

Physician Recruitment and Retention Committee

The Physician Recruitment and Retention Committee met Tuesday, July 7, 2015, in the Board Room. Mr. Jackson called the meeting to order at 12:17 p.m.

Members present:

Mr. Harvey Jackson, Chairman
Mr. Allen Todd, Board Member, for Mr. Mike Dugan, Board Member
Mr. George Dunlap, Board Member
Dr. Lowell Amiotte, Chief of Staff
Mr. Andy Fitzgerald, CEO
Ms. Karissa Viergets, Physician Recruiter
Mr. Bill Stangl, Vice President of Physician Services

Members absent:

Mr. Mike Dugan, Board Member
Ms. Mary Barks, Mgr. Patient & Guest Services

Also present:

Dr. Billie Wilkerson
Dr. Tom Davis
Dr. Laura Anders
Dr. John Mansell
Dr. Ian Swift
Dr. Peter Fort
Dr. Travis Roberts
Dr. Breck McCarty
Dr. Robert Neuwirth
Dr. Rodney Biggs
Dr. Jennifer Linden
Mr. Tom Linden
Dr. Ryan Noonan (via telephone)
Dr. Jennifer Thomas
Dr. James Price
Dr. Landi Halloran
Dr. David Beck
Dr. Donald Parker
Ms. Karen Clarke, Director of Community Relations

Approval of Agenda

Mr. Jackson stated that ENT will be added to the agenda the third point under New Business. Mr. Todd moved, seconded by Mr. Dunlap, to approve the agenda as amended. Motion carried.

Approval of Minutes

Mr. Todd moved, seconded by Mr. Dunlap, to approve the minutes of the June 2, 2015 Physician Retention and Recruitment Committee meeting. Motion carried.

RECRUITMENT

A. Old Business. (Karissa Viergets)

- **Recruitment Policy**

Mr. Fitzgerald stated that the policy regarding the incentives for physicians was revised and it was sent to Tom Lubnau for review. He is looking into a potential Stark issue related to incentives for part-time physicians. The policy will be brought back next month. Dr. Thomas requested that if the incentives for part-time physicians are in violation of the Stark law, she requested that Mr. Lubnau provide the section and paragraph of the law that references the part-time incentives.

B. New Business

- **Dermatology**

Ms. Viergets stated that she received an email from a Medical Dermatologist/Mohs Surgeon who is relocating to Rapid City in August. He would like to open a part-time practice in Rapid City and have outreach clinics. With the proximity to Gillette, he was interested in learning more about an opportunity here. Mr. Fitzgerald stated that before we start a discussion with him, we are presenting it to this committee for consideration. Mr. Jackson stated that on the new Demand Tool, Dermatology is not category 1 recruitment until 2019. It is currently categorized as a partial need, approximately 40%. Drs. Anders, Thomas and Biggs do not support the hospital recruiting a Dermatologist at this time. Mr. Jackson stated that people often self refer to a dermatologist because they do not know that these services may be provided by their primary care physician or another physician in Gillette. Mr. Todd recommended educating the public on dermatology care that the Family Practice, ENT and other physicians in our community provide. Mr. Dunlap stated that former Board Member, Nancy Tarver, said the elderly at Pioneer Manor are underserved. Following discussion, it was agreed that Mr. Fitzgerald may tell this physician that he could provide services in Gillette; however, we would not provide any financial assistance.

- **Women's Health**

Dr. Fort stated that his wife, Cyndi, is a physician Board Certified in OB/GYN. Cyndi graduated from George Washington University in 1991, and spent 10 years in the Army before starting in private practice in Florida. She stopped her OB practice in 2006, and started a women's health clinic in Florida. She is currently the Medical Director for the American Biotech Labs, is wound care certified, and is collaborating with the VA in Orlando to research advanced wound care services. She is serving on the Orlando Foundation for the Homeless. Cyndi is interested in working two weeks per month in the hospital's Primary Care Clinic. She has no preference as to which two weeks per month; and is willing to sign a contract to this effect. Dr. Noonan stated that he and Dr. Tracy met with Cyndi, and they would like to have her join their practice. They are willing to assist with her patients the weeks she is not in Gillette. He stated that he and Dr. Tracy are winding down on the number of new patients they are taking, and feel they could keep her busy. He stated that many women patients at the Primary Care Clinic who have scheduled pap tests do not show up for their appointments because they are uncomfortable with a male provider. Cyndi would be able to provide care to women, and her other areas of expertise, including wound care, would be beneficial to the practice. Dr. Thomas asked what qualifies her in Primary Care since she is Board Certified in OB/GYN. If she is only going to provide pap tests at the Primary Care Clinic, there are approximately 10 to 12 physicians in town who offer this service. Dr. Neuwirth stated in the nine years he has been here, the majority of his women patients see their OB/GYN

for primary care. He went on to say by considering this request, we are supporting and retaining a member of the medical staff who is supplying a vital need in our community. Dr. Biggs stated that his wife doesn't manage patients with complicated diseases, just routine care for her patients with one or two manageable medical diseases. Dr. Parker stated that he is not in favor of having someone practicing in a field in which they are not Board Certified. Dr. Anders stated that there are other new Family Practice providers in Gillette that are still trying to establish their practice. And she would not be able to care for pediatric patients. Mr. Dunlap stated there are 3,000 people per month that go to the Walk-In Clinic. It was never intended for the Walk-In Clinic to have this volume of patients. It was intended to ease the number of patients in the Emergency Room. Dr. Halloran stated that often patients that are being discharged from the hospital are unable to get an appointment with a primary care physician. Drs. Thomas and Roberts stated that they are both accepting new patients. Dr. Beck stated that he recently hired an OB/GYN and a nurse practitioner that have both started within the last three months. He recruited both of them with no assistance from the hospital. At a meeting earlier this year, he asked that these new providers be given time to establish their practice before the hospital recruited additional OB/GYN physicians. Mr. Jackson stated that the hospital is not actively recruiting this candidate; we are following the established process by bringing this physician's request to this committee for discussion and recommendation. Just because a physician meets with Board Members and physicians, it does not mean that the hospital is recruiting that physician. Mr. Fitzgerald stated that there is one full-time Family Practice on the Demand Tool in 2016, so there is an identified need in 2016. Could this physician be considered to fill part of this open position in 2016. Dr. Thomas stated she thought the focus was to recruit an Internal Medicine physician. Mr. Jackson presented an email from Dr. Shepard that indicates she is opposed to hiring a Women's Health Provider for the hospital clinic (copy appended to minutes). Dr. Biggs stated that he is concerned that there is an uneven playing field, in that private practice can attend this meeting and prevent the recruitment of a physician into hospital employment. And a private practice physician could offer a position to the same candidate afterward and there is no recourse for the hospital. Mr. Dunlap stated that he does not believe it is not a Stark violation for the hospital to hire outside the parameters of the Demand Tool. He is in support of this recruitment. Dr. Davis stated that there are issues in the private practice community ensuring that new providers have ample opportunity to establish their practice. Mr. Stangle stated that there was an instance of a nurse who was in her mid-thirties, who died due to 90% occlusion in her major vessels. This case exemplifies that we should be doing more for our population to ensure we do not lose young lives. Mr. Jackson stated that this is not an action item; however, we will bring it back next month for further discussion.

- **ENT**

Dr. Davis stated that there was a complaint last month regarding a post tonsillectomy patient that had to be sent via life flight to Billings. There are 10 days per month that we do not have an ENT on call. The Demand Tool indicates there is no need for another ENT physician. However, there is a need for additional support for call coverage. Considering the volume of ENT surgeries, we are at risk by not having call coverage 365 days per year. Mr. Fitzgerald recommended bringing in a 1/3 to 1/2 ENT physician to assist with call coverage. This physician would also see patients in the office. Drs. Swift and Davis are in full support of this. Dr. Swift knows a physician who may be interested in this opportunity. Mr. Dunlap asked if there would be room in Dr. Swift's clinic. Dr. Swift stated that he would have room for this position, and Dr. Davis was in agreement. Dr. Davis is getting a number of self-pay patients who are seen in the ER on the days he

is not on call. He has provided service to many of these patients often without receiving payment. He would like to provide care to these patients; however, he is requesting assistance with absorbing the cost of their care. Mr. Fitzgerald stated that this is a separate issue. In his opinion, it is interesting that private practice physician wants to be entrepreneurial unless it comes to the case of self-pay patients; then it should be the hospital's responsibility. Dr. Swift stated that throughout the country, ENT physicians are being compensated for call coverage. If the ENT providers would receive compensation for call coverage, it would offset the cost of caring for the indigent, self-pay patients. The General and Orthopedic Surgeons receive compensation for call coverage in Gillette. Dr. Davis agreed. Mr. Fitzgerald stated that he is in agreement that the ENT physicians should be compensated for call coverage; but that CCH paying for a 1/3 to 1/2 ENT at CCH's expense should be adequate compensation to relieve them of the additional 10 days of call.

PHYSICIAN RETENTION & RELATIONS. (Karissa Viergets)

A. Physician Recognition

Dr. LaManna's retirement was recognized in June. Dr. Barabas has been selected as the July provider of the month.

B. Provider of the Month.

Two providers will be welcomed at the July Board meeting.

C. Medical Staff Strategic Planning

Mr. Fitzgerald and Mr. Stangle will be meeting with the medical staff to get feedback for the FY16 Medical Staff Strategic Plan. Ellen Rehard will contact the physicians to schedule the meetings.

ADJOURNMENT

The meeting adjourned at 1:20 p.m.

The next Physician Recruitment and Retention meeting will be on August 4 at 12:15 p.m. in the Board Room.

Marilyn Grant, Recorder



Harvey Jackson <harvey@harveyandjess.com>

Womens health provider

1 message

sshepardmd@vcn.com <sshepardmd@vcn.com>

Tue, Jul 7, 2015 at 7:34 AM

To: Harvey@harveyjackson, UNEXPECTED_DATA_AFTER_ADDRESS@.SYNTAX-ERROR

Dear Mr. Jackson

I will be unable to attend the noon meeting but am writing to let my opposition to the hiring of a Women's Health Provider for the hospital clinic. I and at least 14 other female physicians and nurse practitioners are already providing this service. In contrast there are only a handful of male providers for Mens health.

I am also certified in age-management medicine and have an active practice. I understand that this is something else that she would be providing? I am also opposed to hiring her for this.

It is also my understanding that the recently completed manpower study did not identify needs in this area. So the only reason to hire another women's health provider in the community would be for the hospital to be in direct competition with the private practice providers. This used to be against policy. If the policy has changed please notify me and the rest of the private practice providers so that we may adjust our actions accordingly.

Sincerely,

Shelley M Shepard MD