

Making moves at St. Joe's

Upped pay for physicians brings more neurosurgery care back to hospital; CEO says more changes to come

Around-the-clock neurosurgery care is available at St. Joseph Regional Medical Center in Lewiston again after the hospital agreed to pay two physicians more for the expanded hours.

The hospital also is interviewing a third neurologist as part of the solution to an 18-month problem where neurosurgery was typically available during about half of any given month, said Blain Claypool, who has been St. Joe's CEO for six weeks.

The community can expect to see more bold moves like that in coming months as the hospital's new owner, RCCH HealthCare Partners, pours millions into health care as it looks for ways to solve a physician shortage that spans across almost every specialty, Claypool said.

"There are certain things you have to do," Claypool said. "If you're asking somebody to take an exorbitant amount of call, you've got to (pay them). The thing that you will find is that we're going to step up to do what's right for our patients."

The hospital's physicians and employees possess the talent needed to move St. Joe's forward, he said. "It's almost like a race horse that is sitting at the gate. It's ready to go. It's palpable when you get out there and talk to the associates. They're excited we have a future."

Claypool, who previously served as president of acute care with St. Vincent's HealthCare system in Jacksonville, Fla., recently outlined his vision for St. Joe's with the Tribune.

Question: You hope to recruit more than 25 specialists in the next few years. Aside from adding a neurosurgeon, what are the greatest priorities for physician recruitment?

Answer: St. Joe's has one psychiatrist and it needs two or three more. Two are already reviewing contracts with St. Joe's. The hospital has three cardiologists and is seeking at least one more general cardiologist and one more interventional cardiologist. Claypool was on the telephone with two oncologists last week looking to fill three openings to bring the total number of oncologists to six. One of the only areas where the Lewiston-Clarkston Valley is adequately served is in neurointerventional radiology, the specialty of Dr. John Ho.

"We need to bring more physicians to this community," Claypool said. "Across the board, we've got a shortage."

The recruitment RCCH HealthCare Partners is doing is working well, targeting physicians who are looking for a place to raise their families, Claypool said. In a two-week period, more than 30 resumes arrived at his desk from physicians who prefer to work in a rural area like Lewiston where they have short commutes and ready access to the outdoors. “The resource that RCCH has brought to the table is phenomenal.”

Q: RCCH HealthCare Partners has invested \$4 million to \$5 million at St. Joe’s since it gained ownership in May, updating hospital equipment and information technology systems. It expects to add a \$2.5 million to \$3 million cardiology and neurology biplane catheterization laboratory, which will be ready in the first part of 2018. How will that improve patient care?

A: St. Joe’s first two catheterization laboratories have one camera. The new one will have two. “We’re able to capture almost a three-dimensional image,” Claypool said.

The catheterization laboratories are where patients are treated for strokes (see below) and heart attacks. Interventional cardiologists perform balloon angioplasty where they suction away clots that close arteries, then place stents, which are similar to small, tubular scaffolds, to keep the arteries open. The implant is done through a catheter that is inserted in the groin or arm.

Heart attacks happen when thin membranes surrounding plaque tear, creating clots. Placing a stent within 90 minutes of a patient arriving in the emergency room is considered the best treatment in most cases.

Eventually, St. Joe’s may retrofit its oldest catheterization laboratory for electrophysiology cardiology, a specialty one of its physicians is already trained in, Claypool said.

The physician can map electro impulses in the heart, identify ones that are misfiring and correct the problem in a treatment that is sometimes used in conjunction with or instead of a pacemaker, Claypool said.

Q: St. Joe’s wants to move to the next level for stroke care. What steps will you have to take to get there?

A: St. Joe’s can administer clot-busting drugs. Dr. Ho can insert a tiny wire into the brain and find a clot that has caused a stroke and break it up, Claypool said. Efforts are underway to ensure the hospital and first responders understand each others’ protocols, Claypool said. That communication is critical because what paramedics learn in the field determines the resources St. Joe’s activates.

Q: RCCH HealthCare Partners has promised to invest or commit to invest \$57 million in capital projects with St. Joe’s during its first five years of ownership. What will the process be for deciding how that money is spent?

A: An outside consultant will be hired to put together a comprehensive plan with input from physicians, the board and the community. That plan should be ready by the end of next year.

“You do projects of this magnitude, you really have one shot to get it right,” Claypool said. “You need to spend a tremendous amount of time information gathering.”

Clinics in the Lewiston-Clarkston Valley, not outlying areas, with some assortment of primary care, urgent care, imaging services, and perhaps specialists that rotate through on monthly or weekly schedules will be a part of that plan, Claypool said.

It's important those resources are available because the emergency room is the most expensive place to receive primary care, Claypool said. "I want to see a purple awning between where people live and where they work."

Q: Does St. Joe's plan to compete for patients in outlying areas such as Moscow or Orofino?

A: The role of St. Joe's is to back up smaller hospitals and be a place where they can transfer patients who need care they don't offer, Claypool said. "We really don't want to compete with them."

St. Joe's wants to establish lines of communication so its physicians can understand what treatment patients have received in outlying communities prior to arriving and be able share what care patients get at the Lewiston hospital with hometown primary care physicians, Claypool said.

If patients need to stay in nursing homes after they have been in the hospital, that should happen as close to their homes as possible so their spouses and other family members don't have to travel as far, Claypool said.

Q: How is the hospital doing financially?

A: St. Joe's broke even in September, which was a dramatic change from RCCH HealthCare Partners' first months of ownership in May, June, July and August. Volume, which Claypool said is key, increased in surgery and admissions, but is lagging in the emergency room. "The cash flows were going down significantly in the hospital and we are seeing that ship righted and moving in the right direction."

Q: Hospital staff decreased to 956 employees after 62 positions were downsized in September, and your most recent tally puts you at 926 employees. How likely is it that St. Joe's will have more job cuts?

A: "We're done," Claypool said. "It's very unfortunate that it occurred. ... If you're managing your operations, you shouldn't get to that point. ... Our plan is to grow this place."

Q: What do you expect of your leaders?

A: St. Joe's provides supervisors extensive information about quality of care, expenses, volume and patient experience that's based on third-party surveys, Claypool said. "If you focus on quality and patient experience, which is what I've done my whole career ... a lot of it takes care of itself after that. You really do become the hospital of choice. ... Volume cures a lot of ills."

Q: Your business model depends on increases in volume, yet one of the goals of health care reform is to drive down costs by keeping people healthier longer so they don't go to the hospital so often. How will your strategy work as health care reform moves forward?

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A: The clinics St. Joe's will open will treat patients who don't need to be in the hospital in an outpatient setting where care is less expensive, Claypool said. At the same time, the demographics of north central Idaho and southeastern Washington reflect those in the rest of the nation where the population is generally getting older.

The older people are, the more days they need on average in the hospital. So the volume at the hospital will increase as more people in the area reach and live past the age of 65 years old.

"There's a lot more (people) that are in that high-utilization (rate)," Claypool said.

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