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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

## FOCUS: ADDICTION



Robert E. Carter

## The Future (Should be) Now

BY ROBERT E. CARTER

I'm sure at some point in the future Americans will look back and wonder why it took so long for their predecessors to dispel the stigma and denial associated with the disease of addiction that needlessly cost society too many lives, ruined too many families, and destroyed too many communities.

Serving on the Gateway Rehabilitation Center board of directors for nearly eight years – the past six as chair – has provided me with a vantage point few individuals who do not work in the addiction field can appreciate. In truth, in contributing whatever I could to Gateway's mission, what I received in return has been equal parts gratifying and frustrating.

Gratifying, because I have met and worked with some of the most dedicated professionals around, the men and women who devote countless hours to treating not just those addicted, but their loved ones as well. I know without question there are people alive today who are productive members of our society only because they were able to find the help they needed to get into recovery. And here's the real stunner: many of them live near you, work beside you, or provide services to you.

Frustrating because far too many other individuals who need treatment are not getting it, for all the wrong reasons. Some are in denial and don't believe they need help. Some simply don't know how to access the system. Some don't think they can afford coverage.

And most tragically some would rather risk dying from this insidious disease rather than admit they have it. In fact, national studies show that, of all Americans who would benefit from addiction treatment, only about 15 percent get it.

Perhaps most ironic, our society would benefit beyond measure if it accepted that addiction is a dis-

*Continued on page 6*

## Profiles In Leadership



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## Opening the Door for Volunteer Doctors

BY CONGRESSMAN TIM MURPHY

Most people join the medical profession because they want to help people. This is why it is particularly frustrating when current law acts a roadblock to doctors who want to volunteer at community health centers and help those most in need.

Community health centers offer low-cost, high-quality healthcare. Their patients are uninsured or underinsured, low-income, or live in a rural area far from hospitals. Families have access to dental, vision, hearing, and primary care, and pay a sliding fee based on income. Many centers offer specialty services including podiatry and cardiology. Nearly 70 percent of patients treated at the centers are members of the working poor and have family incomes at or below poverty. More than 30 percent of patients are uninsured.

As our nation works to make healthcare more accessible and affordable for all families, community health centers offer a great opportunity. There is good news in that there are more of them being built every day to help reach more people in need.

Unfortunately, there is a large shortage of doctors available to staff community health centers. The Journal of the American Medical Association reports a 13-percent vacancy rate for family physicians, a 9-percent vacancy rate for internists, a 20-percent vacancy rate for OB-GYNs and a 22-percent vacancy rate for psychiatrists. With more community health centers being built, this shortage will only increase.

The issue is not that there are any doctors available to volunteer at community health centers. The problem is that if a doctor today wants to volunteer, there is a good chance he will be



Tim Murphy

turned down because of the law. It will not be because the doctor is unqualified or not needed, but because of the high

*Continued on page 30*

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# Publishers Note... *By Harvey D. Kart*

## *You Make Me Feel So Young . . .*

Certain times of the day, if you're flipping through the cable channels, you can see a slew of infomercials aimed at keeping a person young: everything from the latest in workout equipment and programs, to nutrition systems, to products for, uh, male performance enhancement. Personally, I've discovered something more effective for those in a position to use it: Spend time with your grandchildren.

My wife Bernie and I recently visited our daughter Kristen and son-in-law Josh in Atlanta for a few days and I returned, I swear, at least 10 years younger.

I'm not sure what exactly enabled me to turn back time, but I have a few ideas. One possibility is my seven-month-old grandson Karter who, since the last I last saw him, has learned to do some remarkable things. Like sit up. And smile all the time, with the rare exception of when he's hungry. Otherwise, he is totally delightful and his enthusiasm for life is infectious.

Meanwhile, Mackenzie, my granddaughter who will be three in March, is energy personified. If we could find a way to bottle her, we'd eliminate our dependence on foreign oil. Show her a field, and she must run around and through it. Teach her a song and she'll sing it all day long.

The first day, I took the kids to Atlanta's Olympic Village, which features some great attractions, including the CNN Tower, Coca-Cola World, and a huge aquarium. But with all that to do, the best part was sitting on the edge of a fountain and enjoying lunch. (The second best part was the looks I got from a number of young ladies who watched me push a tandem stroller and had to be wondering if I'm the kids' grandfather or father. Shades of Anthony Quinn! Virility, thy name is Harvey!)

Each evening, as Karter slept, I spent what we now call "quality time" with Mackenzie. We sang a duet—with apologies to Carly Simon—of "You're the Love of my Life." Then, sprinkled with lots and lots of hugs, we'd review the day's events (at least those I could remember.)

One evening, Mackenzie noticed the alligator on my IZOD shirt and couldn't resist touching it. This, of course, led to a full out tickling contest, the kind with no losers, only winners. So the next day I bought her an IZOD shirt of her own so that we could walk around Atlanta like twins—specifically the Arnold Schwarzenegger-Danny DeVito variety. I ask you, who but a grandkid could convince a grown man to wear matching shirts in public?

We also spent a lot of time in the bathroom. It seems Mackenzie is fascinated with flushing the toilet and brushing her teeth. The former I allowed her to enjoy on her own; the latter we did together. (Note to self: When brushing teeth with anyone under three feet near the sink, make sure you watch where you spit.)

The fastest five days of my life ended much too quickly and I'm already waiting eagerly for a return trip to Atlanta in a few days. For one thing, I need a Zwieback fix. Those of you with kids or grandkids know what I mean; those little toast snacks are addictive, but I just can't buy them for myself. What would the neighbors think?)

In the meantime, I'm left to ponder how I might suggest to all the presidential hopefuls who hope to fix our healthcare system that all they need to do is assign anyone over 55 a grandchild or two. I guarantee you, the use of prescription medications will plummet ... and Zwieback toast stock will go through the roof!



*Karter and Mackenzie*

**Harvey Kart**

*You can reach Harvey Kart at [hdkart@aol.com](mailto:hdkart@aol.com) or (412) 856-1954.*



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## Healthcare Practices Must Take New EEOC Regulations Into Account

The Equal Employment Opportunity Commission has revised its regulations and issued guidance that may impact healthcare workers and employers. The EEOC has defined and detailed the rights of older workers and workers who have caregiving responsibilities.

### Rules that Favor Older Employees

It's been three years since the Supreme Court said that employers are permitted to make employment decisions that favor older employees over younger ones. The EEOC has finally revised its regulations to conform to this decision.

The Age Discrimination in Employment Act (ADEA) protects employees and applicants age 40 years and older from discrimination in hiring, firing and other employment decisions. The Supreme Court ruled that even when younger employees are over the age of 40, an



BY ELAINA SMILEY

employer can favor older workers without violating the ADEA.

The final EEOC regulations make it clear that while employers may treat older employees more favorably without violating the law, the ADEA does not require that employers give older workers preferential treatment.

### Guidance about Discrimination against Caregivers

The U.S. Equal Opportunity Commission (EEOC) has recently issued guidance about actions that may constitute discrimination in the workplace against employees with caregiving responsibilities.

Despite the fact that "caregivers" are not specifically protected under equal employment opportunity laws, the EEOC decided to issue guidelines on workplace discrimination against them. The EEOC rationale: employers often discriminate against employees with caregiving responsibilities because of another protected class such as gender or race.

For example, a company might deny a woman with young children an employment opportunity it makes available to a man. Or, it might deny a man leave to care for an infant, but grant leave to a woman. Both constitute discrimination against a caregiver.

The EEOC guidelines detail a large number of situations it considers work-

place discrimination against employees with caregiving responsibilities. An employer must give caregivers the same opportunities as other employees or run the risk that they might file a claim with the EEOC.

The EEOC's guidance may have the effect of expanding protection to those employees with caregiving responsibility. The regulations regarding age seem counterintuitive to the common belief that employees should be treated equally. Physician practices, hospitals and health-care institutions should take a close look at existing policies and practices and make certain that they conform to these changes and other employment laws. In addition, supervisors should be trained on how to deal with employee problems to avoid misunderstandings which could lead to an increased risk for disgruntled employees and expensive lawsuits.

*Elaina Smiley, an employment law attorney at Meyer, Unkovic & Scott LLP, can be reached at [es@muslaw.com](mailto:es@muslaw.com).*

## The Growing Dilemma Between the Individual Rights View of Medical Professional Liability and Macro-Level Resource Constraints

The law is grounded in individual rights. Health care professional liability rests on the concept of legal duty, breach of that duty, causation and damage. Attorneys are trained to work at this level. When they become judges, they make decisions in cases involving specific claims. When a court uses the term "public policy," it usually means public policy as applied to a plaintiff or defendant, not necessarily what would be good for the public.

These decisions add together create a total cost. Because court decisions by their nature do not consider total costs, the sum of the results of the cases can generate a total that is not logical. Thus, National Practitioner Data Bank reports show per physician liability or per hospital liability in some states that is six to eight times the level found in other (often nearby) states. In some states, a single case outcome can distort professional liability insurance premiums.



BY STEPHEN FOREMAN, PH.D., J.D., M.P.A.

Nobel Laureate Thomas Schelling described this dynamic as "micromotives and macrobehavior." Individually, we all want to get on a freeway. Collectively, so many cars get on the freeway that traffic becomes snarled. We would all be better off if some of us got off but the mechanisms to make it happen are hard to impose. Such is the case with health professional liability. Individual decisions add to a result that all of us might prefer to change – but how do we do it?

For the past 60 years, we have operated in a resource-rich health care environment. Demands for more resources have been met by increased payments. To the extent that enforcement of individual rights increases costs, society has been willing and able to pay them. However, as increasing numbers of elderly persons demand health care and as the proportion of workers who pay these costs declines, resource shortages will impose immense pressure on the system. This will create an

increasing dilemma – and a tension – between individuals and the total costs that must be financed.

How can this dilemma be resolved? With difficulty, if at all. Can the court system adapt in a way that considers the impact of decisions on total health care costs for any one case? Probably not. Particularly if it means denying recovery to a plaintiff who has been injured. Attorneys fundamentally believe that if each case is decided on its merits the overall system of justice (and economics) will take care of itself. But, this is not necessarily so.

On the other hand, what of a system that tells injured patients that they are "on their own," soldiers for the greater good – because the economic impact of taking care of them is just too much for the system to bear?

This dilemma is not just theoretical. Pennsylvania's Act 13 requires courts to consider the impact of an award on availability and access to health care if challenged by a defendant. While cognizant of the tension between individual recovery and macro-level costs, the statute still focuses on individual rights – health care availability and access. That the verdict might be problematic from the standpoint

of overall health care costs or liability premiums is not grounds for challenge under Act 13.

It is likely, however, that there will come a time in the not-so-far distant future when total health system costs become so large that the total costs related to individual cases will have to become relevant. Now may be the time to start considering mechanisms that can resolve this dilemma. For example, we might compel courts to make findings regarding the impact of the case outcome on total costs, although courts may be ill-equipped to engage in such an analysis. Another possibility might be to determine how much money the system can afford and at some interval (annually, for example) that pool of money would be divided proportionately among the injured patients to the extent that the costs of their injuries exceed the amount set aside.

In any event, the focus of the law and of health care financial policy have a basic conflict here. We may well be challenged to deal with it for some time to come.

*Stephen Foreman, Ph.D., J.D., M.P.A., is an associate professor of health care administration and economics at Robert Morris University. He can be reached at [foreman@rmu.edu](mailto:foreman@rmu.edu).*



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Health Hope Network, RN/LPN Coordinator, Two Parkway Center, Suite 101, Pgh., PA 15220.

Health Hope Network is also looking for volunteers to assist with clinic paperwork. This is a great opportunity for students and others to accrue volunteer hours while performing a valuable service to the community.

NO PHONE CALLS PLEASE.





## HUMAN RESOURCES BRIEFINGS

BY MARC CAMMARATA



### Reinventing Labor Day

Labor Day weekend has traditionally been the time for the last big picnic of the summer, the kick-off to another football season, the annual Jerry Lewis MDA Telethon, and that once crowd pleasing pastime, the Labor Day parade. During the decades of the 1960's, 1970's and 1980's, Labor Day was synonymous with huge parades and related festivities in towns across western Pennsylvania and America, featuring scores of workers and circus-like performers marching to the music of high school bands.

Those heydays are largely faded memories. Little fanfare now surrounds the annual Labor Day parade in most cities and towns, including Pittsburgh. Crowds are no longer three deep at the curbside along the entire parade route. Marching bands have given way to marchers wearing arm bands. And while speakers and their rallying cries can still be heard by those in attendance, news coverage has dwindled from a front-page story to just another article in the second section.

The evolution of the Labor Day parade from the prominent centerpiece of a weekend of community celebration to merely another event during just another summer holiday is worth exploring a little deeper. Labor Day has traditionally been viewed as "organized labor's" day. As the fortunes of organized labor have fallen, likewise the prestige of the Labor Day parade has plummeted. Why is that? According to the federal Bureau of Labor Statistics, organized labor once represented over 23% of all employed wage and salary workers and over 16% of all private industry workers. That was in the early 1980's. Over the years, organized labor's clout has significantly diminished. Today, organized labor represents only 12% of all employed wage and salary workers. More to the point, in 2007, organized labor represents less than 7.5% of all private industry workers and only 7.0% of all health-care workers.

What has happened to the once powerful labor movement? Perhaps organized labor has lost its relevance to the average American worker. "Relevance"; what does

it mean? According to the American Heritage Dictionary the word means "having a bearing on or connection with the matter at hand". And the Kernerman English Multilingual Dictionary defines the word as "connected with or saying something important about what is being spoken about or discussed". The common thread in both of these definitions is their tie with currency. Not the currency we earn, save and spend, but the currency of the here and now; today's reality. Perhaps organized labor has become too much of a political insider in recent times at the cost of losing its connection or "currency" with the average working person. Perhaps it is spending too much time and money "inside the beltway" and not enough of either commodity listening to its potential "customer". How else does one account for a 70% increase in the workforce over the past 23 years while union ranks have shrunk by 50%?

So rather than stand idly by and watch the traditional Labor Day parade slowly become a relic of the past, perhaps there is an alternative. Wouldn't it be a novel idea for the employer community to begin its own Labor Day celebration? After all, it is employers who employ workers, not labor unions. So why shouldn't the employer community spearhead Labor Day celebrations? Employers talk about striving to be "Employers Of Choice" and "Destination Employers". How better to do that than to set aside time during Labor Day weekend to show employees how much they are appreciated and to recognize the contributions employees make to their community? Most hospitals annually endeavor to recognize employees at some point during "Hospital Week". Why not something on a broader basis during Labor Day weekend?

Marc Cammarata is President of M.A. Cammarata & Associates, a consulting firm providing human resources and operations management solutions to healthcare organizations. If you would like more information on this or other Human Resources topics, you can contact him at (412) 364-0444, [macammarata@verizon.net](mailto:macammarata@verizon.net), or [www.macammarata.com](http://www.macammarata.com).

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## COMMENTARY

### Attorneys in Healthcare ... Pay Me Now or Pay Me Later

As a young, school, band director, when we pulled out of the parking lot with 185 musicians on board the five band buses, the only adult present with complete responsibility for the student's well-being that first year was their teacher, me. Sure, the bus drivers had to get them there and get them back, but the buck stopped with me.

Ten years later, immediately before my transition out of teaching, the story was different. The band had

a registered nurse on each bus, a brief case filled with signed parental release forms was also available on each vehicle for emergency room treatment, and finally, there was another form filled out by each parent delineating the various medications that their child was permitted to take. The year was 1977. That was 30 years ago. The number of lawyers per thousand population nearly tripled between 1970 and 1998, and is now estimated at 950,000.

In a parallel world, ten years later when I entered health care administration, we had attorneys who worked for us, usually they were firms from which at least one member had an official board seat, and they, coincidentally, provided us with their legal services, for a robust fee. Now, more and more hospitals of all sizes have hired in-house counsel to triage the legal questions. Last year, in a (knock on wood) vir-



BY NICK JACOBS

tually suit free environment, our legal fees were, as a percentage of our overall budget, about as expensive as one of our five top administrative salaries.

Unless or until our system of government changes, there will always be a need for attorneys, and as the attorneys find their ways into other professions, more and more issues evolve that make their presence essential to protect our organizations.

It, however, still comes back to something that one of my professors said in class one night, "If you are kind to your patients, your chances of facing a lawsuit drop exponentially." Yes, we make sure we are protected from the black hole of government regulations, from the various other regulatory agencies and from the scam artists.

Ten years after adopting a philosophy of caring, there have been so few law suits or settlements that insurance companies work hard for our business. Why not, we represent easy profit for them.

*Nick Jacobs, currently president of Windber Medical Center and Windber Research Institute is currently writing a book, Who Put the Heal in Healthcare and will be a regular contributor to this publication. Nick can be reached at [jacobsfn@aol.com](mailto:jacobsfn@aol.com) or visit [windbercare.com](http://windbercare.com).*

### COVER STORY: *The Future (Should be) Now*

**Continued from page 1**

ease, it doesn't discriminate (by race, creed, wealth, or character), and that treatment works. Not treating this disease is extremely costly beginning, of course, with the individual who suffers with it. But it goes beyond individuals to affect families, our workplaces, and our communities. Just think of the link between addiction and such societal ills as overcrowded jails, drop out rates, illiteracy, unemployment, higher health care costs, and highway accidents.

Little wonder, then, why addiction has been called the nation's number one public health problem.

Addiction is a chronic disease, like diabetes and hypertension; yet we often expect that for treatment to be considered successful it must be immediate and permanent. In the opinion of too many, relapse is not just unacceptable, it is proof that addiction is caused by moral failing rather than a combination of biological, spiritual, mental, and social factors. So we penalize the person in recovery who stumbles, using their setback to validate erroneous opinions and withdraw needed support rather than encouraging them to keep trying. (Imagine if we would react the

same way to the diabetic who wanders from his diet, or the heart patient who forgets to take her medicine.)

I have been privileged to meet some of Gateway's patients and see the success of treatment up close. In fact I meet one every morning when I look into the mirror and thank all those who made my recovery possible.

Once you shake the hand of someone in recovery able to return to work and family or hug a parent whose child is putting his life back together, you never forget it. But you also can't help but think of all those not in treatment and likely to never be.

I have no doubt that the day will come when compassionate and rationale people will overcome the societal misconceptions and discrimination associated with addiction. Unfortunately, until that day, we will continue to pay a heavy price in lives lost and so much potential unrealized.

*Robert E. Carter is a member of the Gateway Rehabilitation Center Board of Directors. For more information about Gateway Rehabilitation Center, call (412) 766-8700 or (800) 472-1177 or visit [www.gatewayrehab.org](http://www.gatewayrehab.org).*



# Use What You Have to Increase Revenue Streams

BY ROD BOGLE

We all know that financing health care operations hasn't gotten any easier and, with the changes brought about by the 2008 Inpatient Prospective Payment System (IPPS) Final Rule, it has gotten much more challenging for some hospitals. The challenge for hospital executives is to find ways to offset decreasing reimbursements while preserving precious financial resources to use in day to day operations. One, potentially high impact, way to do this is to ensure that each hospital within a given Core Based Statistical Area (CBSA) is maximizing its reporting of wage index data on the Medicare cost report.

The Wage Index data is reported on Worksheets S-3 Part II and Part III of the hospital Medicare cost report and is usually one of the most misunderstood, and overlooked, aspects of Medicare reimbursement. Why pay attention to a worksheet that is so small in comparison to the rest of the cost report and seemingly has no direct effect on cost report settlement? The answer is simple, yet dramatic. The wage index impacts Medicare reimbursement for virtually every service a hospital offers, including inpatient services (through DRGs), outpatient services (through APCs), inpatient psychiatric services (through DRGs), home health services (through HHRGs) and skilled nursing services (through RUGs). To provide an illustration, if a hospital is in a CBSA with a Wage Index below 1.000, 62 percent of their Medicare DRG payment is labor-related. If the Wage Index for the CBSA decreased by five percent from the prior year, and a hospital within that CBSA received \$10,000,000 in Medicare DRG payments for inpatient PPS services, the Medicare reimbursement for those services would decrease by \$310,000. This calculation is done by taking the total DRG payments, multiplying them by the labor-related portion, and then multiplying the result by the five percent decrease. In today's world of razor thin margins, this has a significant financial impact to the organization.

As we stated, the wage index is often not given the time and analysis that it warrants. This is through no fault of hospital personnel, who are usually busy preparing financial statements, assisting both internal and external auditors, preparing and reviewing tax returns and other government filings, as well as compiling information for and preparing the other 200 plus pages of Medicare cost reports, at the same time that the wage index information needs to be compiled and reported. With so many high priority items, it's easy to overlook even a critical document such as the wage index worksheet. The preparation and reporting of the wage index does not have to be a mad scramble to the finish line. It can be a process that can be managed either internally or through outsourcing throughout the year.

The critical components of the wage index calculation are salaries, hours, wage-related costs, contract labor, and the proper reporting of physician and CRNA salaries and contract labor costs. The salaries typically come straight from the general ledger system and flow through the cost report's Trial Balance of Expenses (Worksheet A) to the wage index worksheet. Their can be misclassifications of salaries as "other" expenses at times, but a review of the account groupings can catch

these errors. The other critical components of the wage index are where the subtleties, and usually the major misclassifications, are contained. A prime example is the reporting of hours. Does the year in question contain 27 pay periods? If so, hours are overstated by 3.8% right from the start. Has a thorough review of all hours relating to all pay codes been completed to ensure that all hours that are excludable for wage index purposes have actually been excluded? Another example would be in the reporting of physician salaries or contract labor costs. Have all time studies been reviewed to ensure that the split between Part A and Part B costs is correct? And probably more importantly, has the time study process been reviewed to ensure that it is up to date and accurate? If your organization has contracts for

which the payments include both labor and non-labor related pieces, is the labor related piece being calculated and reported accurately? Have wage related costs been reviewed in detail to ensure that all costs that are reportable on the wage index are actually being included? Have all avenues regarding potential wage index geographic reclassifications been reviewed and explored, particularly as they relate to Sole Community Hospitals (SCHs) and Rural Referral Centers (RRCs)? These are just some of the critical questions that hospitals need to ask themselves when thinking about the preparation of the wage index worksheet on the Medicare cost report.

Hopefully we have successfully stressed the importance of the wage index and its ability to either substantially increase or

substantially decrease a hospital's Medicare reimbursement. As you can tell, it is a time consuming process that, unfortunately, usually doesn't receive the attention that it warrants. It is a tool that hospital executives can use, and that is contained within a hospital's own records, to positively impact the bottom line and, therefore, better achieve the patient care mission. Whether the management of wage index data is performed internally or outsourced to experienced consultants, the return on investment that a hospital receives has the potential to be outstanding.

*Rod Bogle, Manager, Reimbursement Services with Carbis Walker LLP's Health Care Services Team, can be reached at (412) 635-6270 or [rbogle@carbis.com](mailto:rbogle@carbis.com).*



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# MAKING ROUNDS

## PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

### UPMC Northwest Announces New Medical Staff Members

A specialist in pulmonary and critical care (intensive care) medicine is the newest member of the UPMC Northwest medical staff. Amgad Abdu, M.D., is assuming the practice of Teresa Bisnett, M.D., who is leaving the area to resume her career as a U.S. Air Force physician. Dr. Abdu has come here from New York City.

Dr. Santee will practice with board certified family practitioners Norman K. Beals III, M.D., and Bradley Fell, M.D., at Seneca Medical Center.

Dr. Santee comes here from Wexford, where she practiced the past three years with Franklin Park Family Practice and was a staff physician at Sewickley Valley Hospital.



**Dr. Amgad Abdu**



**Dr. Veronica Santee**

### Marc A. Landsberg, M.D., Returns to Jameson OB/GYN

Marc A. Landsberg, M.D., returns to Jameson Hospital to practice obstetrics and gynecology. Dr. Landsberg received his doctorate from Temple University School of Medicine and is board certified by the American Board of Obstetrics and Gynecology. Dr. Landsberg completed both his internship and residency from Thomas Jefferson University in Philadelphia, Pennsylvania, specializing in obstetrics and gynecology. Dr. Landsberg was previously a member of the Jameson Medical/Dental Staff from 2002-2003.



**Dr. Marc A. Landsberg**

### Thomas A. Ranieri, M.D., Appointed Medical Director Jameson Pain Clinic

Dr. Thomas A. Ranieri has been appointed Medical Director of the Jameson Pain Clinic at the Jameson South Campus. Dr. Ranieri was the former Medical Director of the Keystone Pain Institute and the Mount Nittany Medical Center Pain Clinic. He earned his medical degree from the University of Kentucky College of Medicine and completed his internship and residency training in medicine at the New York University Medical Center, Bellevue Hospital and Manhattan VA Medical Center in New York City.



**Dr. Thomas A. Ranieri**

### UPMC Northwest Staff Doctor Earns Clinical Quality Award

UPMC Northwest staff physician Randy Kreider, M.D., is a recipient of a Clinical Quality Achievement Award that UPMC's Physician Services Division presents every year. The award recognizes Dr. Kreider, who practices at Clarion Family Practice-UPMC, for outstanding achievement during 2006 in providing care for patients with coronary artery disease.

As a Clinical Quality Achievement Award winner, Dr. Kreider is part of "a select group of physicians who have gone 'above and beyond' in helping us to address clinical quality for our patients," according to Francis X. Solano, Jr, MD, PSD vice president and medical director of the Center for Quality Improvement and Innovation.



**Dr. Randy Kreider**

### Doctor Honored for Efforts to Promote Breastfeeding

The Allegheny County Health Department recently recognized Dr. Patricia Documét of Squirrel Hill, an Assistant Professor in the Department of Behavioral and Community Health Sciences at the University of Pittsburgh Graduate School of Public Health, for her efforts to promote breastfeeding.

A native of Peru, Dr. Documét moved to Pittsburgh almost 16 years ago and is active in the area's Latino community. She organizes "Al Servicio de la Comunidad," an annual health fair for Spanish-speaking residents, as a volunteer with the Latino Catholic community. She also heads the Latino Round Table, an effort to unite and connect local Latinos to the community at large.

### Conemaugh Health System Names New Chief Medical Officer

David J. Carlson, D.O., has been appointed Chief Medical Officer (CMO) of the Conemaugh Health System.

A Penn State graduate, Dr. Carlson earned his medical degree from Philadelphia College of Osteopathic Medicine and an MBA from Alvernia College. Dr. Carlson most recently served as Medical Director and Vice President of Medical Affairs for Ochsner Medical Center of Baton Rouge, in Louisiana. Prior to that, he held the title of Vice President of Medical Affairs at Summit Health System in Chambersburg, Pennsylvania.



**Dr. David J. Carlson**


### Gateway Health Plan Names Robert S. Mirsky Vice President and Chief Medical Officer

Gateway Health Plan recently named Dr. Robert S. Mirsky as the new Vice President and Chief Medical Officer.

Dr. Mirsky received his Doctor of Medicine from SUNY Downstate in Brooklyn, NY. He completed his training in family practice at St. Joseph's Medical Center in Yonkers, NY, where he served as chief resident. In addition to having a medical degree, Dr. Mirsky holds a Master of Medical Management, which he obtained from Tulane University School of Public Health and Tropical Medicine. He also maintains board certification in family practice medicine.



**Dr. Robert S. Mirsky**



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# MAKING ROUNDS

## Family Practice Physician to Practice in Nanty Glo

Michaelleen N. Wilson, D.O., is currently accepting patients at Ebandjieff Community Health Center located in Nanty Glo.

A 2007 graduate from Memorial Medical Center's Family Medicine Residency Program, and former Chief Resident, Dr. Wilson says her time at Conemaugh is one of the many reasons she's decided to remain in the area. Dr. Wilson has held positions at Memorial such as clinical laboratory clerk and most recently as an emergency restraint on-call physician.

Upon receiving a Bachelor of Science degree from Juniata College, Dr. Wilson received a Doctor of Osteopathic Medicine degree from Lake Erie College of Osteopathic Medicine (LECOM) in 2004.



**Dr. Michaelleen N. Wilson**

## Physician to Join Seneca Practice, UPMC Northwest Staff

Board certified family practitioner Frederick Krueger, D.O., recently joined the staff of Seneca Medical Center and UPMC Northwest.

Dr. Krueger will practice with board certified family practitioners Norman K. Beals III, M.D., Bradley Fell, M.D., and Veronica Santee, M.D., at the Seneca facility.

Dr. Krueger has come here from California, where was in private practice and was a staff physician the past six years at San Joaquin General Hospital. While on staff at the county hospital, he was director of the family practice residency program, chairman of family medicine, and interim pediatrics chairman.

Earlier he was in private practice for four years in Lodi, CA, and completed a three-year family medicine residency at Stanislaus Medical Center in Modesto, CA.



**Dr. Frederick Krueger**

## Leading Researcher Selected to Head Division of Infectious Diseases at Children's Hospital

Toni Darville, M.D., an infectious disease specialist recognized internationally for her research on the pathogenesis of chlamydial infections has been appointed chief of the Division of Pediatric Infectious Diseases at Children's Hospital of Pittsburgh of UPMC.

Before joining Children's, Dr. Darville had been chief of the Division of Infectious Diseases at Arkansas Children's Hospital and a professor of pediatrics and microbiology/immunology at the University of Arkansas School for Medical Sciences.



**Dr. Toni Darville**

## New Physician Joins Shriners Hospital Staff

Kerry K. Armet, M.D., has joined the medical staff at Shriners Hospitals for Children – Erie, as a pediatric hospitalist.

Dr. Armet received her BA degree in biology, Summa Cum Laude, from Siena College and her MD degree Magna Cum Laude from Albany Medical College. She completed her internship and residency in pediatrics at Emory University School of Medicine in Atlanta, where she served as Chief Resident and Assistant Program Director of the pediatrics residency program.



**Dr. Kerry K. Armet**

## HealthSouth Rehabilitation of Sewickley Appoints New Medical Director

Shelana Gibbs-McElvy, M.D., was recently appointed as the Medical Director at HealthSouth Rehabilitation Hospital of Sewickley. Dr. Gibbs-McElvy is part of the Medical Rehabilitation, Inc. group located at Mercy Hospital in Pittsburgh. Dr. Gibbs-McElvy is well recognized within the local communities as a 2007 Women of Distinction for Community Service Professional and the Girl Scout-Trillium Council's Women and Girls of Distinction.



**Dr. Shelana Gibbs-McElvy**

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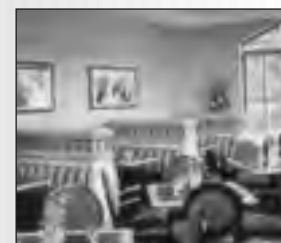
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## HPI Health Policy Institute Governance Briefing

Friday, October 12, 2007

### Friday, October 12, 2007, 8-9:30 am

- 8-8:15 Registration and continental breakfast
- 8:15-9:30 Presentation and discussion

*Panel Responding to "Redefining Health Care: Creating Value-Based Competition on Results" by Porter and Teisberg*

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*"Redefining Health Care" presents a wide array of indicators that document the range of problems confronting the system. Disparate evidence leads to this overwhelming conclusion: The system is broken, and the magnitude of the problem is staggering.*

Panelists will discuss possible solutions to these problems

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- John Mayer, MD, Boston Children's Hospital
- Timothy Merrill, Chair, Heritage Valley Health System

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# Around the Region



## Chatham University Names New College Deans

Three women have been selected as the first Deans of Chatham University's new academic structure, according to an announcement by President Esther L. Barazzone, Ph.D. Anne A. Skleder, Ph.D. is dean of Chatham College for Women; Norma J. Burgess, Ph.D. will lead the College for Graduate Studies, and Janet L. Littrell, Ed.D., will head the College for Continuing and Professional Studies.



(l to r) Janet Littrell, Anne Skleder and Norma Burgess.

## LECOM Names Nassiri as Assistant Dean of Health Sciences

LECOM faculty member Reza Nassiri, D.Sc., was named the Assistant Dean of Health Sciences at the school. In addition to his new position, Dr. Nassiri retains his responsibilities as Professor of Pharmacology and Virology and Director of International Relations.



Reza Nassiri

## Heritage Valley Health System Appoints New Executives

Heritage Valley Health System has announced the appointment of two executives to the organization.

Oliver Hayes, D.O., as the Chief Medical Officer for Heritage Valley Health System. Prior to joining Heritage Valley, Dr. Hayes worked with Robert Morris University in the development of a school of osteopathic medicine program. Prior to that, he worked for Michigan State University from 1982 to 2006 and served in various capacities for their college of osteopathic medicine.

Bryan Randall as the Vice President, Finance & Chief Financial Officer. Randall has been with Heritage Valley since 2002 and has served as the System Director of Finance the last five years.



Dr. Oliver Hayes



Bryan Randall

## Corazon Announces Team Promotions

Corazon, Inc. (Corazon), a nationally-recognized firm offering specialized consulting and recruitment services to hospitals for the development of cardiac and vascular programs, is pleased to announce the following team promotions.

Jessica Bricker has been promoted to Recruitment Coordinator; Catherine DiNardo has been promoted to Lead Business Consultant; Beth Fuller was promoted to Administrative Assistant; Jessica Nguyen has been promoted to Consulting Coordinator; Jennifer Sheran was promoted to Senior Accountant; and Kristin Turkovich has been promoted to Consultant.



Jessica Bricker



Catherine DiNardo



Beth Fuller



Jessica Nguyen



Jennifer Sheran



Kristin Turkovich

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## Omega Bank AVP Cathie "Kate" Reiter Named Auxiliary President at Mount Nittany Medical Center

The Auxiliary for Mount Nittany Medical Center is excited to "increase energetic membership," according to Medical Center President and Chief Executive Officer Thomas J. Murray, after Cathie "Kate" Reiter was appointed as its new president.

Reiter has been with Omega Bank for more than 30 years and is currently an assistant vice president.



Cathie Reiter

## Vantage® Adds Steve Zahn to its Certified Geriatric Pharmacy Team

Steve Zahn has become the latest member of the Vantage® Care Apothecary pharmacy team to achieve his Certification in Geriatric Pharmacy. These professionals possess a level of training, experience, knowledge and skills that is deemed essential to providing comprehensive pharmaceutical care to the nation's senior population.

Steve is a 1989 Pharmacy Graduate of Xavier University in New Orleans and is also a member of the American Society of Consultant Pharmacists.



Steve Zahn



## West Virginia United Health System CEO Elected to National Board

President and CEO of West Virginia United Health System J. Thomas Jones has been elected to the Board of Trustees of the American Hospital Association (AHA).

With the election, Jones also becomes chair of the AHA's Regional Policy Board for West Virginia and six other mid-Atlantic states.



**J. Thomas Jones**

## HealthSouth Harmarville Welcomes James Eng, PT, MS

James Eng, PT, MS, recently joined HealthSouth Harmarville as Team Leader for The Spinal Cord and MS Programs. Eng brings over 20 years of rehabilitation experience as a clinician, director, administrator consultant and instructor. His clinical experience includes working with geriatrics, adults and pediatrics in acute rehabilitation, homecare, outpatient and long term care settings. Eng's clinical focus has been primarily in neurologically involved patients but also has experience in outpatient orthopedic conditions. His background also includes outcomes management and performance improvement initiatives. Eng recently received his Masters degree at the University of Pittsburgh, with a focus on Motor Learning and Health Promotion.



**James Eng**

## Ohio Valley General Hospital Welcomes Assistant Vice President of Nursing Service

Ohio Valley General Hospital (OVGH) welcomes Cathy Sue Lewis, MSN, RN, as its assistant vice president of nursing service.

Lewis brings 15 years of health care experience to her new role. Most recently, Lewis served as a UPMC Passavant Medical Surgical Unit director, where she had the opportunity to work with OVGH School of Nursing students during their clinical rotations.

Prior to working at Passavant, Lewis worked in UPMC South Side's Cardiac Monitoring Unit as a primary resource nurse. In addition to her experience in hospital settings, Lewis gained experience in skilled nursing through work at John J. Kane Centers of Allegheny County.



**Cathy Sue Lewis**

## Good Samaritan Hospice Names New Director of Clinical Operations

Good Samaritan Hospice, a mission of Concordia Lutheran Ministries, recently appointed a new Director of Clinical Operations at its Wexford office.

Michelle Hartman, R.N., a 30-year veteran in clinical nursing, received her R.N. diploma from Lutheran Medical Center School of Nursing, with additional nursing education at St. Louis, Vanderbilt, and San Diego State Universities.



**Michelle Hartman**

## Concordia Promotes Staff Member to Director of Nursing

Concordia Lutheran Ministries recently announced the promotion of Shawnee Neff to Director of Nursing at the Cabot location.

Neff, the former assistant director of nursing, first came to Concordia in 2001 as the Registered Nurse Assessment Coordinator. Even prior to her work at Concordia, she had an interest in health care – ever since working as an aide after high school she has never left the long term care industry.



**Shawnee Neff**

## HealthSouth Names Aimee Deinert Regional Director of Marketing Operations

Aimee Deinert, R.N., has been appointed the Regional Director of Marketing Operations for HealthSouth Metropolitan Hospitals of Pittsburgh.

Deinert joined the HealthSouth Marketing Department in 2006. She will oversee marketing development for HealthSouth in Pittsburgh and Southwestern PA.



**Aimee Deinert**



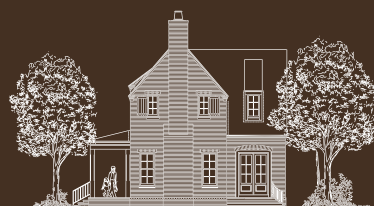
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## An Overview of Methamphetamine Abuse

Methies quick, poor man's cocaine, glass, crank, ice, speed and crystal are just a few of the street names for methamphetamine, one of the most addictive and dangerous drugs available. Surveys have shown that more than 12 million Americans have tried methamphetamine at least once and that approximately 1.5 million people use it on a regular basis. Methamphetamine is a psychostimulant drug that was first synthesized in Japan in 1893. During World War II, German, English, American and Japanese military personnel used this stimulant for its energy-promoting and performance-enhancing properties. In 1943, the U.S. Food and Drug Administration (FDA) approved desoxyephedrine (Desoxyn), a form of methamphetamine hydrochloride, for the treatment of narcolepsy, mild depression, postencephalatic Parkinson syndrome, chronic alcoholism, cerebral arteriosclerosis and hay fever (Colman, 2005). For several decades, stimulants were available only by prescription but were abused recreationally worldwide. In 1971, all forms of amphetamine and methamphetamine were classified as Drug Enforcement Agency Schedule II drugs.



BY KIRSTYN K. ZALACE,  
M.S.N., CRNP

mine abuse has increased dramatically, particularly in rural and semi-rural areas, in part, secondary to the ease of manufacturing it. Unlike other illicit drugs such as heroin or cocaine, methamphetamine can be synthesized by reduction of ephedrine or pseudoephedrine, ingredients readily accessible in the United States in over-the-counter cold and allergy medications. In recent years, numerous recipes to manufacture methamphetamine have been made available online.

As a result of the ease of obtaining ingredients necessary to manufacture methamphetamine, four federal regulations have been enacted to restrict access to ephedrine and pseudoephedrine. The Combat Methamphetamine Epidemic Act of 2005 required all non-prescription products containing pseudoephedrine to be placed behind store counters and require purchasers to show identification and sign a log book; however, a continued problem is that Internet sales bypass this law.

Methamphetamine can be injected,

smoked, snorted or ingested. The half-life of methamphetamine ranges between 10-12 hours, which is significantly longer than other psychostimulants such as cocaine. When people first try methamphetamine, they report feelings of euphoria, increased energy and confidence, and a decreased need for food and sleep. Intoxication with methamphetamine can increase impulsivity, leading to violence and unsafe sex. Abrupt cessation of methamphetamine can lead to a "crash," in which users often report feelings of depression, low energy and suicidal ideation. In an attempt to avoid these feelings, users fall into a vicious cycle of methamphetamine abuse.

Health care providers should familiarize themselves with signs and symptoms of methamphetamine abuse to assist in identifying patients with this problem. Often times, patients present to emergency departments with acute psychotic symptoms following methamphetamine ingestion. Psychotic symptoms include paranoia, auditory and visual hallucinations, which may be difficult to differentiate from schizophrenia. If the psychosis is secondary to methamphetamine abuse, it should resolve within 12-24 hours. Other symptoms that may alert the health care provider to a potential problem include: substantial weight loss; skin manifestations secondary to the drug causing vasoconstriction on the surface of the skin, leading to the user scratching and picking his/her skin; and poor dental hygiene, as users often crave sugary substances.

If methamphetamine abuse is suspected, health care providers can begin by offering support and providing encouragement. Unfortunately, no medications are approved to treat methamphetamine-addicted patients, although bupropion (Wellbutrin) has shown some efficacy. Behavioral treatments such as cognitive behavioral therapy (CBT) and contingency management (CM) supply the evidence basis for methamphetamine dependence.

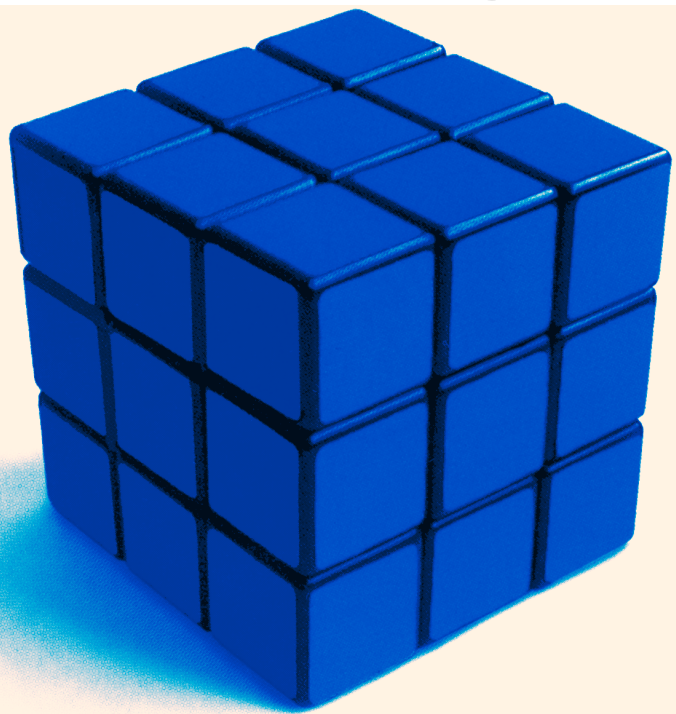
Methamphetamine abuse is a serious problem with both medical and psychological complications. The alarming growth of methamphetamine use and, in part, its popularity can be explained by the drug's wide availability, ease of production, low cost and highly addictive nature. Health care providers should familiarize themselves with the signs and symptoms commonly seen in patients abusing methamphetamine and incorporate screening for methamphetamine and other illicit drug use into their assessments. Like other addictions, methamphetamine abuse is a lifelong problem requiring ongoing treatment and support.

Kirstyn K. Zalace, M.S.N., CRNP, Clinical Assistant Professor of Nursing, Robert Morris University, can be reached at [zalace@rmu.edu](mailto:zalace@rmu.edu).

#### Reference

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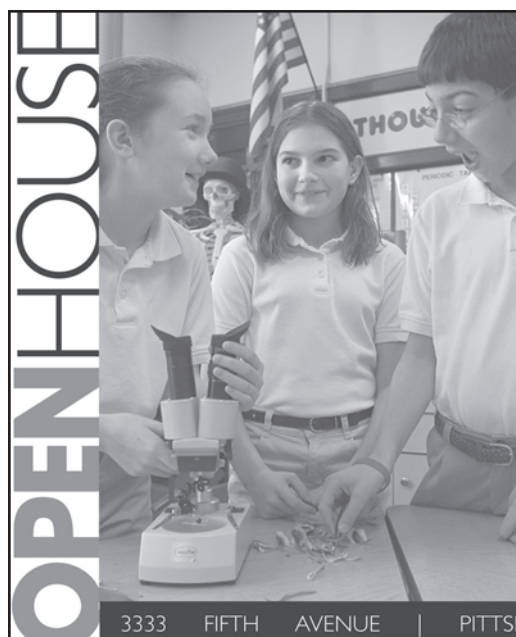
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## Pioneers in Rehabilitation and Recovery

Western Psychiatric Institute and Clinic of UPMC is a world leader in the diagnosis and treatment of alcohol and drug addiction. The hospital is the clinical partner of the University of Pittsburgh School of Medicine's Department of Psychiatry, one of the world's most respected research programs and, for many years now, the country's top recipient of research funds from the National Institutes of Health. Western Psychiatric collaborates closely with the department to transform outstanding research into evidence-based clinical care.

Our mission is to provide comprehensive addiction and dual diagnosis treatment, prevention, education, and research programs that are patient-oriented, research-based, and recovery-focused. The dedicated staff and faculty seek to engage individuals and families through motivational, culturally competent, goal-focused treatment, in compassionate, caring environments at accessible community locations. Recovery is fostered and promoted through the establishment of a healing partnership that addresses the biological, psychosocial, and spiritual aspects of addiction and recovery.

In 1988, Western Psychiatric was one of the first centers in the United States to offer comprehensive treatment to people with both addictions and psychiatric disorders, called dual disorders. Dual disorders are a particular challenge to psychiatry. An individual grappling with addiction may not follow the treatment regimen for a co-existing disorder like bipolar illness or schizophrenia; an individual with untreated depression or anxiety may employ substance abuse in attempt to avoid uncomfortable emotions. Each disorder exacerbates the other and makes it harder to treat.

We house the Appalachian Tri-State (ATS) Node of the National Institute of Drug Abuse's national Clinical Trials Network (CTN). ATS partners with community agencies in the tri-state area to conduct multi-site studies with other CTN Nodes. While we conduct many research projects in addiction medicine, we are proud to have demonstrated leadership in the investigation of treatments for dual disorders. We recently completed a first-of-its-kind study of people with both alcoholism and bipolar disorder, which demonstrated that a pharmacologic agent can help decrease alcohol use in this population. Other studies of various populations, dual disorders, and medications are underway. In addition, we conduct clinical research on the causes, course, and treatment of addiction throughout the lifespan, from the prenatal period, through childhood and adulthood, to old age.

Western Psychiatric offers a complete range of addiction medicine services, from



BY DENNIS DALEY, M.D.

inpatient dual disorder services for adults, to day programs for adolescents, to community-based outpatient services for women who are coping with both an addiction and pregnancy or parenthood. Our many levels of treatment, from inpatient detoxification and hospital care to outpatient therapy, allow people to move from one level of support to another depending upon their individual needs and rates of recovery.

Our treatments are guided by the principle that addiction is a chronic illness with biological, psychosocial, and spiritual components, and that recovery is a process of abstinence and change. We realize that no single treatment or approach is appropriate for all individuals: matching treatment services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society. Our treatments are designed on the principles of dignity and respect and aim to engage clients in a recovery partnership, emphasizing the importance of self-management and empowerment.

We have found that education about illness, treatment, relapse prevention, and recovery empowers individuals and their families. Our faculty and staff have created and disseminated many materials to aid in the recovery of clients and families. Our materials for patients and family members include information on recovery from all types of alcohol and drug problems, depression and addiction, bipolar illness and addiction, anxiety disorders and addiction, schizophrenia and addiction, personality disorders, and on managing emotions in general and anger and grief in particular, relapse prevention, family recovery, and the medical aspects of substance use and addiction.

In addition to our treatment and research programs, we are committed to instructing and mentoring professionals, psychiatric residents, medical students, and graduate students in the behavioral sciences. Faculty and staff conduct numerous lectures, training workshops, and conference presentations, and clinical rotations are provided at many of our programs.

Dennis Daley, M.D., is Chief of Addiction Medicine Services, Western Psychiatric Institute and Clinic of UPMC and Professor of Psychiatry, University of Pittsburgh School of Medicine. For more information about Addiction Medicine Services at Western Psychiatric, call (412) 624-1000 or 1-877-624-4100.

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# Profiles In Leadership

## Leadership and Organized Medicine

Western Pennsylvania Hospital News asked healthcare providers throughout the region to share profiles of leaders at their institutions.

We have asked these leaders to share their thoughts and experiences on everything from their philosophy of success, work habits, to their favorite book and views on challenges confronting the healthcare industry. The following are a few of the many leaders who are making a difference in our community.

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BY KRISHNAN GOPAL, M.D., F.A.C.S.

As I reach the end of my term as the president of the Allegheny County Medical Society (ACMS), it is fitting that I reflect on the leadership role I have played and what advice I might give to succeeding leaders and others aspiring to take an active role in the organization.

The experience I have had thus far has been educative, often humbling and occasionally stressful.

I have maintained an active busy private practice for a very long time and was a "late bloomer" to enter organized medicine and the political arena. I had been naïve to the point of self-delusion by denying any existence of politics in medical care and believed that there were only two players in health care, the providers and receivers. I came to realize that physicians have to be vocal to achieve any semblance of what we want to accomplish for patient care and learned that physicians have to take an active role in the democratic process, so that we may provide the treatment we want our patients to receive. Our medical education did not really prepare us for the need for such activities.

I started exploring how one person could make a difference. Certainly one has to start from the bottom and learn the intricacies of working the political system. I approached the local medical society asking how to become involved in advocacy and was advised to start by serving as a delegate representing the ACMS at the Pennsylvania Medical Society (PMS). I served as a delegate and alternate delegate for several years. This introduced me to the democratic formulation of policy. During these years, I had opportunities to serve on and chair various committees. I discovered how the system worked, as my involvement and responsibilities increased.

I had several opportunities to visit Harrisburg and meet our elected leaders and was able to discuss with them our concerns in patient care. I studied the legislative process and the balances of power between the different branches of government. The more I participated in such activities, the less disappointed I was when another position prevailed, because I had a better understanding of and appreciation for the democratic process. It strengthened my belief that such activities should continue irrespective of the outcomes.

These ACMS and PMS activities led me to take leadership roles in the hospitals where I am affiliated. After being chairperson of various committees, I was asked to assume the role of chairman of the department of surgery at Jefferson Regional Medical Center, which could be a demanding and daunting responsibility. Once I completed that tenure, I was asked to serve as president of the medical staff, which I was pleased to accept as a way to serve the hospital and community. My prior leadership roles at the county and state levels helped me to assume these positions, and I was able to complete my duties to the satisfaction of the medical staff and hospital boards.

I am glad that I was able to serve in these capacities. My involvement has not only helped me to be a better physician, but also



Dr. Krishnan Gopal

to be an advocate for my patients.

That brings me back to my role at the ACMS. It is often difficult to achieve significant change at the local county level, particularly as insurers and health systems get larger and as medicine becomes more regulated by state and federal legislation. But local physicians can form the grassroots to involve a larger group at the state level and stimulate reform.

There are over 5,000 physicians in the Allegheny County, and approximately half of them join the county society. Even among members, a limited number take an active role in patient advocacy. This is disheartening. The lack of broader leadership beyond responsibility to one's own patients may be a reason why we have not been able to achieve many of things we want for patients and physicians. This lack of participation allows others who are not physicians to fill the power void and to determine the future of patient care in our nation's hospitals. A dedicated membership is our central source of strength and credibility – most notably in our advocacy on behalf of our patients and the medical profession.

Many physicians are losing autonomy in their practice by becoming employed by large health care entities. Often when a physician becomes salaried, his or her independence to voice health care concerns is affected. Administration of health care has become very complex due to the sophistication of medical treatment. These advances have created an enormous financial burden for private practice physicians. If this trend continues, the majority of physicians will be working for an employer. Organized medicine provides an outlet for all physicians to band together in support of access to quality health care for all citizens.

In the guise of quality control, measures are being taken to curtail the cost of providing health care. This trend is will continue, unless we all collectively work at a better solution. Short-term micro-management and half-hearted measures like pay for performance, incentive payment, and denial of payment will not achieve meaningful health care reform. The use of claims data to generate "performance" and "quality" measurements provides often misleading and unreliable information. Deliberate,

thoughtful options focused on clinical competence must be implemented.

Physician demographics in Pennsylvania are also of grave concern. The average age of working physicians is over 55 years. There are only 3% of physicians in Pennsylvania who are younger than 35 years of age. If continued, this trend will lead to an acute shortage of physicians. Already western Pennsylvania has a large population of elderly patients who often require a great deal of care. While we train a large number of young physicians, they do not want to stay in Pennsylvania. At one time over 50 percent of medical residents stayed in Pennsylvania, but now fewer than 7 percent of them remain after medical training. This exodus is due to various reasons— reimbursements are low, the cost of maintaining a practice is high, and the malpractice climate is not conducive for young physicians. Unless these circumstances change, we will continue to see a dearth of young physicians and this will impair our ability to provide quality health care services to our patients. Contrary to the opinion of some of our elected leaders, simply allowing other health care workers greater latitudes of care does not compensate for a shortage of competent physicians.

Future leaders of the medical society must wade through the significant issues facing the practice of medicine and develop clear plans to fight for physician causes. Members of organized medicine should work for the common cause of the profession and for quality patient care, delivered with compassion. This is only way to achieve success.

At times the role of leader can be frustrating and disappointing. During such times, we need outlets to bring us back to reality. I find refuge in reading books, taking a stroll, or hacking on my computers. I do like to read about various cultures, history and religion. I also like mystery novels. One has to have some outlets to maintain perspective and balance.

Younger physicians should take the current state of practicing medicine as an opportunity and challenge. Get involved in organized medicine and join a body of advocates for patients and physicians.

I am very honored to serve as ACMS president this year. This is one of my proudest professional accomplishments. I have served as the organizations spokesperson with all of my heart and spirit and have hopefully earned the respect of fellow physicians.

As I complete my tenure and accept my next responsibility for the coming year as the chairman of the board of directors, I want to leave this message for incoming leaders. Trust your instincts, plan your strategy, respect other views, avoid pursuing a personal agenda, and be prepared for a few disappointments. This will enable you to become a great leader.

Thank you for asking me to reminisce about my experiences, and I do hope that it will be helpful for others who follow me. We all drink from wells that others have dug.

Dr. Krishnan Gopal, President, Allegheny County Medical Society, can be reached at [gopal@acms.org](mailto:gopal@acms.org).



**Randy A. Baker, PHR**  
President & COO  
Diskriter Inc.

On June 23, 2006, Randy A. Baker, PHR was appointed President and Chief Operations Officer; Randy is only the fourth President in Diskriter's 60 year history.

Randy joined Diskriter as their Human Resources and Operations Manager on January 25, 2000 and jumped on the fast track moving up to Vice President of Administration in May of 2001, Senior Vice President in November of 2001 and when he took on the complete responsibility of overseeing all of Diskriter's Business Divisions in November, 2002, Randy was promoted to Senior Vice President and Chief Operations Officer [COO].

Since that time, Randy has implemented better financial controls, cost reduction programs, reorganizations, significant growth in their Transcription Outsourcing and Consulting Business and the recent expansion into all Health Information Management [HIM] Services. Randy is a member of American Health Information Management Association (AHIMA), Medical Transcription Industry Alliance (MTIA), Pennsylvania Health Information Management Association (PHIMA), American Association for Medical Transcription (AAMT), and the Pittsburgh Human Resources Association (PHRA).

Randy has 16 years of human resources experience holding positions of Personnel Officer and Director in the service industry. Additionally, he has 13 years of operations experience holding positions of manager and assistant general manager during his career. Randy previously was in the employ of Keystone Mailing Service and Volkswagen of America.

Randy is a Certified Professional in Human Resources (PHR), holds a Bachelor's of Science degree in Human Resource Management/Business Administration from California University of Pennsylvania and an Associate's degree in Business Management from Westmoreland County Community College.

Presently, Randy is a member of the American Health Information Management Association (AHIMA), Medical Transcription Industry Alliance (MTIA), and the Pittsburgh Human Resources Association (PHRA). Randy served on the Board of Director for the PHRA and is a Diskriter Board Member and Officer. He has also served as the Regional Chair of the Employer Advisory Council to the Department of Labor and Industry for nine counties in Western Pennsylvania.

**Paula Lawlor, RHIA**  
Vice President,  
Health Information Management  
Services  
Diskriter Inc.

As Vice President, Health Information Management Services, and President-Elect of Pennsylvania Health Information Management Association (PHIMA), Paula has over 20 years of experience in health information management (HIM) with healthcare providers and HIM service organizations.

Paula has held the positions of Assistant Director of HIM for Girard Medical Center, Director HIM for Chestnut Hill Hospital, Corporate Director, Quality/HIM/Medical Staff for Northwestern Institute, VP QI/Risk Management for Community General Hospital and VP Clinical Operations for Pottstown Community Hospital. Following her 10 years within the healthcare arena, she held the position of COO of Recordex Services, Inc., where she was responsible for significant revenue growth during her three-year tenure there. She was President and CEO and a co-founder of MediHealth Outsourcing, Inc., a health infor-



mation management service organization that provided HIM solutions to all types of healthcare agencies throughout the country. MediHealth Outsourcing, Inc. was named the 87th fastest growing company in the US by INC. Magazine in February 2000. MediHealth was eventually sold to Precyse Solutions. For the last four years, Paula has been providing consultative management and leadership workshops to HIM professionals.

Paula oversees Diskriter's HIM Services division which includes Medical Transcription, Coding, Oncology, HIM Interim Management and Special Projects within the HIM Departments such as A&A, incomplete chart control and the like. Ms. Lawlor is instrumental in new business growth covering transcription, consulting, and the management of medical records departments.

**Trevor Schnupp**  
Director, Information Technology  
Diskriter Inc.

As the Director of Information Technology, Trevor is responsible for overseeing all Technology aspects and Client Support Services for the HIM Service Divisions. This includes Transcription / HIM Outsourcing, SmartSourcing, and Time Sharing clients, as well as, managing Diskriter's Voice / Text and Information Technology Services Divisions. He oversees and participates in a variety of client technology and operational services including sales and consulting, account project management, system interfacing, level 3 support for HIM services clients, client implementations involving dictation / transcription system front end, back end and in-house platform development coordinating. Trevor also has hands-on product knowledge integrating and working with Softmed, Meditech, Siemens, Cerner, Dolbey, Medquist / Lanier, Dictaphone, RTAS, Interfix, Epic, and eClinicalWorks.

Trevor has been employed at Diskriter for over eleven years and has served in a variety of technology-related capacities, including technology and support operations management, networking/ infrastructure support, integration and application services, system implementation with the Voice / Text and Information Technology Service Divisions. Prior to joining Diskriter, Trevor earned an Associate's Degree in Information Technology and was a System Engineer for an IT service company where he was responsible for installing and configuring various mainstream business systems, networks, workstations and cabling projects.



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# Profiles In Leadership

## Where Are They Now: Geno Bonetti

BY RON CICHOWICZ

Every industry within a defined community has them: individuals known by just about everyone and whose professional reputations are highlighted by their unwavering commitment to the individuals they serve.

In the healthcare industry in western Pennsylvania, Geno Bonetti is one such individual.

Born and raised in Harmarville, Bonetti, 49, never left the region while pursuing his career. Like many people from this area, Bonetti's work ethic was formed at an early age. At 12, his first job was delivering newspapers and working at Oakmont Country Club. While on summer break from Slippery Rock University, he held down three jobs: working on the Pennsylvania Turnpike during the day, in a State Store in the evening, and for a motel at night. In his spare time he even worked as a paramedic.

"I always wanted to work with children as a teacher and coach," said Bonetti. "But soon after college I took a job in the healthcare industry and have been there ever since. My first job was at Harmarville Rehabilitation Center where I served on the spinal cord team for almost 10 years."

While with Harmarville Rehabilitation Center, Bonetti founded and served as president of the National Wheelchair Racquetball Association.

Bonetti noted that he ended up having a spinal cord injury himself as a result of a car accident.

"The accident enabled me to understand what patients and their families go through," he said. "I was a quadriplegic



for awhile. People who suffer these injuries go through various stages of loss; while in that car, I went through them all."

Bonetti made his first career move when he went to work for the Greater Pittsburgh Rehab Hospital as the start up director of the Spinal Cord Ventilator Program; there he built a successful program competing with hospitals across the country. After the hospital was purchased by HealthSouth, Bonetti was promoted to director of business development, eventually rising to chief executive officer of HealthSouth Rehabilitation Hospital of Sewickley.

"It was a very rewarding position in which I learned even more about the healthcare industry as there were many changes in Medicare reimbursement. No matter what, patients always came first,

achieving a patient satisfaction score of 96 percent."

Two years after his appointment as CEO and in response to the multitude of changes occurring in the rehabilitation industry, Bonetti started his own business, NSEW Health, an executive healthcare consulting business. It was while he was consulting for a company out of California that he found his current position as vice president of business development for Titan Health Corporation, a management company and minority owner of Ambulatory Surgery Centers. In this new role, Bonetti works with physicians and hospitals across the eastern region of the United States.

"This new position has given me a chance to give back to the people that make the healthcare industry tick, the doctors. It also provides for a user friendly atmosphere for our patients."

Despite his commitment to his career in health care, Bonetti never gave up his dreams of coaching soccer nor forgot his roots in this region. He is the director of player/coach development for the Arsenal Football (soccer) Club and has coached two high school soccer teams at North Catholic High School and North Allegheny High School where he had an undefeated season. He and his wife Mimi live in Richland Township and their daughter, Leann, attends Point Park University.

"People in Pittsburgh have an attachment to this region. Hard working values, strong family ties and close friends make it hard to leave."

You can reach Geno Bonetti at  
(412) 670-1053.

## Lynda J. Davidson, RN, PhD Interim Provost and Senior Vice President for Academic Affairs Robert Morris University

**Proudest accomplishment:** Starting new baccalaureate, master's and doctoral nursing programs at Robert Morris University

**First job:** Critical Care Nurse in Lewiston, Idaho

**Education:** BSN, Minnesota State University, Mankato, Mankato, Minnesota; MN, University of Washington, Seattle, Washington; PhD, Case Western Reserve University, Cleveland, OH

**What skills do you need to succeed in your job:** Ability to communicate clearly, multi-task; pay attention to details but also think broadly and with vision.

**Work habit you possess that you are most proud of:** Persistence in goal achievement.

**Most valuable lesson you learned in your career:** Celebrate successes, big and small, with recognition for those who worked hard to achieve it.

**The toughest part of your job:** Finding time to devote to all the projects and initiatives.

**Your philosophy of success:** Hire good people and let them do their jobs.

**One of your goals:** Be an example for others aspiring to become administrators.

**Person you most admire:** My Mother

**Favorite book:** Whatever I am reading – currently it is *East of Eden*.

**Biggest challenge confronting healthcare:** Providing safe, effective healthcare at a reasonable cost.

**Suggestions on how you would solve a particular problem in healthcare:** I believe we must restructure health care delivery to include realistic alternatives for people without insurance.

**Your predictions on the future of health care:** It will become imperative to include the right type of practitioner, at the right time, and in the right location.

**Best thing about healthcare in Western Pennsylvania:** The wide range of service options providing excellent healthcare.

**Worst thing about healthcare in Western Pennsylvania:** There are still too many people slipping through the cracks.

**What advice would you offer young people considering a career in health care:** Do some investigation of your options. Interview people in jobs that interest you. Ask to shadow them for a day.





**Mark A. Piasio, MD,  
MBA, FAAOS**  
President, Pennsylvania  
Medical Society, and  
Chief Department of  
Surgery, DuBois Regional  
Medical Center



**Proudest accomplishment:** Father to Jack

**First job:** Paper boy, New York

**Education:**

BA, The Johns Hopkins University  
MS, Physiology, Georgetown University

MD, Georgetown University  
Orthopaedic Surgery, Tufts University

Spine Surgery Fellowship, New England Baptist Hospital

MBA, Alvernia College

**What skills do you need to succeed in your job:** Communication, data analysis, politics, leadership, networking

**Work habit you possess that you are most proud of:** Preparation

**Most valuable lesson you learned in your career:** The more you know, the less you know for sure.

**The toughest part of your job:** Pleasing all constituencies simultaneously

**Your philosophy of success:** Pay attention and analyze your market, strategize WELL

**One of your goals:** Integrate all healthcare functions (finance, delivery, facility, quality, societal cost)

**Person you most admire:** C. Everett Koop elevated good medicine above politics and remained untouchable, revered. Was always honest, fact based, society focused

**Favorite book:** *Complications*

**Biggest challenge confronting healthcare:** Competing, conflicting, misaligned incentives

**Suggestions on how you would solve a particular problem in healthcare:** Develop utility metrics to guide decision making for costly, marginally effective interventions

**Your predictions on the future of health care:** Single payer if the market and stakeholders continue to fail to address cost, quality, and access

**Best thing about healthcare in Western Pennsylvania:** The patients are wonderful

**Worst thing about healthcare in Western Pennsylvania:** Rural delivery and financial problems never properly addressed.

**What advice would you offer young people considering a career in health care:** No brainer. There is NO better career. Work hard, be just, choose greatness.

**Ken DeFurio**  
CEO  
Butler Health System



Few leaders have had such a profound impact in such a short period of time as Ken DeFurio has had on Butler Health System.

DeFurio, 43, came to the helm of this independent regional system in early November, in the midst of great public debate over the direction the system should take in developing a new hospital for Butler County. Understanding the community, DeFurio quickly led the system's Board to a decision that met the system's strategic direction and was affordable.

Just weeks after stepping into this leadership role, DeFurio announced that the new BHS would have three components – a new inpatient tower on the existing campus, new major outpatient sites in key community locations, and an advanced information management system that would tie all of the pieces together. Community leaders and even vocal opponents of previous plans stepped up in support.

On the heels of the announcement, DeFurio pulled together a Project Steering Committee and has personally led the effort. In a matter of months:

- All site work for new construction and new road access has been done
- Project managers and an architect have been selected
- Internal user groups are developing and planning how care will be provided in the new patient tower

In addition, DeFurio led the charge to establish new outpatient locations. The system opened BHS Wholehealth at the new YMCA in Cranberry Twp. Unlike anything else in western PA, it offers walk-in primary care, x-ray and lab, endocrinology and OB/GYN, scheduled open MRI and CT, laser services, health coaching, aqua and traditional massage and other outpatient services six days a week from 7 a.m.- 7 p.m.

In July, BHS acquired the Morgan II property just east of Butler and is developing it into another large outpatient delivery site – this time with a focus on women's health and outpatient cardiac care.

These two sites join BHS's Butler Commons and Benbrook Medical Center sites, both of which are being further developed with new approaches to outpatient care.

Most recently, BHS signed a contract with Allscripts to develop and implement an electronic health record that will travel as needed from doctor's office to hospital to outpatient location – wherever the patient and the doctor need it.

At the same time, DeFurio sought input from medical staff and led his administration through a strategic planning process, resulting in the development of the most comprehensive strategic plan the system has had in recent years.

DeFurio's leadership has enabled the people of BHS to accomplish all of this in a matter of months, while also concluding its most recent fiscal year with the best financial performance in the system's history.

"It's all about care," he says if you ask him about these accomplishments. "Buildings, equipment, technology – all are simply tools that allow our people to provide great care."

**Jane Johnson**  
Family Hospice  
and Palliative Care



A true friend to hospice, Jane Johnson is in her second year as president of Friends of Family Hospice and Palliative Care. She has served as a leader and a motivator for this group of devoted volunteers. Each year, Johnson helps to organize the group's main fundraiser event, a card party. It has become such a success that the tickets are sold out well in advance and the money raised goes directly to Family Hospice and Palliative patient services. Johnson also helps to recruit members to volunteer at various hospice functions. In the winter, many of the members help wrap presents at a local mall. Again, raising money to benefit patients and families. Many members also volunteer at Family Hospice's resale shop, Family Heirlooms. This past year, Johnson arranged a lecture series for the Friends group. The staff presentations gave the volunteers a better understanding of the workings of hospice. For a number of years Johnson served as the secretary for Friends. Her dedication and leadership has helped Friends to be an important part of Family Hospice and Palliative Care. Johnson was first introduced to hospice when her own mother was sick more than a decade ago. After being involved with a hospice in Chicago, she connected with Friends of Family Hospice and Palliative Care shortly after relocating to Pittsburgh.

**Anne Mullaney**  
Family Hospice  
and Palliative Care



Anne Mullaney finds it hard to say "no" and when she says "yes," it's YES! Fortunately for Family Hospice and Palliative Care, Mullaney said yes to joining the Board of Directors in 1991 and has remained an active member since. She currently serves as the secretary of the board. Over these many years, she helped guide the program toward Medicare certification and a dramatic expansion of service for those with a life-limiting illness and their families. During these last year, her expertise has helped Family Hospice and Palliative Care to expand to new service areas, offer new programs, and open two inpatient hospice facilities. As legal advisor, she has provided pro-bono services both to patients and families and to the organization through several recent expansions. A longtime member of the executive committee, Mullaney helped form the vision for the new Center for Compassionate Care. She has provided leadership, a sense of history for the Board, and a continual commitment to the mission. Mullaney has been a true supporter of hospice in the community. In addition to contributing her time and talent to improve end-of-life services in our area, Mullaney is an attorney with Thorp Reed & Armstrong and the founder/proprietor of Mullaney's Harp and Fiddle in the Strip District.

**www.hospitalnews.org**

# Profiles In Leadership

## Terry Gerigk Wolf, FACHE

Director  
VA Pittsburgh  
Healthcare System

**Proudest accomplishment:** Being appointed by VA Secretary Nicholson to be the Director of VA Pittsburgh Healthcare System, one of the largest and most complex medical centers in the VA system.

**First job:** When I was in high school, I was the night/Saturday secretary in the rectory office of my family's church.

**Education:** bachelor's degree in mechanical engineering from the University of California at Davis; Fellow of the American College of Healthcare Executives

**What skills do you need to succeed in your job:** Excellent communication skills and patience

**Work habit you possess that you are most proud of:** Attention to detail

**Most valuable lesson you've learned in your career:** Work hard, do well at whatever you do, and follow your dream.

**The toughest part of your job:** Leading change.

**Your philosophy of success:** Be the best you can be.

**One of your goals:** To continue and build on VA Pittsburgh Healthcare System's tradition of leading excellence in health care.

**Person you most admire:** Clarice Gerigk, my grandmother

**Favorite book:** *Good to Great* by Jim Collins

**Biggest challenge confronting health care:** Having adequate capital required to continually adapt the infrastructure to meet the demands of change and innovation.

**Suggestions on how you would solve a particular problem in health care:** The book *Best Care Anywhere* provides some outstanding suggestions for improving America's health care.

**Your predictions on the future of health care:** Expansion of non-institutional home and community based health care services

**Best thing about health care in Western Pennsylvania:** Prevalence of highly skilled and caring providers

**Worst thing about health care in Western Pennsylvania:** Shortage of some key scarce specialties, some of which are: radiologists, CRNAs, anesthesiologists, surgeons, cardiologists, dermatologists, rheumatologists, gastroenterologists, medical technicians and biomedical engineers. If you are one of these and are looking for a great career opportunity, please call me!

**What advice would you offer young people considering a career in health care:** Health care is a great career if you want to work to improve people's quality of life. If you're unsure if it's the career for you, give it a try. You can do volunteer work in a hospital, or get an internship at a local medical center through your educational institution.



## John Lewis President & CEO ACMH Hospital

John Lewis joined ACMH Hospital in 2003 as the President and CEO at a time when the hospital's financial situation was becoming increasingly tenuous and economically uncertain. Since then, financial stability has been restored and clearly evident at ACMH, many changes have occurred with enhanced processes and benchmark outcomes, management of risks, as well as improved productivity and monitoring standards. The economic picture has improved, seeing an increase in reserves and a renewed ability to reinvest in facilities and clinical equipment, \$5.6 million in this past year alone.

Under his direction, ACMH has accomplished both replacement as well as expansion in physical plant and patient care services which contributed to ACMH receiving the "Reader's Choice" award for Kittanning and the surrounding area. He has successfully directed the implementation of multiple new services. Additionally, he has been invaluable in developing and executing numerous renovation projects throughout the hospital.

Lewis continues to advocate for community hospitals his contributions include serving as the President and Chairman of CHART, Pennsylvania's largest Hospital and fifth largest Physician Medical Liability insurance firm, and as the secretary/treasurer of the Pennsylvania Mountain Health Alliance. Recently, Lewis presented views on behalf of ACMH, and those shared by other Pennsylvania community hospitals, to the House Insurance Committee in Pittsburgh regarding House Bill 700 (the Pennsylvania Health Care Reform Act). During his presentation, Lewis addressed and presented hospital concerns regarding Pennsylvania's growing elderly population and the significant impact a reduction in Medicare reimbursement would have on Pennsylvania's already struggling rural and community hospitals, compounded by proposed unfunded state mandates.

Lewis now voices a new concern on behalf of community hospitals in regards to Medicaid and the new Medicare changes; the current disparate Medicaid methodologies in the states Medicaid system if not redesigned/overhauled and if not fair and transparent across all providers, will threaten rural and community hospitals ongoing viability. This threat is compounded by new Medicare changes. He notes that nationally, Medicare across the board cuts might be well absorbed in other states but will most likely be devastating in Pennsylvania where many rural and community hospitals currently struggle with economic survival despite already being some of the most cost effective providers in the nation.

On a personal note, when not thinking about healthcare Lewis enjoys woodworking, stained glass, and a favorite pastime with Kittanning friends, winemaking. His family includes his wife Karen, and two children, Michael and Meghan. Michael is a Pa. State Trooper and Meghan is a graduate student at the University of Pittsburgh.



## Adam J. Gordon, MD, MPH, FACP

President Elect- Allegheny  
County Medical Society  
Assistant Professor of Medicine  
– University of Pittsburgh  
School of Medicine  
Director – Substance Abuse and  
Assessment Team, VA  
Pittsburgh Healthcare System

**Proudest accomplishment:** Marrying my best friend who challenges me to be the best every day, Dr. Molly Conroy.

**First job:** Computer Consultant, Northwestern University

**Education:**

Northwestern University – B.A. – Biological Sciences

University of Pittsburgh School of Medicine – M.D.

University of Pittsburgh Graduate School of Public Health – M.P.H.

**What skills do you need to succeed in your job:** Patience, persistence and innovation.

**Work habit you possess that you are most proud of:** I read several newspapers and websites every day. Medicine is not an isolated field – knowing what is going on around you is essential in today's high paced, fast changing society.

**Most valuable lesson you learned in your career:** Listen to others and build consensus

**The toughest part of your job:** There is always too much to do and too many great opportunities to help others.



**Your philosophy of success:** Success cannot be enacted or perceived individually but only through the eyes and shoulders of a team.

**One of your goals:** Sail around the world.

**Person you most admire:** Abraham Lincoln

**Favorite book:** *The Fountainhead*

**Biggest challenge confronting healthcare:** Healthcare is a dynamic and evolving system of care that challenges the patient-provider model of care and inherent provider altruism. A challenge in today's healthcare is to keep the patient needs central regardless of provider-, business-, and financial-forces.

**Suggestions on how you would solve a particular problem in healthcare:** As a free care clinic director, I am aghast that physicians (retired or otherwise) want to provide free care to medically underserved populations in free care clinics, but cannot because of the medical insurance issues of Pennsylvania. We have such a need for medical care to the poor, uninsured, and underinsured, and a wealth of clinicians who want to serve this population but cannot because of the absolute need to have professional liability insurance. Physicians (and other health care providers) who provide free health care for charitable purposes should be exempt for carrying professional liability insurance.

**Your predictions on the future of health care:** A universal healthcare payor system will likely occur in the not-so distant future, but getting there will be challenging. The medical advances will be astounding, but affording these advancing will challenge our existing system of care.

**Best thing about healthcare in Western Pennsylvania:** Our research activities and clinical care are among the best in the nation.

**Worst thing about healthcare in Western Pennsylvania:** Lack of healthcare insurance and provider options can deter innovation and encourage the status quo.

**What advice would you offer young people considering a career in health care:** Medicine is the best profession in the world. While there may be external forces that impede the most effective and efficient care, my relationships with patients and peers are extraordinary. Patients look to people for their healthcare – Maintaining the "profession" through future healthcare providers is a challenge that I look forward to.



## Mary Stevens

Administrator

John J Kane Regional Centers –  
Glen Hazel

**Education:** Bachelor's degree from the Pennsylvania State University and a Master's degree in social work from the University of Pittsburgh

**Skills needed to succeed:** Organization, endurance, teamwork, ability to learn and implement the voluminous rules and regulations governing the long term care industry.

**Work habit you possess that you are most proud of:** Putting forth my best effort and willingness to admit to and learn from mistakes.

**Most valuable lesson you learned in your career:** The grass isn't always greener on the other side.

**The toughest part of your job:** Recruiting dedicated quality employees who have an affinity for the elderly and chronically ill population.

**Your philosophy of success:** Don't accept things at face value. Always be inquisitive, open to new learning and develop problem solving skills.

**One of your goals:** Leading the team at Glen Hazel Kane Regional Center in a way which inspires them to assist our residents to live out their lives in dignity and happiness.

**Person you most admire:** The nursing assistant who cares for and ministers to his or her residents as if they were family.

**Favorite book:** *The Winner* by David Baldacci

**Biggest challenge confronting healthcare:** Nursing shortage and providing quality care with fewer staff and resources.

**Your predictions about healthcare:** We're all going to need it at some time or another.

**Best thing about healthcare in Western PA:** The abundance of choices for healthcare consumers and the fine teaching facilities to train healthcare professionals.

**The worst thing about healthcare in PA:** Shortage of young professionals who view the eldercare field as a good career choice.



## Dennis R. Biondo

Executive Director

John J. Kane Regional Centers –  
Glen Hazel

**Education:** Law degree from Duquesne University and is a licensed Nursing home Administrator.

**What skills do you need to succeed in your job:** Persistence- to accomplish goals.

**Work habit you possess that you are most proud of:** Ability to analyze and handle problems or projects in an objective, even-tempered manner.

**Most valuable lesson you learned in your career:** Make sure you have all the relevant information before pursuing a course of action - there are two sides to every story.

**The toughest part of your job:** Human resources matters.

**Your philosophy of success:** Do the "right thing".

**One of your goals:** Find the time to travel and see more of the country.

**Favorite book:** Lately I've been listening to books on CD while commuting (mostly fiction - political thrillers, mystery/suspense).

**Biggest challenge confronting healthcare:** Increasing regulatory pressures in an era of decreasing reimbursement.

**Suggestions on how you would solve a particular problem in healthcare:** Simplify the system for our seniors. It is too complicated to expect anyone who does not deal with the delivery/insurance/reimbursement systems every day.

**Your predictions on the future of health care:** The big issues of today will likely remain with us for the foreseeable future.

**Best thing about healthcare in Western PA:** Some of the best care in the world can be found in Western PA.



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# Profiles In Leadership

## Shari Thomas

Director of Resource Management  
Jameson Health System

**Proudest accomplishment:** Recently a multi-disciplinary team broadened Jameson Health System's strategy regarding safe medical devices. It has been my pleasure to work with this group to insure the safest environment for our patients and employees.

**First job:** My first job was a dishwasher in a Bar-B-Q restaurant. That was interesting!

**Education:** Bachelor of Science in Business Administration; Finance

**What skills do you need to succeed in your job:** The most important skill for my position is the ability to interpret and act on data.

**Work habit you possess that you are most proud of:** Being fair and honest with the people in Resource Management is important to me. It is sometimes difficult to make the best decision, but I always try to maintain integrity when dealing with employees.

**Most valuable lesson you learned in your career:** It is important to always clearly communicate. There is no such thing as under-communication.

**The toughest part of your job:** Leading people has its own set of challenges

**Your philosophy of success:** If on my last breath, I look back on my life and truly believe I've balanced my family and career, then that will be a success!

**One of your goals:** One of my most important goals is to continue to maintain competitive supply cost benchmarks for the health system.

**Person you most admire:** The person I most admire professionally is Doug Danko, COO. His intelligence and personal ethics are an asset to the health system.

**Favorite book:** A fascinating book I read a short time ago was called *Blink: The Power of Thinking Without Thinking* by Malcolm Gladwell. It talked about how we make assumptions about things without realizing it.

**Biggest challenge confronting healthcare:** It will be interesting to watch how the government, insurance companies and health care providers work together to resolve the resource and financial challenges the health care system will continue to experience as the 'baby boomers' require additional health related services. As an 'after boomer', I believe many of the issues will fall to the younger generations to solve.

**Suggestions on how you would solve a particular problem in healthcare:** Often issues between care providers and patients occur due to a lack of communication. I think it would be beneficial to see more Patient Advocate positions that could bridge the gap between clinicians and patients.

**Your predictions on the future of health care:** WHO, the World Health Organization, describes a world wide pandemic as 'imminent'. If a pandemic occurs, the landscape of health care will change forever. From a supply chain perspective, I can only imagine how such an event will impact supply management.

**Best thing about healthcare in Western Pennsylvania:** Western Pennsylvania is somewhat unique with the quaternary influences, as well as the community based health care delivery systems. The end result is patients have many diverse care options available to them, depending upon the level of need.

**Worst thing about healthcare in Western Pennsylvania:** Physician and staff recruitment can be a challenge because of the political landscape in Pennsylvania and the overall national trend for people to migrate from the area.

**What advice would you offer young people considering a career in healthcare:** Health care as an industry will continue to grow and provide opportunities for advancement. It also is field that allows personal satisfaction. It is a great career choice.



## Terry Gibson

Coordinator of  
Rehabilitation Services  
Jameson Health  
System

**Proudest accomplishment:** Having a positive outcome when working with a patient

**First job:** In Health Care: Speech Pathologist In life: babysitting

**Education:** Bachelors in Speech Pathology, Education, and Psychology, Masters in Speech Pathology, Completed all courses for Doctoral degree with the exception of dissertation

**What skills do you need to succeed in your job:** Compassion, People Skills, Knowledge of Anatomy and Physiology, Math skills, Speech Pathology skills, Leadership skills, Knowledge of budget, etc.

**Work habit you possess that you are most proud of:** I work until the work is done, don't worry about the time clock.

**Most valuable lesson you learned in your career:** Try to treat all people the way you would want to be treated.

**The toughest part of your job:** Dealing with people who won't listen and won't look at the big picture

**Your philosophy of success:** Work as hard as you can and good things will happen

**One of your goals:** Work hard, play hard and retire knowing you did the best you can do

**Person you most admire:** My daughter Kacey, who has worked hard for everything she has received and accomplished

**Favorite book:** Any thing that is fiction and is fluff so that I don't have to think much

**Biggest challenge confronting healthcare:** Reimbursement of care and shortage of qualified staff

**Suggestions on how you would solve a particular problem in healthcare:** Look at the whole picture and try to do what is best for the patient even though it may not be what is best for the organization.

**Your predictions on the future of health care:** Very scary. Government officials keep cutting back on reimbursement and insurance companies keep charging more.

**Best thing about healthcare in Western Pennsylvania:** Hospitals work together and share resources when possible.

**Worst thing about healthcare in Western Pennsylvania:** Too much competition and hospitals taking over each other.

**What advice would you offer young people considering a career in health care:** Choose an area in health care that you are truly interested in and when you are at the job treat your patients how you would want your family members to be treated. Smile as often as you can to reflect a positive attitude to your patients.



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**Bernadette Kwiatkowski**  
RN/RCC  
John J. Kane Regional Centers -  
McKeesport

**Education:** Graduate of Shadyside School of Nursing.

**What skills do you need to succeed in your job:** Patience and refined decision-making skills.

**Work habit you possess that you are most proud of:** Caring and willingness to lend a hand.

**Most valuable lesson you learned in your career:** Understanding goes a long way.

**The toughest part of your job:** Becoming attached to residents and then watching them decline.

**Your philosophy of success:** Honesty and integrity are the tools you need to succeed.

**One of your goals:** Stay healthy.

**Person you most admire:** All American soldiers and their families.

**Favorite book:** Too many to chose one.

**Biggest challenge confronting healthcare:** Staffing.

**Suggestions on how you would solve a particular problem in healthcare:** Show me the problem and let me contemplate it.

**Your predictions on the future of health care:** Possibly a universal health care plan.

**Best thing about healthcare in Western PA:** It's a medical hub utilized by many, many people worldwide.

**Worst thing about healthcare in Western PA:** Rising cost of insurance and that insurance at times makes decisions over a doctor.



**Michelle Kosko**  
RN/RCC  
John J. Kane Regional Centers -  
McKeesport

**Education:** Graduated from St. John's Nursing School.

**What skills do you need to succeed in your job:** Decision making, people skills and good work ethics.

**Work habit you possess that you are most proud of:** Organizational skills.

**Most valuable lesson you learned in your career:** Teamwork is the basis of good nursing.

**The toughest part of your job:** Learning how to delegate without causing staff conflicts.

**Your philosophy of success:** Keeping a calm environment and a positive attitude to achieve maximum efficiency on the unit.

**One of your goals:** To live in Aruba – where God lives.

**Person you most admire:** Dr. Fukashema.

**Favorite book:** *Clandestine Prophecy*.

**Biggest challenge confronting healthcare:** Insurances – caring has been taken out of the medical profession.

**Suggestions on how you would solve a particular problem in healthcare:** Gather the best minds to work to solve a problem.

**Your predictions on the future of health care:** Socialized medicine.

**Best thing about healthcare in Western PA:** Many excellent facilities and medical personnel in the area.

**Worst thing about healthcare in Western PA:** Rising cost of physician malpractice insurance forcing many doctors out of the area.



## New President Named for UPMC Braddock

Elizabeth Concordia, senior vice president, UPMC, Academic and Community Hospitals, and president, UPMC Presbyterian Shadyside, has announced that Cindy Dorundo, MBA, MHA, has been named president of UPMC Braddock hospital. She replaces Mark Sevco, who, with his extensive operational experience and excellent success in his tenure as president at UPMC Braddock, has been named vice president, Operations, at UPMC Shadyside.

Dorundo began her UPMC career in 1995 when she was a senior financial analyst at UPMC Shadyside and has held numerous management positions culminating in her most recent position as chief financial officer at UPMC St. Margaret. "This leadership role at UPMC Braddock affords me the opportunity to work collaboratively with the hospital's board of directors, medical staff, employees, and community leaders to further develop the offering of quality and specialized care within our local region," Dorundo said. "I am committed to build upon the successes that UPMC Braddock has achieved thus far, and I look forward to meeting and talking with the patients, friends, and family members of those who are cared for by the dedicated healthcare professionals who call UPMC Braddock home."

Dorundo holds a Master of Business Administration degree, a Master of Health Administration degree, and a Bachelor of Science degree, all from the University of Pittsburgh. She is a member of the Healthcare Financial Management Association, the University of Pittsburgh Alumni Association, and the University of Pittsburgh Golden Panthers.



**Cindy Dorundo**

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# Profiles In Leadership

## Rhonda Larimore

Vice President, Human Resources  
Children's Hospital of  
Pittsburgh of UPMC



**Proudest accomplishment:** My proudest accomplishment is the fact that I was able to join my personal passion for helping children in need, with my career in human resources.

**First job:** Served ice cream at Valencio's Ice Cream stand in Tarentum

**Education:**  
Bachelor of Science, Business Administration – Carlow College  
Master of Arts, Labor & Industrial Relations – IUP

**What skills do you need to succeed in your job:** Communication, mediation, multi-tasking

**Work habit you possess that you are most proud of:** The ability to keep a good perspective on work problems. Working in a place that cares for ill and injured children is very rewarding and also keeps you focused.

**Most valuable lesson you learned in your career:** That it is very important to take the time to carefully examine all aspects of a situation before you respond. It is imperative to not react to anyone or anything too quickly.

**The toughest part of your job:** To ensure that the mission of caring for children is the focus of all that we do at Children's, regardless of whether an employee is a direct caregiver or support/administrative staff. Everyone needs to be connected and believe that the service they provide on behalf of Children's Hospital has an impact on the care and experiences of our patients and families.

**Your philosophy of success:** Success is not just about one thing – work, status, personal life. I believe that success is about having a well-balanced life and being able to have devoted time for both work and family.

**One of your goals:** To continue my passion for helping children by adopting a sibling group from Pennsylvania who need a home.

**Person you most admire:** My sister who passed away in November 2005. She was the

epitome of someone who always did for others and did not want recognition. It wasn't until her funeral that I realized how many people she impacted and inspired. I continue to be inspired by her every single day.

**Favorite book:** *My Sister's Keeper* by Jodi Picoult

**Biggest challenge confronting health care:** One of the biggest challenges today is ensuring that qualified health care professionals are available to provide care.

**Suggestions on how you would solve a particular problem in health care:** Paid education programs.

There are many individuals who would be excellent caregivers but because of their life situations are unable to pursue health care careers. We should be targeting hard-to-fill positions and enticing individuals to take them by hiring them as employees and paying them to be trained.

**Your predictions on the future of health care:** Health care is definitely becoming more and more specialized, and pediatrics is a great example of that. The programs that are developing, currently exist and are expanding are truly centers of excellence in the field of pediatrics. This will enable Children's to continue to provide top-notch caregivers, and to provide quality health care in this region and beyond. These changes afford us the ability to become a center of excellence in every aspect of pediatric care.

**Best thing about health care in western Pennsylvania:** Having world-class health care available through Children's and UPMC.

**Worst thing about health care in western Pennsylvania:** Location. It's difficult to convince health care workers to relocate to western Pennsylvania.

**What advice would you offer young people considering a career in health care:** Consider pediatrics – there is nothing better than being able to help a child.

**Patricia Giampa,  
RN, BSN, MPM**  
Clinical Director, Nursing  
Quality and Support Services  
Children's Hospital of  
Pittsburgh of UPMC



**Proudest accomplishment:** Professionally – being a nurse, which was the foundation for all my success.

Personally – having a successful marriage and two outstanding kids.

**First job:** My very first job was a waitress. As a nurse, my first job was on the neurosurgical unit at Children's.

**Education:** BSN - Indiana University of PA; MPM - Carnegie Mellon University

**What skills do you need to succeed in your job:** Ability to multi-task and organize and people skills.

**Work habit you possess that you are most proud of:** Tenacity

**Most valuable lesson you learned in your career:** Not to take myself too seriously.

**The toughest part of your job:** Dealing with individuals who do not value their opportunities to work and be successful. I have a hard time understanding why a person doesn't want to do the best they can at whatever they do.

**Your philosophy of success:** I love Ralph Waldo Emerson's definition of success:

"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of one's critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because I have lived. This is the meaning of success"

**One of your goals:** To skydive

**Person you most admire:** It would have to be my husband. He has spent 20 years figuring out how to live with me and he has not given up yet.

**Favorite book:** The Bible

**Biggest challenge confronting health care:** Cost. What good is state-of-the-art care if people cannot afford it?

**Suggestions on how you would solve a particular problem in health care:** I think it is important for people to take accountability for their health and the outcomes from the lifestyle choices. We are starting to see lifestyle choices impact insurance and the work environment. I think the message of responsibility has to continue to be driven home.

**Your predictions on the future of health care:** When I started as a staff nurse, CT scans were considered experimental and largely unavailable for the general public. Transplant surgery and the use of lasers for operations were future visions of care to come. Today, some 30 years later, CT scans, transplants and lasers are routine parts of health care treatments. I predict that in another 30 years, there will be cures and technologies that are impossible to imagine today.

**What advice would you offer young people considering a career in health care:** To remember that in the center of all that is done in health care lies a human being. Whether the health care provider is directly laying on hands or providing the services to support those who are dealing directly with patients, it is about a person, a mother, a father, son or daughter and all the human needs and emotions that connect us all. That's what makes health care so special and rewarding.

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**Alyson Pardo**  
General Manager  
VITAS Innovative Hospice Care®  
in Pittsburgh

**Proudest accomplishment:** Bicycling from Holland to the South of France with a couple of friends.

**First job:** My first job ever was as a grocery store cashier. We had those big cash registers that made a lot of noise when you hammered the keys, which was a lot of fun, especially if you were fast! Being a cashier taught me a lot about customer service. My first professional job was as an oncology nurse at South Miami Hospital.

**Education:** I received my associate's degree in nursing in 1977 from Miami Dade Community College in Miami, Florida. In addition, I am a Certified Hospice and Palliative Nurse (CHPN).

**What skills do you need to succeed in your job:** Acute listening skills to assess what the needs and wants are of our customers and the ability to harness the creativity of our team to respond with solutions.

**Work habit you possess that you are most proud of:** It's not a work habit but I always keep a very positive attitude, no matter what. I'll always find something positive in something negative. Negativity is contagious, and I can't afford a negative thought!

**Most valuable lesson you've learned in your career:** Two of my favorites are: 1) You only have one chance to make a good first impression; and 2) Never say never.

**The toughest part of your job:** Hearing from families that they wish they had been referred to VITAS earlier so that they could have benefited more from our services.

**Your philosophy of success:** When patients and families let us know that we made a difference and had a positive effect during the difficult time at end of life.

**One of your goals:** Hike the entire Appalachian Trail.

**Person you most admire:** I absolutely admire Esther Colliflower, my mother, who co-founded VITAS 29 years ago in Miami. Born in Reading, Pennsylvania, a graduate of the University of Pennsylvania's School of Nursing, and mother of eight children, she was a hospice pioneer and instrumental in the development of the hospice model that is followed by all hospices today. She went on to develop VITAS Innovative Hospice Care®, which is the largest hospice provider in the United States. I take enormous pride living in Pittsburgh and contributing to my mother's legacy in the hospice field.

**Favorite book:** *Rhinoceros Success* by Scott Alexander. This is a fun, motivational book that says the secret to success is becoming a rhinoceros. It's true!

**Biggest challenge confronting healthcare:** One of the biggest challenges is the nursing shortage.

**Best thing about healthcare in Western Pennsylvania:** Some of the top rated hospices and hospitals in the United States are located in Pittsburgh.

**Worst thing about healthcare in Western Pennsylvania:** The number of underserved people who do not know how to navigate and access healthcare services that are readily available to them.

**What advice would you offer young people considering a career in healthcare:** Get involved as a volunteer at your local hospice or hospital.



**Kathy Puskar**  
Professor, Interim Chair,  
Department of Health &  
Community Systems  
University of Pittsburgh School  
of Nursing

**Proudest accomplishment:** Elected President of my professional organization, the American Psychiatric Nurses Association

**First job:** Clinical Nurse Specialist

**Education:** Masters, Doctorate

**What skills do you need to succeed in your job:** Interpersonal skills, good communication, and knowledge of specialty, marketplace and competition.

**Work habit you possess that you are most proud of:** Dedication

**Most valuable lesson you learned in your career:** The ability to listen.

**The toughest part of your job:** Personnel issues.

**Your philosophy of success:** Work hard, play hard.

**One of your goals:** To support others in their career advancement.

**Person you most admire:** My mother, who instilled in me the values of work ethic and persistence.

**Favorite book:** Eleanor Roosevelt Biography

**Biggest challenge confronting healthcare:** Quality of services.

**Suggestions on how you would solve a particular problem in healthcare:** Track down the errors caused by communication problems among the team members.

**Your predictions on the future of health care:** It will become more consumer focused, with continuing technological advances.

**Best thing about healthcare in Western Pennsylvania:** The people and facilities.

**Worst thing about healthcare in Western Pennsylvania:** There are errors made in patient care because of systems issues.

**What advice would you offer young people considering a career in health care:** To succeed, advance your skills and knowledge.



**Evalisa McClure,  
BSN, RN, CHPN**  
Patient Care Administrator  
VITAS Innovative Hospice Care®  
in Pittsburgh

**Proudest accomplishment:** The birth of my daughter and moving across the country, twice!

**First job:** Bartender

**Education:** Bachelor of Science in Nursing from the Franciscan University of Steubenville in Ohio in 1996

**What skills do you need to succeed in your job:** Strong communication and people skills, broad clinical knowledge, planning and preparation capabilities and leadership qualities.

**Work habit you possess that you are most proud of:** Follow-through

**Most valuable lesson you've learned in your career:** Treat people as you wish to be treated – no matter who they are.

**The toughest part of your job:** Human relations/personnel disciplines.

**Your philosophy of success:** Have a long-term goal but take one day at a time.

**One of your goals:** To expand VITAS' program in Western Pennsylvania, so more people can benefit from hospice services.

**Biggest challenge confronting healthcare:** Meeting the public's increasing desire to be cared for at home. There is also the challenge of providing care with a nursing shortage.

**Your predictions on the future of healthcare:** I see growth in the hospice- and home-care fields.

**What advice would you offer young people considering a career in healthcare:** It is a great career to consider if you enjoy working with people. It is also comforting in that you have the security of knowing that you will always have a job/work.



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