

Physician

The Independent Medical Business Newspaper



Health care administration

Recognizing outstanding achievement

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

ADMINISTRATION to page 20

Medical homes

Easing the burden of primary care

By Mary Sue Beran, MD, MPH;
Elizabeth A. Kind, MS, RN; Cheryl E. Craft, RN; and Jinnet B. Fowles, PhD

Around 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

MEDICAL HOMES to page 10

PRSRRT STD
U.S. POSTAGE
PAID
Detroit Lakes, MN
Permit No. 2655

Administration from cover

health care systems. All of them have contributed to their organization's development and to improving health care delivery. Many have also participated in professional association and/or legislative and government activities.

In addition to information about title/background, we asked each administrator to respond to two questions:

- What current challenges is your practice addressing?
- If you could change one thing about the health care delivery system, what would it be?

Their responses are excerpted below.

We are confident that the comments of these administrators reflect the concerns and viewpoints of their peers, in Minnesota and across the nation. We congratulate them on their achievements in the health care community, and thank them for participating in this feature.

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.