NEW JOBS FOR NEW TIMES

Physicians assume roles that reflect changes in health care.

As editors of this journal, we’re pretty attuned to trends in medicine and health care. In recent years, we’ve seen the advent of health care homes and accountable care organizations, and the shift in focus from individual to population health. We’ve witnessed the rise of big data and measurement. We’ve seen the number of physicians going into primary care and rural practice dwindle. And now, we’re watching as marijuana becomes a legal medicine in Minnesota.

We’ve also observed that these changes have created new kinds of opportunities for physicians. Here are the stories of a few who have brand new job titles that reflect a trend.
From her earliest days as a neonatologist, Lynn Gershan wanted to use a full playbook when caring for her most fragile patients. She sought to ease their pain and improve their quality of life in any way she could, from incorporating kangaroo care and dimming bright hospital lights to encouraging parents to do massage at home.

When Gershan shifted to general pediatrics about 20 years ago, she started exploring a broader range of nontraditional treatments. Over the years, she trained in Chinese medicine, hypnosis, aromatherapy, acupuncture and massage, as well as Native American herbal practices, aiming to expand and formalize her holistic approach to medicine.

Now as the first medical director of pediatric integrative health and well-being at the University of Minnesota Masonic Children’s Hospital, Gershan is helping bring a broad range of options to more young patients. Since she started last summer, she has been developing a formal integrative medicine program for the hospital, replicating a similar one she started at Primary Children’s Medical Center in Salt Lake City. “Integrative medicine is combining all aspects of healing that are grounded in evidence-based medicine and are safe, and it may involve any and all care providers that the patient chooses,” says Gershan, who also is an associate professor of pediatrics. “We’re looking at mind, body, spirit, and community and how to manage pain.”

Adults have been seeking out nontraditional therapies for decades; however, demand in pediatrics has lagged. Only recently have parents started requesting such care for their children, and Gershan and other physicians have worked to develop appropriate treatments.

Although the university had made some integrative therapies available to children before, they were scattered throughout the system. Gershan intends to unite them into one cohesive offering. “We want to bring these therapies under one umbrella, so that integrative care appears seamless,” she says. “Families can walk in the door and have a holistic experience and not have to ask for one of these and one of those.”

Gershan envisions eventually having a nationally recognized program. She plans to expand the hospital’s music therapy program, as well as its offerings in yoga, massage and aromatherapy. Much of her initial work will be with hematology, oncology and bone marrow transplant patients.

In addition to her role with the hospital, Gershan sees pediatric outpatients in the Journey Clinic. She helps them with anxiety, chronic pain and overall wellness to support healing, and provides them with coping skills to help build resilience. It’s important work, she says, because today’s children live in a very stressful world.

“Kids have to cope with more things than we did when we were younger, from global warming to 9/11 to school safety,” she says. “How do we teach kids to function and feel empowered as decision-makers? That’s what guides me, and I want to help with that.” —SUZY FRISCH
THE COMMUNITY CAREGIVER

Brendon Cullinan, MD

Medical director of population health and ambulatory services, North Memorial Health Care

As a high school teacher and hospital volunteer in Tampa, Florida, in the 1990s, Brendon Cullinan witnessed how people’s emotional strife and economic challenges contributed to their health problems. He wanted to do something to help them. “It was motivation for me to go to medical school,” he explains.

Understanding that economic, social and emotional factors affect health has been central to Cullinan throughout his career as a family physician. And in his new role as vice president and medical director of population health and ambulatory services at North Memorial Health Care in Robbinsdale, it’s even more so.

Cullinan, who assumed the job in October 2014 and held a similar position with HealthEast, is responsible for going beyond the confines of the clinic to improve the health of patients served by the North system. That may involve making sure a person’s insurance is maintained, that they go to a pharmacy where their native language is spoken, that they have a place to live, that their transition from home to assisted living is managed. “It’s all about holding out that patients’ values are respected, that they’re listened to, that they have good outcomes or are moving in the right direction,” he says.

One way he plans to do that is to increase the use of home health nurses, care coordinators and community paramedics to provide patients who need it with more attention than they can get during a clinic visit. By working with patients in their homes or communities, these other professionals can help them integrate their physicians’ recommendations into their daily lives.

“Often, the care coordinator, community paramedic or home health nurse can really see the struggle a patient is having because they spend more time with them,” Cullinan says. That may involve helping a patient with diabetes come up with a realistic plan to cut down on fast food consumption, then regularly checking in with them to see whether they’re making progress. “Health coaching is important to our efforts,” he adds.

Cullinan knows North’s clinics are already doing some of these things. For example, he strongly supports their efforts to integrate mental health care and addiction treatment with primary care and their recent collaboration with Vail Place, which has a client-run drop-in center where people with mental illnesses can get meals, apply for jobs, get help securing housing and find support. “It’s very much a vision of how addressing patients’ illnesses can work hand in hand with addressing their mental health and behavior issues,” he says. “We have a lot of opportunity in this area.”

Cullinan, who also sees patients one on one at North’s Camden Clinic, is trying to convince payers that such services are cost-effective in the long run. “We’d like to see the health plans partner with us more aggressively around risk-based contracting, or else there’s no way for us to continue to innovate and expand such programs.” —KIM KISER
THE DATA MAN

David Ross, MD
Medical director of patient relations and communication, Affiliated Community Medical Center

David Ross’s title doesn’t tell the full story of what he does.

A family physician who practices in Affiliated Community Medical Center’s (ACMC’s) Litchfield clinic, Ross has handled patient relations since 2004, the year he became associate medical director. But as health care began relying more on data to measure quality and determine payment, the southwestern Minnesota medical group found its needs changing. Someone had to understand all the information that was coming in from payers and how it could be used to provide more effective care at a lower cost.

As he sat in on board meetings, Ross, who was finishing his MBA at the time, noticed that there wasn’t anyone from IT involved in those discussions. “I brought up to the board the idea that IT ought to be at our board meetings and that the role of IT in health care, as big data comes on line, will be critically important as we move forward and as we go from fee-for-service to capitation or total-cost-of-care contracting,” he says.

In 2012, Ross, who considers himself “relatively tech-savvy,” became the liaison between the board and the IT department and was given the new title of medical director of patient relations and communication. The organization has since hired a chief information officer, with whom Ross frequently meets to brainstorm ideas or discuss best practices before taking them further.

In his expanded role, Ross also leads several new committees. One is charged with bettering the patient experience; another focuses on data analytics. “It’s an important committee for us,” he says. “We receive mountains of data from payers regarding claims and costs.” He explains that the committee is responsible for finding ways to identify complex patients and document their medical conditions so the practice won’t be penalized for having high costs in pay-for-performance or shared-savings arrangements. “The documentation needs to be bulletproof,” he says.

In addition to involving IT in planning and decision-making, Ross also is the physician champion for ACMC’s social media efforts. He says using Facebook, LinkedIn and blogs, some of which he writes, is essential for reaching a younger workforce and medical students, residents and young physicians who may be considering a career with ACMC. “When you’re talking about recruiting and retention both on the physician side and with the staff, and you’re dealing with a younger patient population, you need a different medium,” he explains.

Ross says the fact that he still practices has helped when it comes to getting physicians to go along with some of the changes he’s promoted. “If you’re under the same stress as they are and you’re taking call and dealing with life-and-death situations, complex patients, difficult patients, it goes a lot better,” he says. “You have common ground and can empathize with the demands of the job.” —KIM KISER
On a Tuesday in early December, Michael Schmitz was getting ready to do something his medical training didn’t prepare him for: meet with an insurer, in this case, Medica, to set CentraCare Clinics’ quality goals for 2015. As total-cost-of-care medical director for the St. Cloud-based health system, a role he took on in January of 2013, Schmitz has to understand the nuances of insurance contracting and what meeting goals can mean to CentraCare’s bottom line.

“If we achieve all our quality goals for 2014, it will be worth $4.7 million. It has nothing to do with revenue or how many people we see, it’s just how we do on quality measures,” he says of that one contract. “That’s no small potatoes.”

Schmitz, who also practices family medicine at CentraCare’s Northway Clinic and works in the emergency department at Sauk Centre Hospital, regularly meets with both practicing physicians and physician leaders to let them know whether the system is meeting its goals.

Before Schmitz became involved, the staff who handled the system’s fee-for-service payer contracts and members of the executive committee negotiated the system’s first total-cost-of-care contracts. After that first round of negotiations, CentraCare’s president and CEO felt they needed someone with a medical background to serve as the liaison between the insurers and the administration and clinical staff. “They wanted to make sure what we’re doing makes sense,” he says.

Since Schmitz, who was in leadership at Mayo Clinic Health System before joining CentraCare in 2009, was tapped for the part-time position, he’s been building the job description from the ground up. “There was no outline,” he says, explaining that he spent the first few months meeting with and learning from the payer contracting staff and health plan medical directors. He says it took a good six months before he felt comfortable with the language and the concepts, but “now I can follow along meetings with insurance people and make constructive suggestions.”

A big part of his job is leading a work group that monitors the total-cost-of-care contracts CentraCare has with Medica, Blue Cross and Blue Shield of Minnesota, HealthPartners and the Minnesota Department of Human Services to make sure they’re hitting their targets. The group also makes recommendations that can help the organization improve care, reduce costs and redundancies, and avoid potentially preventable hospital readmissions, ER visits and complications.

Schmitz also educates his fellow physicians about payment models that reward value and quality of care, rather than volume. “Part of my job is planting that seed,” he says. “I’m trying to get them thinking differently about case management and to let them know that the provider payment dynamic is changing.”

Although Schmitz has not encountered other health systems that have a physician dedicated to contracting, he believes it’s a matter of time before they do. “Insurers are telling us, if we don’t have an interest in pursuing value contracts, then our current contracts won’t be as attractive. We need to adopt processes that provide better quality at a lower cost”—KIM KISER
As Minnesota embarks on a new course as one of 23 states that allow use of some form of medical marijuana, Tom Arneson will be providing the roadmap, at least for certain aspects of the journey.

Arneson, who is research manager for the state’s new Office of Medical Cannabis, is charged with leading an effort to answer some of the many questions about the drug’s use. Under the law, patients with certain conditions will be allowed to obtain medicinal cannabis. Arneson will be collecting data on those patients and tracking which forms of cannabis product work best for their conditions, the dosages that are most effective, medication interactions and side effects.

With a background in preventive medicine and public health and research, Arneson was already exploring ways to put his experience to use when he heard about the job opening. The idea of investigating medical cannabis and helping develop policies for its use intrigued him. “The job was a bit of an unknown, and that was part of the appeal,” he says. “I wanted to find something that was challenging and interesting intellectually, that would draw on my professional experience and background, be of some importance to the state, and promote health in communities. The research component and the registry were different than other states, and all of those reasons made the opportunity attractive.”

Arneson also liked the idea of being able to build something innovative from scratch. He started the job last fall, making it his first order of business to publish an exhaustive review of cannabis clinical trials and observational studies that are relevant to Minnesota’s program. (The report is available at www.health.state.mn.us/topics/cannabis/practitioners/dosage.pdf.) This will be especially useful to the two manufacturers and the pharmacists who will work at the eight distribution centers. Those centers will open in July of this year.

Arneson believes Minnesota’s medical cannabis program will attract interest. “The research component of this program will help patients and health care professionals build their understanding of the benefits, risks and side effects of medical cannabis extraction products,” he says. “I think there will be substantial interest in this from around the country.” —SUZY FRISCH
Richard Wehseler, MD
Medical director of recruitment and retention, Affiliated Community Medical Center

Richard Wehseler is in the business of selling rural practice. As we wrap up our conversation, he can’t help but give his pitch: “Tell everyone they should come to work for ACMC.”

As medical director of recruitment and retention for Affiliated Community Medical Center (ACMC), a practice with clinics in eight southwestern Minnesota communities, he delivers that message to medical, nursing and physician assistant students, graduating residents and practicing physicians looking for a change. “I spend my days talking to people about how great it is to live and practice in a rural area,” he explains.

Wehseler has served in this part-time role since it was created in 2012. At the time, ACMC leaders saw the need for a physician to focus specifically on recruiting and retaining other physicians, which can be a challenge for small communities. Since then, he has helped hire 12 new primary care physicians along with specialists in infectious disease, nephrology, psychiatry, orthopedics, hand surgery, obstetrics/gynecology and hospital medicine.

In addition to bringing physicians into the practice and keeping them there, Wehseler practices family medicine at ACMC’s New London Clinic—a job he discovered he wanted during medical school. As a student in the University of Minnesota’s Rural Physician Associate Program in the early 1990s, he worked alongside two physicians at that clinic. “I decided when I finished training that I wanted to join their practice,” he recalls. “I think the time spent there really helped give me a very solid idea of what that practice could look like, so when I made the decision to move there, there weren’t any surprises.”

Wehseler now arranges for preceptors and oversees rotations for medical, nursing and physician assistant students. “To develop a healthy medical staff, we need to take one step backward and look at student development,” he says. “We want to make sure they have a meaningful experience.” In fact, one of the medical students he mentored will join the New London practice next summer.

When hiring new physicians, Wehseler emphasizes the importance of matching the right person to the right position. To gauge whether someone is a fit, he often asks potential recruits to describe their ideal practice. If it’s similar to the reality that is ACMC, he has the person come in for a formal interview.

Once a physician is hired, Wehseler pairs that person with a mentor—“an established physician with a healthy practice.” The mentor helps the new doc settle into the practice and the community and offers guidance and a listening ear when needed.

The commitment to the new recruit’s success doesn’t end once the physician is established. Wehseler, whose area of interest outside clinical practice is professional development, says all physicians are offered the opportunity to take a sabbatical after seven years to help prevent burnout. “They go off for a minimum of a month to learn a new skill or to practice in a different country,” he says. Recently, one physician went to Central America to practice and brush up on his Spanish.

Wehseler says the chance to work with students and new physicians invigorates him. “It’s so much fun to interact with them, to really get to know some of the talent that’s coming up through the system,” he says. “It certainly makes the future look bright.”

—KIM KISER