What are the top two or three issues you face as CEO of Saint Raphael Healthcare System?

The economics of healthcare today is the number one challenge. The continuing trajectory of Medicare with increasing participation and lower payment will place new demands on health systems to be creative and improve process. Seventy percent of our revenue comes from the government and that becomes a challenge when your mission is to reach out to the elderly and the poorest of the poor. We need to optimize Robin Hood financing and at the same time reduce cost.

Second, improving quality, including eliminating Never Events, reducing hospital-acquired infections and improving outcomes. We hired a British firm that developed a process to fog discharged patient rooms to eliminate staph, MRSA and C. diff. It has had a dramatically positive impact. We have a team in here at all times. It’s an example of how we try to be innovative and use best practices.

Will these issues change under the current administration in Washington?

It’s a great question, but we don’t know yet. The early indications are they’ll expand coverage through SCHIP and proposals around universal coverage. The debate is just beginning on who should be covered, the role of private and employer-sponsored insurance and, of course, the cost question. Early proposals suggest provider payments will be reduced to pay for expanded coverage. The devil’s in the details, but I’m cautiously optimistic. We need to adopt best practices, improve efficiency and expand the use of physician assistants and APRN’s so we can live under whatever the new payment model is. It’s clear that the United States cannot continue spending 16 percent of GDP on healthcare with clinical outcomes that do not compare favorably with other industrialized nations who spend less. We will be challenged.
What do you believe should happen and actually will happen with healthcare reform under the Obama administration?
We should have universal coverage. We need to scrutinize overhead so there’s more money going into care for providers and less to commercial insurers for shareholder returns. I used to be a pluralist but over the last couple of years I’ve become so frustrated with the denial process and the focus on shareholder returns. It’s a flawed business model. I’m a great supporter of free enterprise, but I’m leaning more and more to a single-payer model for healthcare.

Can you identify two or three benefits that IT has had on your organization?
We were an early adopter of CPOE and it’s proven to be very helpful in reducing medication errors and increasing the accuracy of clinical documentation. Last year at Scottsdale Institute’s Spring Conference I spoke on Project Connect, which is designed to tie the community physician to our IT system. IT greatly enhances patient safety and reduces duplicative tests. We’re finding new things every day. For example, our new lab information system (LIS) found that a doctor was prescribing the same test for a patient every day for 14 days—with the same exact result! The LIS is helping us take the cost out by identifying unnecessary tests.

What is the best piece of advice you’ve ever been given?
To take what you do very seriously and yet not take yourself so seriously. And to respect everyone equally from the entry-level person to the most sophisticated surgeon. It takes everyone to have a successful health system. Respect for who they are, what they do and their contribution.

What advice would you give to a young person seeking to enter the healthcare field?
It’s a wonderful profession that’s also one of the most complicated businesses. You should never lose sight of your values and stay very focused. You need to have a strong ability to build a team and understand the value of quality and an ability to deal with ambiguity. Always remember that, in the end, this is a relationship business which is patient-centered.

What is your favorite part of the work you do?
The best part is the people. Coming in every day seeing people trying to make a difference in the lives of others. There’s a special calling in healthcare that draws people.

If you weren’t running Saint Raphael Healthcare System what would you doing?
I would be doing something to make a difference in somebody’s life. It’s not unlike Scouting which teaches you to leave your campsite better than you found it. Part of success is leaving the place or person better than when you found them. I’m on the board of a soup kitchen. Being on the board is one thing but being at the soup kitchen itself and seeing people come in is a totally different thing. The volume is up nearly 20 percent over last year. People working on construction projects with hard hats are coming in for lunch. We’ve had people come in with coats and ties who are going to job interviews. We don’t turn anybody away. It is a sign of the times – try to make a difference.