

CEO Viewpoint

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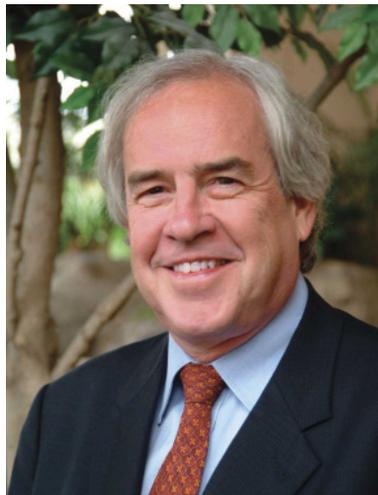
After 28 years in Montana, Nicholas Wolter, MD, has developed a love for fly fishing, skiing and hiking. As CEO of the Billings Clinic, the largest integrated health system in south central Montana, rural experience is important. Billings Clinic serves a population of half a million in a region inclusive of eastern Montana, the western Dakotas and Wyoming. “We have clinics that are 150 miles away,” says Wolter, 63, who comes by his rural roots naturally, having been raised in Minnesota where he earned his BA in English from Carleton College. At the University of Michigan he earned an MA in American Studies and then his MD, completing an internship and residency in internal medicine at Mary Imogene Basset Hospital in Cooperstown, NY. He returned to the University of Michigan for a fellowship in pulmonary and critical care medicine. Wolter’s long tenure in Montana has not contained him. After becoming CEO at Billings Clinic in 1997, he has served in key national roles, including two terms as a commissioner on the Medicare Payment Advisory Commission (MedPAC) and as a member of the board of directors of the American Hospital Association (AHA) and the American Medical Group Management Association (AMGA). He has three adult children: two daughters and a son.

What are the top two or three issues you face as CEO of the Billings Clinic?

At the top of the list is preparing for the change we’ll see in payment policy. There’s a lot of discussion about value-based purchasing, ACO and bundled payments, medical home incentives and penalties around readmission. We’ll see tightening of payment. The number one issue is value. How do you deliver safety, quality and service and do it as efficiently as possible?

Will these issues change under the healthcare reform act?

There’s so much uncertainty as to what exact framework or final rules we’ll see from CMS in areas like ACOs. At the same time there’s political uncertainty—some want to repeal the health reform act. So it’s difficult to predict. That said, within health reform we need to become more coordinated across acute care, long-term care and outpatient settings.



NICHOLAS WOLTER, MD
CEO, BILLINGS CLINIC

We also need to become more patient-centered. Those are worthy issues regardless of payment policy.

What elements of the healthcare reform act do you feel are valuable?

Some of the delivery system reforms such as coordinated care and clinical integration are good. Also, the ARRA Meaningful Use Standards make good policy sense: it’s a good thing to have standards as to how IT is used to improve delivery of care.

What elements of healthcare reform act do you feel are overreaching?

Is Medicaid expansion a good way to expand access? It puts a burden on states. Medicaid is a very complicated program that is different in each state. And Medicaid funding is a significant problem.

The one thing I worry about in terms of healthcare reform is expansion of oversight committees and regulations. All this additional reporting creates a burden

and a cost of compliance that will be expanded under the health reform act. The cost of administration and reporting to regulatory agencies is a very big deal.

Can you identify two or three benefits that IT has had on your organization?

The first benefit is immediate access to information regardless of whether you're in our clinic or hospital. That's a huge quality advantage for the patient. The same is for our rural clinics. If a patient is on our clinical information system and is referred for a specialist consult, that specialist has immediate access to her record. The challenge for clinicians is learning to accommodate a different way of working with computers, which adds time to the workflow. There are difficulties with IT but the abilities to access patient information at the point of decision and to extract data for quality and safety outweigh any challenges.

What do you believe are the most significant near-term challenges that could be addressed by enabling Information Technologies?

I already mentioned immediate access to information, especially for complex patients, and the ability to compute data around quality and safety. We'll be able to coordinate care better, provide better access to the medical record as patients move around and get a complete look at population health.

What has been the biggest change you have seen in healthcare over your career?

Some of it is clinical. The revolution in medical imaging technology, for example, is incredible as are

minimally invasive laparoscopy and robotic surgery. Pharmaceutical capability has changed medicine dramatically and now we're into genetics and personalized medicine. Having said that, the thing that's slower to develop has to do with whether the delivery system can change to more coordinated and more value-based care.

What is the best piece of advice you've ever been given?

Focus on the right things. We all have budgets and marketplace pressures but need to continually ask what the right thing is to do for patients.

What advice would you give to a young person seeking to enter the healthcare field?

I'd say it's still a tremendously exciting field that's only going to become more exciting. It's also a complicated field that offers vocational diversity and richness, including roles as provider, executive, health policy maker or researcher.

What is your favorite part of the work you do?

I like trying to look out three years or so to determine what we need to change as an organization to maintain our mission. That strategic and future thinking about what our priorities are and where we need to go to make us a better delivery system is what I enjoy.

If you weren't running Billings Clinic, what would you be doing?

I do like health policy and would probably become involved in it full-time.

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