Round the country, fewer physicians are graduating from medical schools with an interest in primary care practice. This trend occurs in the setting of an aging baby boomer population, an increase in the number of individuals with chronic disease, and an influx of newer, more complex medication regimens for common chronic illnesses such as diabetes. In addition, studies have documented that physician satisfaction in primary care is decreasing.

The medical home primary-care redesign has the potential to help primary care physicians work at the top of their skill level and transfer non-physician work to appropriate levels of support staff. This work redistribution is important not only for preventing physician burnout but also for improving the delivery of care to patients.

Every seven years, Minnesota Physician recognizes health care administrators who have exhibited exceptional leadership and enhanced the effectiveness of health care delivery in their practices. As in the past, we solicited nominations from their peers and the Minnesota Medical Group Management Association. Among the guidelines for consideration were how the individual's work contributed to the organization's growth; dedication to improving health care delivery; and participation in professional association activities. (We did not include physician administrators.)

Many health care administrators clearly are doing excellent work in their organizations and communities, and we were unable to include all of those who were nominated for this feature. The 23 administrators profiled here represent a cross-section of the excellent work being done throughout the state in a range of administrative positions and types of health care organizations—from small, independent clinics to hospitals, clinic networks, and large...
Profiles in Administration

Joel Beiswenger
Tri-County Health Care, Wadena

Title: President and chief executive officer (since 2008)
Background: Previously controller (1986–1988)

Challenges: Successfully implementing Epic System to complete our conversion to an electronic medical record system. Provider recruitment. Access to outreach specialty care, especially in shortage areas (e.g., dermatology, rheumatology, neurology). Economic challenges (state budget, general economy, federal health reform). Continuing to develop as an integrated health system to achieve the maximum benefit for the community. Adapting to patients’ and families’ changing and expanding expectations.

Change: To eliminate or simplify the unnecessary, duplicative, overwhelming administrative issues that frustrate and hinder providers’ ability to provide high-quality, patient-focused care.

Paul Berrisford
Family Health Services

Title: CEO (since 2002)
Background: In a senior leadership capacity with FHSM for the past 19 years.

Challenges: FHSM is an independent family practice group of 12 clinics and 70 providers in the east metro area. Current challenges revolve around restructuring care delivery to effectively coordinate and deliver care with the greatest value. Worked closely with the payers to structure payment and incentives to align with the Triple Aim (low cost, high quality, and patient satisfaction). Transitioning from a volume-based to a care-based payment mechanism is extremely problematic, as we have had to invest ahead of appropriate payment structures.

Change: The payment-per-code system. If at an appropriate level, global payment for population care with incentives around the Triple Aim allows us to allocate resources more efficiently.

Debra Boardman
Fairview Range, Hibbing

Title: President and CEO (since 2010)
Background: Twenty years of CEO experience in the health care sector.

Challenges: Solving new questions and challenges under health care reform. With the unknowns of health care reform, the accelerated rate at which new procedures are available, and the availability of advanced technologies, we are paving the way for a new generation of health care delivery options.

Change: To provide care in the most patient-friendly, time-sensitive manner possible. Often our patients are forced to jump through hoops and make re-visits to obtain care. This system is often driven by the manner in which we get paid. One of the good things about health care reform is greater focus on providing quality health care in more innovative ways.

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Mary L. Jenkins  
Partners in Pediatrics, Ltd.  

**Title:** Clinic administrator (since 1976)  
**Background:** Career at PIP has spanned 35 years. During that time, the practice has grown from a group of four providers and six staff members into a group of 38 providers and 150 staff members at five sites.  
**Challenges:** The transition to electronic medical records. We are exploring all aspects of the system with a number of other groups and our hospital partner. We are certain that, together, we can create a community system that will be mutually beneficial to all participants.  
**Change:** To improve access to health care for all children. As caregivers to the smallest and most vulnerable patients, this is always a concern. Most current models focus on adult medical care issues and not the unique needs of children. There is a huge need for behavioral and mental health care for children.

Sandra Kamin  
ObGyn Specialists, Edina  

**Title:** Administrator (since 1988)  
**Background:** Twenty-three years in current position.  
**Challenges:** Trying to guide our organization in the right direction in an efficient and effective manner as the chaos continues to unfold. It is harder than ever to predict what health care will be in the next three to five years. We have always tried to stay ahead of the curve. Innovation has led us through a successful divisional merger, involvement with the Institute for Clinical Systems Improvement (ICSI)—as the only independent ob-gyn group—and other collaborative efforts with hospital systems and payers.  
**Change:** Creating a true understanding and appreciation for what our physicians do every day. I would love to see a closer link between patient and physicians without third-party involvement (which often serves to complicate and add cost to the system).

Sharon Ohland  
Midwest Spine Institute  

**Title:** Administrator (since 2009)  
**Background:** Twenty-five years' experience in health care administration. Current president, Minnesota Medical Group Management Association.  
**Challenges:** 1) Out-of-control costs incurred in our fragmented health care system. 2) Meaningful use requirements written with primary care providers, not specialty groups, in mind. 3) E-prescribing that unnecessarily duplicates efforts and expense. 4) Accountable care organizations. 5) Peer grouping program development.  
**Change:** Federal reform that would develop a nationwide infrastructure for electronic health records for interoperability instead of providing funding to nonprofits to develop their own systems. Patients would then be able to access their medical records anywhere, anytime, for both traditional and complementary health services.

Mark Pottenger  
Northwest Family Physicians, Crystal  

**Title:** Administrator (since 1990)  
**Background:** Thirty years in health care, in both hospital and clinic settings; nearly 22 years at NWFP.  
**Challenges:** Working on meaningful use certification to qualify for federal funds and on health care home certification. Building a new, $15 million medical office building, new imaging center, and administrative/business offices.  
**Change:** Improve our payment system. Our clinic is paid 25 to 35 percent less than is paid to the large systems based on fee schedule payments. Our clinic has consistently delivered what is most desired in today’s market: high quality at a low cost, according to the health plans’ quality and cost reported data. Ongoing underpayment to independent clinics will ultimately result in a loss of quality and increased costs through less competition.

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