased turn around time). These benefit patients (faster results), physician practices (providing a competitive edge), as well as hospitals (decreased length of stay). In addition, we are able to adjust workload amongst our pathologists, which helps to minimize pathologist staffing.

Conclusion

We put a lot of blood, sweat and tears into making the above happen in a very short time – however, our IT accomplishments have contributed to CellNetix's place as one of the best and largest pathology groups in the nation.

The above examples illustrate how powerful IT can be in:

- Improving patient care
- Providing hospitals with quality and sub-specialization expertise otherwise unobtainable
- Merging practices and cultures
- Competing in a changing market
- Reducing costs

As a middle market organization we believe we are better equipped to tackle change than smaller or larger companies. If smaller, we could not have supported the costs, if larger, we could not have responded quickly enough. We believe that IT demands (costs, expertise, and intellectual talent) will continue to promote consolidation in anatomic pathology and reduce competitiveness of smaller pathology groups or hospital employed pathologists (regardless of hospital size).

If you are interested in a tour of CellNetix, and our IT systems please contact info@cellnetix.com.

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Chronic Pain Disability: Finding the Best Management

By Niriksha Malladi, MD
Staff Physician
UBC, Inc. (United Backcare)

As the nation struggles to find ways to offer cost-effective healthcare, it becomes crucial for hospitals, healthcare clinics and physicians to look at their own practices and outcomes. In the field of chronic pain, where the options range from alternative treatments to invasive and expensive procedures such as spinal cord stimulators, finding the most effective treatment can be a challenging and frustrating process for patients and healthcare providers alike.

Chronic pain is increasingly being recognized as a chronic disease to be managed, similar to diabetes or rheumatoid arthritis, rather than a disease that can be cured and eradicated. Contemporary understanding about chronic pain also asserts that an interdisciplinary approach to pain treatment, addressing the physical and psychological barriers, positively impacts pain treatment outcome. It has also been demonstrated to be vastly more cost-effective care when compared to the alternatives.

For the last twenty-five years, UBC Inc. (United Backcare) has been offering intensive rehabilitation for musculoskeletal disorders, ranging from failed back surgery syndrome to complex pain disorders. In addition to recognizing the need for intensive physical rehabilitation for patients who have drastically reduced their physical functioning as a way of coping, patients receive structured psychological education. Psychological variables such as beliefs about pain signaling physical damage, self-perception of being disabled and the patient's own ability to modulate the experience of pain are explored in the cognitive behavioral therapy course. Patients meet individually with the psychologist to explore their personal barriers. For those derailed from their careers by chronic pain, classes and meetings with the vocational counselor prepare them for return-to-work. Patients who have become dependent on medications for pain management are able to taper off opioid medications under the supervision of the UBC physicians. With this approach, even as their function improves, their pain medication needs decrease.

In an article published recently in the journal Pain Medicine, Cunningham et al (2009) demonstrated that a three week pain rehabilitation program resulted in an average annual medication cost-savings of $2404.80 per patient. There are also studies reporting reduction in pain-related clinic visits, surgical interventions, hospitalizations, emergency room visits, decreased disability claims and overall decreased medical costs among the benefits of interdisciplinary rehabilitation.[1]

The per-person lifetime cost savings of interdisciplinary pain rehabilitation approximates $356,288 for healthcare and disability alone, compared with conventional medical therapy for chronic pain.[2] This does not take into consideration other costs including tax revenue, lost productivity and sick leave.

While pain may improve a small amount by the end of a typical 20 day program, patients report worrying less about their pain, avoiding activity less and being less disabled. This has been validated in multiple studies, which is part of the reason why nationally and internationally, intensive rehabilitation programs such as UBC's have a 68% rate of return to work for injured workers (compared with 27%-36% rate of return to work for a similar cohort who did not undergo multidisciplinary treatment).[3]

Healthcare providers who treat

chronic pain realize that it is a multisystem illness, rather than just a symptom of an underlying disease. Its effects can be devastating, robbing patients of their work, well-being and sense of control over their lives. For such patients, comprehensive pain programs become the intensive care unit equivalent of rehabilitation (as a UBC physician, Dr. David Sinclair, fittingly describes it), allowing patients to return to productive lives. The positive implications are unmistakable from a healthcare utilization, legal, individual and societal perspective.

It is unfortunate, then, that in an attempt to cut costs, some third party payers have steered patients away from this treatment option by not covering comprehensive pain programs, with the paradoxical outcome of more expensive therapies with poor outcomes being performed on an increasingly frequent basis. This includes controversial surgeries and implantable devices, which have not demonstrated the same robust outcomes of comprehensive pain programs.

Just as the patient's cry to have his pain adequately managed cannot be ignored, evidence-based data on the most efficacious treatments cannot be ignored. The landscape of the scope of care available to patients with chronic pain will continue to change, and with any luck, the most effective choices will become easier to navigate.

*****

1. Cunningham et al. *Reduction in Medication Costs for Patients with Chronic Nonmalignant Pain Completing a Pain Rehabilitation Program.* Pain Medicine, 2009; 10 (5), 787-796.
2. Gatchel RJ, Okifuji A. *Evidence-Based Scientific Data Documenting the Treatment and Cost-Effectiveness of Comprehensive Pain Programs for Chronic Nonmalignant Pain.* The Journal of Pain 2006; 7 (11), 779-793.
3. Flor H, et al. *Efficacy of multidisciplinary main treatment centers: A meta-analytic flow.* Pain 1992; 49, 221-230.

TGBA Celebrates Cascade Valley Hospital Expansion

By Nora Haile
Contributing Editor
Washington Healthcare News

Taylor, Gregory and Broadway Architects (TGBA), together with Ritter Project Management and Hoffman Construction, recently celebrated the success of the Cascade Valley Hospital expansion and renovation project. The hospital, located in Arlington, Washington, serves all of north Snohomish County, home to rural and commuter communities. The result of an overwhelmingly voter-supported $45 million bond issue, Cascade Valley Hospital's fresh face and expanded service capacity exemplify what a community-supported, community-focused healthcare home can be.

TGBA, which has a long history in healthcare facility design, won the project for consulting services related to the expansion. "We were excited to do a project that was clearly a community need with strong local support," said Lois Broadway, a principal of TGBA and expert medical planner and technical architect.

The project needs were complex, as Clark Jones, CEO of Cascade Valley Hospital & Clinics, shared, "We wanted the existing building to be remodeled yet blend in well with the new expansion. Also, the remodel needed to include updated mechanical, electrical and low voltage systems so it would have the same use-life as a new building." The new building, situated in front of the existing 1987 facility, had to convey a feeling of calm confidence without appearing opulent. It also required a highly efficient design and layout to allow effective operation without adding new staffing.

The 40,000 sf new construction part of the project, completed in

Front Entrance to Cascade Valley Hospital, Arlington, WA

January 2010, provides a much-needed expanded emergency unit, which with 16 treatment bays, reduces patient wait time. The building also houses respiratory therapy, oncology, digital imaging, the hospital's laboratory and pharmacy, as well as the gift shop and chapel. The remodel of the older existing building will be complete in 2011.

The project has been conducted under the Washington State Statute for GC/CM (general contractor/construction manager) delivery method, with TGBA working with Ritter Construction Company (the GC/CM) throughout. "It was the first project to receive unanimous approval by the review board for this process," explained Broadway. "GC/CM allows the contractor to participate as early as schematic design. It's a great advantage to have concurrent constructability review and concurrent cost estimates."

Dining Room with Local Artist Glass Art at North End

GC/CM's delivery method encourages efficiency and collaboration, which fits in well with TGBA's commitment to a "lean" approach. "GC/CM means you're working with an entity that can provide a guaranteed maximum price when drawings are 90% complete," Broadway continued. With traditional public design-bid-

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build approaches, the construction company comes in much later, often resulting in costly additions for minimum initial bids.

Avoiding the potential unknown of increased costs was especially important to the fixed budget project. Early in the project, regional construction costs were on a nerve-wracking 12% yearly increase trajectory. However, the economic reversal meant what was bad news for most turned into good news for the Cascade Valley Hospital project. The bids from subcontractors came in lower than expected, and add-alternates became realities.

The project has had multiple concurrent phases, including lifting and moving the freestanding MRI building without damaging highly sensitive imaging equipment.

Additionally, the existing hospital was remodeled floor-by-floor, with the mandate that the hospital could not sacrifice more than two patient rooms at a time during the remodel. The project team has met the challenges successfully.

Along the way, there's been intense community interest in project progress. A significant number of the township uses the hospital for needs beyond healthcare, so strong civic emphasis in the design was understandable. Meeting rooms are available to community groups, and the lobby area boasts comfortable sofas and a welcoming fireplace. The light-filled dining area provides low cost meals for area senior citizens as well as lunches for public servants – fire department, police, local utility groups. "Community spirit drove the architectural design," Broadway pointed out. "For instance, the two-story glass curtain wall engages you right at the street and is a beacon from a distance because you see directly into the cafe, which overlooks the lobby." She shared that all the art, including stationary fixed art, is by local artists. The hospital's foundation, charged with the patio landscape solution, engaged a local landscape company. Even the enlistment of local Boy Scouts was discussed as part of the solution. "So many in the Community had a hand in the signature of the building," she said.

Landscaped Patio Connecting New and Existing Building

Engaging with medical staff and employees, working with the Board of Commissioners and various committees, teaming with consultants and construction management, TGBA is delivering an enhanced healthcare home to north Snohomish County.

Jones praised the strong collaboration evidenced throughout the process, "It's been wonderful to see how well the architects, construction manager, general contractor and subs all work together on delivery. They've been great – and all our goals were achieved."

For more information on TGBA Architects, visit their web site at www.tgbarchitects.com or call 425-778-1530.

Retirement Plan Management: A Brave New World of Compliance

By Ward Harris
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and

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Healthcare employers have faced significant challenges over the last few years. These take the form of new rules and regulations, new risks and economic issues that impact employee retirement accounts and employer budgets.

Many healthcare employers are responding effectively to newly mandated regulatory burdens. But there is more to be done as business managers seek to recruit, motivate and retain valued workers – while managing personal, professional and organizational risks.

Key compliance obligations cover written plan documentation and ERISA fiduciary responsibilities of the plan sponsor.

Two major issues for larger plans are third party audits and Federal reporting under Form 5500. As a result, we may end up with government-mandated compliance reporting similar to food labeling - another form of disclosure with which we are all familiar. See our playful prototype plan "nutrition" label at right.

A recent study from the TIAA - CREF Institute found that 63% of healthcare or hospital plan administrators surveyed believe that they are fully compliant with all new retirement plan regulations.

Good news so far, but many of the plan sponsor's challenges go beyond the written regulations, and many long-accepted standards of practice for 403(b) plan management don't necessarily carry over well to the world of ERISA. Here are the key regulatory mandates and business issues flowing from the new regulations:

1. **Reporting:** Plan documentation, ERISA standards of care, tax reporting under Form 5500 and third party audits for larger plans.

2. **Risk Management:** Process documentation and objective advice at both plan and partici-

Retirement Plan Expense Data

Lafayette Clinic	As of	12/31/2009
Serving Size (Average Plan Account/Participant)	$	20,000
Servings Per Plan (Number of Participants)		100
Total Plan Assets	$	2,000,000

Summary			
Total Plan Expense	$ 59,020	% of Reasonable Cost	154%

Detail		Comments *
Prospectus Expenses		
Fund Management Fee	$ 23,020	**Within Range**
Distribution Fee (0.25% of assets)	$ 5,000	**Questionable Value**
Administration Fee (0.25% of assets)	$ 5,000	**Some Value**
Asset-Based Fees		
Insurance Contract Fee **	$ 24,000	**Not Recommended**
Asset Wrap Fee	$ 7,000	**Not Recommended**
Administration Fees/Charges	$ -	**Buried in Contract/Wrap Fee**
Other Plan Expenses		
Broker/Rep "Advisor" Commissions	$ -	**Included in Contract Fee Above**
Co-Fiduciary Advisory Fee (not offered) ***	NA	**Optional ERISA Reimbursement**
Plan Audit Fee	$ 5,000	**Optional ERISA Reimbursement**
Total Plan Costs (as $)		
Current Plan Costs	$ 59,020	**Based Upon Industry Data**
Estimated "Reasonable" Costs ****	$ 38,310	**Advisor's Opinion**
Estimated Excess Costs	$ 20,710	
Total Plan Costs (as % of assets)		
Current Costs	2.95%	**Based Upon Document Review**
Estimated Reasonable Costs	1.92%	**Based Upon Industry Data**

Personal Impact of Expense Structure	
Per-Participant Cost / Year	**$ 590**
Excess Cost Per-Participant	**$ 207**

* Based upon industry research and advisor experience with comparable plans, without brokerage loads / commissions.
** Includes credit for fee-splitting and revenue sharing from fund managers.
*** The broker/registered rep in this case is **not a fiduciary advisor**, but is paid by commission.
**** Includes services of co-fiduciary SEC-registered investment advisor ("RIA").

pant levels; supported by plan benchmarking and rating standards.

3. **Economics:** Fee and expense transparency, along with competitive vendor price through negotiation and ERISA spending/reimbursement accounts for cost recovery.

Auditors, administrators and advisors have responded. Some examples:

TIAA - CREF has partnered with Deloitte Tax, LLP to provide a signature-ready Form 5500 preparation service. Principal Financial Group has released an updated Form 5500 data collection tool to make the review and reporting of investment expenses easier, faster and more accurate.

At the same time, many CPAs providing plan audit services have focused their educational and outreach efforts to help healthcare plan managers satisfy audit requirements effectively and efficiently.

Perhaps the most exciting trend is the adoption of non-brokerage service and advisory models that provide open architecture, fee transparency and cost recovery and expense reimbursement mechanisms to reduce employer plan costs under a co-fiduciary risk management model.

Healthcare employers have significant opportunities and to help share the good news, the authors will host a national webcast on challenges and opportunities in healthcare retirement plans.

Healthcare News readers are invited to attend this free event on May 11th at 11am Eastern, 8am Pacific.

Our one-hour webcast will feature recognized experts on healthcare plan design, administration and investment. Our objective is to help webinar attendees to make better decisions through better information to deliver better results. Let us show you how.

Attendance is complimentary, but registration is required. To reserve your seat email ward.harris@mchenrypartners.com.

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Corrective Action and Second Chance Immunity

By Greg Montgomery
Healthcare Attorney and Partner
Miller Nash LLP

The Health Care Quality Improvement Act of 1986 ("HCQIA") can provide a hospital with immunity from certain monetary damages if it restricts the privileges of a medical staff member. But a hospital qualifies for HCQIA immunity only if statutory requirements are met.

These requirements include (1) having a reasonable belief that the action was in the furtherance of quality health, (2) conducting a reasonable effort to obtain the facts of the matter, (3) providing adequate notice and hearing procedures to the physician, and (4) after the reasonable effort to obtain the facts and conducting the proper hearing, having a reasonable belief that the action was warranted. Without meeting these requirements, a hospital may be vulnerable to certain monetary damage claims brought by the physician whose privileges were restricted.

Fortunately, even if a hospital does not immediately satisfy the immunity elements before restricting a physician's privileges, it can limit its possible liability if it eventually meets the HCQIA requirements. This concept is illustrated in two recent pretrial decisions from a Michigan federal district court.

A Tale of Many Suspensions

In *Ritten v. Lapeer Regional Medical Center*,[1] Barton Bruxton, the President and CEO of Lapeer Regional Medical Center, summarily suspended the medical staff privileges of Gary Ritten, M.D., on September 2, 2005. After the Medical Executive Committee rescinded the suspension on September 6, 2005, Bruxton took the case to the hospital's board of trustees, who voted in a special meeting on September 9, 2005, to reinstate the summary suspension. The Board gave Dr. Ritten 30 days to request an appeal to the Hearing Committee. After considering the appeal, which consisted of 11 four-hour sessions from November 2005 to June 2006, the Hearing Committee determined on July 18, 2006, that the suspension should continue.

Dr. Ritten then filed a lawsuit against the hospital and multiple hospital personnel, seeking monetary damages suffered by his suspension and equitable remedies, including reinstatement of his privileges or "front pay" for the wages he would have earned if he had not been improperly suspended.

In an attempt to dismiss the claims, the hospital filed a summary judgment motion in which it claimed that its actions were entitled to HCQIA immunity. In analyzing the motion, the court broke the Ritten case into three separate events: (1) the Bruxton suspension on September 2, 2005, (2) the Board of Trustees suspension on September 9, 2005, and (3) the Hearing Committee July 18, 2006, suspension continuation.

Third Time's the Charm

The court found that the Bruxton and Board suspensions did not meet the HCQIA elements for immunity. Among other deficiencies, these rushed actions did not give Dr. Ritten a proper fair hearing. As a result, the court held that the hospital did not have immunity for monetary damages caused by these suspensions.

The court did find, however, that the Hearing Committee's continuation of the Board suspension satisfied the HCQIA requirements. The court was persuaded that the Hearing Committee's careful efforts to obtain the facts of the matter, as well as its in-depth hearing procedures that included over 40 hours of deliberation, satisfied the elements for immunity.

Therefore, while Dr. Ritten could

pursue his damage claim for losses suffered as a result of the Bruxton and Board suspensions, the court cut off any monetary damages that arose after the Hearing Committee's action.

Relying on After-Acquired Evidence

With Dr. Ritten's monetary damages now limited, the defendants sought a separate pretrial order to exclude evidence supporting Dr. Ritten's equitable claims for reinstatement of his privileges, or in the alternative, payment for the wages he would have earned if he had not been improperly suspended.

In deciding the defendants' motion, the court relied on the "after-acquired" evidence of wrongdoing concept applied in employment cases. The court concluded that the evidence that was developed during the Hearing Committee deliberations served as after-acquired evidence that justified Bruxton's and the Board's suspensions. Therefore, reinstatement of Dr. Ritten's privileges was not appropriate.

Dr. Ritten tried to claim that the Bruxton and Board suspensions had so severely and permanently damaged his reputation that he was entitled to losses that arose after the Hearing Committee's suspension. The court, however, was intent on giving full effect to HCQIA's grant of immunity, and barred all evidence of economic damage that Dr. Ritten had suffered after the Hearing Committee reached its decision.

There may well be situations in which a hospital must take action adverse to a physician's privileges under circumstances that do not conform to the requirements of the HCQIA immunity. The district court decisions in Ritten suggest that the hospital, as well as the physician, may benefit from getting the final decision-making process on an HCQIA-compliant track as quickly as possible.

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[1]*Ritten v. Lapeer Regional Med. Ctr.,* 611 F. Supp. 2d 696 (E.D. Mich. 2009) (order regarding motion for summary judgment); *Ritten v. Lapeer Regional Med. Ctr.,* No. 07-10265, 2010 WL 374163 (E.D. Mich. Jan. 25, 2010) (order regarding pretrial motions).

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What's CAM got to do with it?

By Tyler Phillippay, MBA
Director of Marketing
The CHP Group

The current healthcare delivery system, which generates costs that comprise 17% of the gross domestic product, is well equipped to provide acute care and to conduct healthcare-related research and development. However, it is estimated that over seventy-five cents of each healthcare dollar spent goes to the treatment of chronic disease. This is precisely where the paths of conventional medicine and CAM meet. The premise of CAM – treating the patient as a whole – aligns perfectly with the management of chronic conditions and, when integrated with conventional medicine, often produces results superior to conventional medicine alone.

Complementary and Alternative Medicine (CAM) is the category of healthcare predominantly provided by chiropractors, acupuncturists, naturopathic physicians, and massage therapists. Thirty-eight percent of Americans access CAM care at least once per year, resulting in an estimated $34-billion annual spend. As these metrics continue to rise, it is apparent that the role of CAM in healthcare is increasing for individuals, as well as the integration of CAM within the conventional delivery system.

The roots of CAM reach back thousands of years; evidence of similar treatments and techniques can be found in vastly different areas of the world. It is truly "traditional medicine." Today, CAM providers graduate from accredited colleges, are subject to state licensure and must meet continuing education requirements to ensure they have obtained the appropriate education and experience. The Pacific Northwest is an epicenter for provider education, with large colleges for all four primary disciplines and above-average use of CAM services.

Integration takes many forms and happens frequently. Hospitals and specialty clinics have integrated CAM providers into their services. This increasing level of acceptance and formalized relationship makes the cross-referral process easier, allowing both the conventional and CAM provider the opportunity to collaborate using the same patient record keeping platform. On www.mayoclinic.com, an online health information application offered by The Mayo Clinic, a user can search a vast index of medical conditions. For each condition the tool offers 10 basic informational categories including definition, symptoms, treatment, and alternative medicine options. This inclusion of CAM information by one of the most influential and progressive conventional health organizations in the country is a meaningful step toward an integrated model.

Medical education institutions and health advocacy groups are also becoming more involved with CAM. The University of California, Los Angeles (UCLA) School of Medicine reported their findings that patients who had an acupuncture treatment immediately prior to their chemotherapy session experienced a significant reduction in vomiting and nausea. The American Cancer Society (ACS) suggests acupuncture as well, stating "clinical studies have found it may help treat nausea caused by chemotherapy drugs and surgical anesthesia." Pop culture is even getting in on the act: a dramatized clinic-based form of this integration can be seen each week on ABC's *Private Practice*, which is a spinoff of the popular hospital-based drama *Grey's Anatomy*.

In the new healthcare climate, where individuals are becoming reacquainted with the true cost of care through increasing cost shifting or loss of coverage, CAM is enjoying a surge of new patients who

are interested in more affordable, less invasive care. Health plans in the Northwest have added greater access to CAM providers through built-in benefits or additional benefit riders over the past decade. In order to ensure positive interactions for the membership through targeted partnership with the top providers, a larger panel is not always the answer. Due to the wide spectrum of available providers, it is common for health plans to partner with a third party company specializing in CAM to manage their network credentialing, utilization review, and claims payment.

Evidence—the new universal language of healthcare—does not foster a preference between conventional and CAM treatment. Although CAM has a rich history, empirical efficacy data and outcomes research on par with conventional medicine is only recently emerging. The Cochrane Collaboration (www.cochcrane.org), is an outstanding source for information on the effects of healthcare. A non-profit organization founded in 1993, the site is designed to help individuals and providers make evidence-based decisions. Their Library of Systematic Reviews offers a combination of conventional and CAM treatments. Another excellent source of credible information on CAM can be found on the website of the National Center for Complementary and Alternative Medicine (NCCAM): http://nccam.nih.gov. NCCAM is one of many public and private organizations focused on the creation and promotion of CAM research and clinical studies. Increasing the quality of CAM evidence will promote further integration and support healthcare consumers and providers to include CAM as an addition to their spectrum of care.

Finding himself in health insurance through no fault of his own, Mr. Phillippay has become an active contributor to healthcare publications and an advocate for incremental delivery system improvements. His sales and marketing background with a Northwest health plan connected him with the challenges facing individual and group purchasers of health insurance. His responsibilities have included product development, technology integration, provider contracting, and regulatory adherence. In December of 2009 he accepted a position with The CHP Group (www.chpgroup.com). He is the incoming president of the Oregon chapter of the National Association of Health Underwriters. He can be reached at tphillippay@chpgroup.com.

Career Opportunities

To advertise call 425-577–1334
Visit **wahcnews.com** to see all available jobs.

Community Health Center La Clinica, a large Tri-Cities integrated Federally Qualified Health Center (FQHC) primary care network that produces over 100,00 patient encounters annually, is recruiting for dynamic, patient-centered and customer-service-oriented primary care providers. Our system provides Family Practice, Pediatrics, Internal Medicine, WIC, Urgent Care, OBGYN, Geriatrics, Dentistry, Psychiatry and other Social Services to over 30,000 patients.

Our network is an approved NHSC Recruitment and Retention provider site and we also participate in the Washington State Department of Health, Health Professional Loan Repayment Program. We are committed to offering network services in a comfortable, personable, professional and culturally competent manner.

If you're looking to join a respected primary system dedicated to ***"positively touching our patients lives – one life at a time,"*** please e-mail your resume to careers@laclinicanet.org or fax your resume to (509) 547-6670. Come be a part of a progressive and integrated primary care delivery system *on the move*.

We are currently seeking the following key positions:

- Chief Medical Officer
- Internal Medicine Physicians
- Family Practice Physicians
- Pediatric Physicians
- Advanced Registered Nurse Practitioners
- Financial Analyst

La Clinica

GOOD SHEPHERD HEALTH CARE SYSTEM

RESOURCE MANAGEMENT DIRECTOR

Good Shepherd Medical Center a progressive and growing hospital in Eastern Oregon has a current need for an experienced director to help:

- Develop and administer hospital-wide quality management program;
- Oversee Quality Department;
- Oversee case management including monitoring utilization practices from admission to discharge to assure cost-effective, quality patient care and to ensure that patient, physician and GSMC receive maximum benefits from health plan.
- Functions as the Accreditation Coordinator.

QUALIFICATIONS: Bachelors degree in nursing (BSN) required. MSN desired. Must have two years experience in case management or discharge planning. Certification in case management, Utilization review and or Certified Professional in Health Quality desired. Strong leadership and communication skills required. Excellent salary, benefits package and relocation available.

For more information contact: Kelly Sanders, Good Shepherd Medical Center, 610 NW 11th, Hermiston, OR 97838 541 667-3413, Fax: 541 667-3547, e-mail: **ksanders@gshealth.org**.

CareOregon

Clinic Operations Director
(Portland, OR)

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The Clinic Operations Director manages, directs, organizes, sets goals and evaluates the activities of the primary care clinics in which CareOregon is providing services . This includes both start up and ongoing day to day operational support of these sites. The position will serve as the key linkage between CareOregon management and clinical operations. Requires a 5+ years of experience involving both clinical and business background. Broad knowledge of health care delivery systems: how to integrate delivery systems to achieve clinical quality, administrative effectiveness and cultural competence. Also requires 3 years in a supervisory capacity in a similarly complex organization and experience managing and leading within a complex system made up of numerous stakeholders and multiple locations. Bachelor's Degree from an accredited college or university with major course work in community health, nursing, public health administration, or a related field is required. RN and Masters strongly preferred.

Visit us online for a full position description and application instructions. **www.CareOregon.org**

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Located in Southwest Washington State, PeaceHealth's St. John Medical Center includes a 200-bed acute care medical center and PeaceHealth Medical Group, a 100+ clinician multi-specialty practice. We are a mission and values-oriented faith-based nonprofit healthcare system.

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360-636-4106.

Director HIM

Min. 5 years progressive HIM management experience, RHIA or RHIT, with Bachelors degree in HIM or related field.

Director Contracts

Min. 5 years related experience in the healthcare finance industry in contracting capacity.

Materials Management Information Systems Analyst

Minimum of two years' experience performing business application analysis, data analysis, report writing, and decision support in a healthcare materials management application environment.

Career Opportunities

To advertise call 425-577–1334
Visit **wahcnews.com** to see all available jobs.

Franciscan Health System

Human Resources Director at St. Joseph Medical Center

(Job ID 1000000932)

This job is responsible for overseeing, managing and driving site-specific human resources initiatives, under the general review of the Director (Regional) - Human Resources, as well as coordinating employee relations and labor relations strategies for Franciscan Health System (FHS). An incumbent delivers human resources solutions that help clients meet business objectives through organization and leadership development, employee relations consulting, performance management expertise and employee and manager coaching.

Requirements

Minimum of seven years of recent, progressively responsible HR work experience, preferably in an professional generalist or management-level capacity. Recent experience in a multi-site healthcare environment is strongly preferred. Experience working in a unionized environment is preferred. Business management experience in addition to experience in HR is preferred. Certification in Human Resources Management, PHR or SPHR is preferred. See website for additional requirements.

To apply and learn more visit **www.fhshealth.org/jobsearch.aspx** and search for job id 1000000932.

UW Physicians
UW Medicine

Associate Legal Counsel

Under the general supervision of the UWP/CUMG General Counsel, the **Associate Legal Counsel** provides legal advice to two physician practices: University of Washington Physicians (UWP) and Children's University Medical Group (CUMG). UWP and CUMG are the faculty practice plans for University of Washington School of Medicine physicians and practitioners who provide clinical services to patients.

Qualifications

Education: J.D. degree, licensed to practice law in Washington.

Experience

Required: Minimum 3 years general business/corporate law and healthcare law experience; Exceptional written and oral communication skills; Maturity and demonstrated ability to work effectively and collaboratively in a highly complex academic medical center environment; demonstrated commitment to client service. Preferred Experience: Experience in a public University/public sector setting; Experience with tax-exempt entities.

Submit cover letter and resume. Full job description available at website.

Visit **http://uwmedicine.washington.edu/Global/Employment/UW-Physicians/Pages/default.aspx**

Click on "Associate Legal Counsel" job title for application process.

Compensation for position is dependent on experience.

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Career Opportunities

Founded in 1936, The Vancouver Clinic is a multi-specialty clinic located in Vancouver Washington, just north of Portland Oregon. The Clinic is a privately held, physician-owned clinic, with over 700 staff members and 190 providers. The Clinic is one of the region's principal health care providers, offering extensive services to our patients. We are currently seeking the following key positions.

Clinic Managers and Supervisors

Experienced multi-specialty clinic managers and supervisors with excellent communication and problem solving skills needed to oversee daily activities of busy clinic. Activities include expense control, facilitating patient and workflow, annual budget. Requires demonstrated ability to interview, select, train, and develop qualified staff; facilitate daily schedules. Will participate in new program development, analysis and implementation. Requires a Bachelors degree or a combination of education and experience equal to a Baccalaureate Degree.

RN-Supervisor-Oncology/Infusion

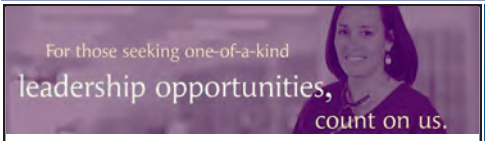
We are seeking a Certified Oncology Nurse with clinical leadership experience. Requires current WA State RN license or ability to obtain, as well as current BLS and ACLS certification. Responsible for day to day coordination of patient care and supervision of dept. staff. We offer a competitive wage and benefits package.

RN Supervisor-Nurse Advice

We are looking for a customer service oriented RN with supervisory experience. Will be responsible for the daily supervision of advice nurse staff, assure compliance with all safety and regulatory bodies, train and develop nurse advice staff, and establish, implement, maintain and evaluate/improve patient care and quality service standards.

The Vancouver Clinic

To apply for any of these positions visit www.tvc.org or call 360-397-3273 for information.



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We are a nonprofit, mission and values-oriented healthcare delivery system. We offer a competitive salary and comprehensive benefits package. For a complete job description and to apply on line, visit: **www.peacehealth.org/careers**

To learn more contact:
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Executive Director of Oregon Heart & Vascular Institute (OHVI)

Minimum 7 years progressive leadership experience required; must include hospital operations. Bachelors degree in clinical discipline required. Masters degree in Business or Healthcare Administration Preferred.

Assistant Administrator Critical Care Services

Minimum 7 years progressively responsible nursing management experience required. Bachelors degree in related field required. BSN highly preferred. Masters degree in related field highly preferred. Current RN licensure in the State of Oregon, or eligible.

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