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11623 Lake Shore
Nampa, ID 83686
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FOR YOUR INFORMATION

Business Insider

The Idaho Statesman

Boise, Idaho

Wednesday March 15, 2017

by Audrey Dutton

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First she was a pediatrician. Then she ran a hospital. Now she does both.

Kathryn Beattie is leading the St. Luke's Children's Hospital through its expansion, with plans to introduce new programs and a new way of providing pediatric care to children and teens.

Kathryn Beattie started her career as a primary-care pediatrician in Princeton, N.J., where she learned, quickly, how to run a health care organization.

Her practice in New Jersey grew from eight to 15 doctors in five years, she says.

“We needed to build offices,” she says. When it came time for someone to take the lead, “Everyone else sat down, and I was left standing.”

While she oversaw construction of an 8,000-square-foot medical office building, she realized there was much she didn't know. So she enrolled in the demanding MBA program at Columbia University. She would see patients during the week and spend her Fridays learning a new way to think.

“I went to business school, and we built another office, and then I became department chair, and then I was doing special projects for the CEO of my community hospital — and had two little kids at home, and I was still working full-time, and I thought: ‘I should probably look for just one job,’” she says.

She found that job — her first as a hospital administrator — at the St. Charles Medical Center in Bend, Oregon. She later moved to the Seattle area to work as chief medical officer for Valley Medical Center, a hospital and network of clinics that, during her eight years there, became affiliated with the University of Washington system.

Beattie, who is in her late 40s, arrived in Boise just over a year ago to become executive medical director and administrator of St. Luke's Children's. She is heavily involved in determining the future of the children's hospital, as well as the Children's Pavilion under construction on the health system's Downtown Boise campus.

Q: What attracted you to this job?

A: I did everything [at Valley Medical Center] from running adult stroke programs to running oncology, neurosciences, bringing in residency programs. But what I was really missing was that connection back with pediatrics.

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We had a very small pediatric unit and a small NICU [neonatal intensive-care unit] in my hospital, but I wasn't doing any of the intense work with children that I would have enjoyed. I was still seeing kids periodically, on an outpatient basis, but it was such a small part of my day.

And so I thought, 'I think I want to do what I do, but do it for children.'

I started looking around, and when the opportunity came up in Boise with St. Luke's, it just seemed like a great fit.

I'm both the executive medical director, which is my clinical side, and the administrator, which is the more hospital-administration side. And I get to work as a hospitalist, so I get in the hospital three days a month and do regular shifts along with all the other doctors. And that helps me to really understand how things work a little better than just hearing the positive and the negative from providers.

Q: What kind of patients do you see in the hospital?

A: Because we are the only children's hospital in Idaho, and we're fairly geographically isolated, we get from a very large swath. And there aren't competing hospitals. So we get an amazing diversity of children with different needs. The variety of patients that they care for when I am on, it shocks me every single day I'm working.

The only thing we don't do is heart surgery — open-hearts for kids — and organ transplant. But even last year, we started doing bone-marrow transplants here. And the benefit is that kids get to stay close to their home and their support network. Families can stay close to home, and we have outreach services throughout the state so that oftentimes we can follow up with their specialty provider without them even having to travel back to Boise.

Q: What kind of challenges do you see in children's health now?

A: I think one of our greatest challenges, both in this state and nationally, is addressing mental-health needs and behavioral-health needs. I believe it was mentioned in the Governor's State of the State address this year — the need for some additional mental-health resources for children and adolescents.

We've already brought in different resources in neuropsychiatry and behavioral health and supporting children's developmental needs, but we recognize that more are needed in our community, and so were constantly recruiting. Those are hard resources to find.

Q: Why is that?

A: There just aren't that many that train. [Training programs] only produce a few neurodevelopmental behavioral pediatricians a year, and we just have to attract them to the beauty of Boise. We'll get there.

Q: What do you think of the effort to repeal the Affordable Care Act or possibly end the Children's Health Insurance Program?

A: That's very concerning on many levels.

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Such a large portion of our population relies on government payers to support their health care. And the most important piece of that for children is preventative health. We have state-funded vaccines. If they repeal funding such that we are no longer funding state vaccines, that would increase risk to our children.

Having kids come to their preventative visits early — the months where they come [at] two months, four months, six months — and every year or two when they are children and moving toward adolescence, that's how we pick up things before they become a problem.

As a primary-care pediatrician, I know I've picked up diabetes before a kid went into [diabetic ketoacidosis, a life-threatening condition]. Or, one time, during a well visit, I identified a patient who had lymphoma before the family could even recognize that there was a lump in the neck.

Preventative care is so important, and without health-care funding, those families will often rely only on emergency care. That isn't the best way to support children now in health and wellness.

I'll be watching carefully.

Q: What are you hopeful for?

A: I am incredibly optimistic about the future at St. Luke's Children's, and how we partner with the community to provide for the needs of our kids.

The Pavilion is a great example. We built this great team of pediatric specialists. There's a big, long list of the specialties we have within pediatrics. We have the majority of these all under one building.

Q: We have a growing population and lots of kids in Canyon County. What is your plan for handling pediatrics there?

A: We just this fall — I believe it was in September — opened the first St. Luke's Children's pediatric clinic in Caldwell. We have now two pediatricians and a nurse practitioner who staff the clinic, and they've already started to get pretty busy.

When the Nampa hospital opens, there will be an adjacent medical office building, and we will be building a four-pediatrician practice out there.

In addition, we really are working toward integrating our family-practice partners in the community into Children's. ... They treat probably half the kids in the state, and I don't necessarily know that they felt directly tied into Children's the way that we'd like them to be. So, we're working more on integrating them. Family-medicine docs may have 30 percent of the practice [made up of] kids, and we really need to increase our outreach to them to make sure they are part of our all of our programs.

Q: What is your vision for the business side of children's health?

A: Providing comprehensive care in pediatrics requires a lot of support services that aren't always reimbursable. In the old fee-for-service world, it was sometimes really challenging to move those initiatives forward with the business side of medicine.

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An example is “care coordinators.” These are nurses and social workers who are experts in knowing all the resources for complex medical kids, and they can often streamline care in such a way that those children require fewer ER visits, require fewer hospitalizations and diminish their dependence on clinicians, as well as the cost to the system.

We are able to see how those services — that actually improve the experience for the family and the health and well-being of the child — are supported within a value-based system but not in a fee-for-service.

“KIDS ARE DIFFERENT, THEIR DISEASE STATES ARE DIFFERENT, AND HOW WE MANAGE THE MEDICATIONS IS DIFFERENT.”

— *Kathryn Beattie, St. Luke’s Children’s*

Edited for length and clarity.

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