

# MIDWEST RHEUMATOLOGY SOCIETY

*A Focus on improved Patient Care*



**Dr. Mark Box, M.D.**  
Dr. Box Comments:

This is the first of what I hope to be a quarterly newsletter. We are spread around the Midwest and I hope this will be a way to communicate about our activities and best practices. If you have other topics, please let me know.

-- Mark

## Roving Rheumatologist

As Dr. Bob Jackson fields a call from out of state during the middle of his busy clinic, he tells the physician on the other end of the phone that as soon as he can get his clinic finished he will call him back to discuss his new business model, which provides high quality healthcare to rural areas of the country. The word is spreading and calls from around the Midwest and the nation are coming in weekly to learn more about Premier Specialty Network, Corporation.

Over the past 10 years, Dr. Jackson has been slowly building a unique model of health care delivery that provides significant benefits for rural patients, hospitals and specialty physicians who in the past, often saw less than optimal business opportunities in rural health care settings. Although PSN (Premier Specialty Network) officially started in 2006 with a physician service agreement at three hospitals in northern Missouri, the model is now gaining national attention as it has grown to cover 30 hospitals in 3 states, with over 50 specialists in this group.

As a rheumatologist, Dr. Jackson is acutely aware of the need for specialty physicians, both in large cities and small towns. In many areas of the



**Dr. Robert Jackson, D.O.**

country, patients may have to wait months to see a rheumatologist, and for patients with new onset rheumatoid arthritis, this can be quite destructive and debilitating. With an aggressive form of RA, many patients can suffer significant long-term joint destruction in only a few months. "Just because a patient lives in a rural area of the country should not mean that he or she, can't have timely and quality services at all levels," comments Dr. Jackson.

The foundation for Dr. Jackson's outreach began soon after finishing his medical training. He attended medical school on a Public Health Service scholarship, and after his medical training, he completed 4 years of service with the Public Health Service Corp. in a rural area of the Ozarks in southern

## Roving Rheumatologist



**Dr. Anne Winkler, M.D., Ph.D.**

"Many of my patients are highly impacted by their disease and many are very undeserved."

-- Dr. Winkler

Missouri. That service gave him exposure to rural health care and the concept of satellite clinics that became the model of his business. "Over the years, I've been trying to find a way to have successful outreach services, and it became a tweaking process, over and over again, to make a model that addressed all the parties involved," says Dr. Jackson. Although the concept of satellite medical service has been around for decades, it often was not a very successful model, especially in rural areas. The satellite model in a rural setting typically emerged when a new specialist came to a region. In order to grow their practice they would establish several satellite offices to gain exposure to patients and referring physicians. Once the specialist developed an established practice, they often closed their satellite offices and operated out of their home base in a larger town. In this process, the rural towns and hospitals didn't get the help they needed to have longevity of quality care for patients, and the utilization to support their cost structure at the local hospital.

Central to the unique model of PSN is its layered approach to enhance many issues at once. The first area of focus for Dr. Jackson was to create a contract with a local hospital that guarantees longevity of patient care for the community and the local hospital. In this model, the PSN physician, becomes involved as part of the local community team and are not just a temporary fix but also a long-term solution. The next focus was to attract the best regional specialists of a given discipline to participate with PSN. Dr. Jackson said, "The good doctors are already very busy, and to get them to leave the comfort of their own clinic space and go out and work in an outreach system takes a lot of motivation and clinical

satisfaction to make the change."

Physicians that have made the change to PSN, like Dr. Anne Winkler, who previously worked in a very large integrated health care system, have found a work environment devoid of many of the frustrations she was dealing with, and a tremendous appreciation by rural physicians and patients where she now goes. Dr. Winkler now travels to four different towns a week, and said she was concerned about all the travel at first, but has found the drive time to be very therapeutic. One of the big attractions to this model for Dr. Winkler was the flexibility it offers, while not having the cost overhead and business hassles to contend with. Under the PSN model, physicians are paid a fee to see patients at the local hospital they are contracted with. At the end of the day, the hospital files the insurance and pays the staff, and the physicians are free to focus solely on patient care.

Dr. Winkler also echoes her ability as a rheumatologist to bring quality specialist medical care to rural communities. "Many of my patients are highly impacted by their disease and many areas are very underserved." The first day Dr. Winkler and her partners began seeing patients at the Ozarks Medical Center Hospital in West Plains, Missouri, they had 21 RA patients booked back to back, and she reports this is a very typical day for all the towns they visit.

The team of rheumatologists now involved with PSN includes Dr. Winkler, M.D., PhD. Dr. Mark Jarek, M.D., Dr. Anthony Tay, M.D. and Dr. Richard Kenney, D.O. all who have joined PSN as full-time physicians to provide rheumatology care to a total of 6 different towns in southwest Missouri. In addition, Dr. Daniel Jost, M.D. and Dr. Kevin Latinis, M.D., PhD., have joined on a part-time basis and serve area hospitals near their home office.



**Dr. Anthony Tay, M.D.**

## Roving Rheumatologist

One of the big advantages of bringing the physicians directly to the community hospitals is the intimate knowledge you gain about the local environment. Dr. Jackson says, "As a physician, you now know the environment the patients are living in, you know the hospitals that serve them locally and the capabilities of that facility and what they can do well and what are their weaknesses. Ultimately, you're a better doctor for the patients because you can better orchestrate their local care for them. You're not doing things over the phone or e-mail, but you're right out there physically with them and you know what the situation is," notes Dr. Jackson. He describes this connection like making an old fashion house call because when you walk into the house you realize sometimes what are the real problems for the patient. You have more diagnostic information to assess what the problems are and how it might be fixed. When asked how the PSN model has impacted patients, Dr. Jackson becomes very passionate and discusses the team approach that has emerged when everyone is on the same page. He said, "Over the years there has been a growing friction between the hospitals and physicians, even though they are both trying to serve the same patients. Frequently, politics tore the process apart. What we have seen happen with PSN is a strengthening of team formation because both sides are there working in concert for the patient. We've seen some of the business barriers break down between the hospitals and clinics." The structure of PSN puts the hospital and the physicians in the same business as opposed to two different businesses.

As more hospitals and physicians find out about the comprehensive platform of PSN, Dr. Jackson said, he often sees people trying to equate PSN to the model of Locums Tenens. He says, "There are significant differences between the two, and points out PSN is focused on long-term commitments and solutions where they help a hospital expand their services and productivity, and the Locums are a "get by" short-term relationship. In addition, the physicians in PSN are top regional specialists who have been invited to join, where often the Locums are hired with little knowledge of their skills."

When looking to invite a physician into PSN, Dr. Jackson notes doctors always know who are the best physicians in the area. "We know a physician beyond their diploma, and where they went to medical school.

We know to whom we would send ourselves to, as well as our family members. No one has ever put those best doctors together on a team before to work together in a business sense, to have a total impact on a community like we have." Oftentimes, clinics bring together good groups of physicians, but they are trying to serve the clinic and not necessarily have a regional impact, especially in a rural area. In simple terms, Dr. Jackson sees PSN physicians, therapists and nurses, much like the free agent arrangements in major sport leagues where the talent is no longer locked into one team and can't be move around. PSN acts as the agent and player (physician) advocate in a free agency model of healthcare professionals. PSN is there to make sure the physicians and hospitals maintain a "happy and healthy" relationship with the service contracts that have been arranged with the rural hospitals they serve. Currently about 80 percent of the physicians associated with PSN work only a day or two a week at one of the rural hospitals and the rest of the time they are working back at their home practice.

The other 20 percent of the physicians have joined PSN and work full-time at the locations where PSN has established contracts. Finally, with great confidence, Dr. Jackson says, "With PSN, all a hospital has to do is give us 30 days' notice that they no longer need our services, and we're gone." He hasn't had that happen yet in the 12 years he has been up and running, and with the benefits PSN has delivered to local communities, patients



**Dr. Mark Jarek, M.D.**

## Roving Rheumatologist

and hospitals, he doesn't foresee it happening any time soon.

Hospitals that have partnered with PSN have seen an immediate and tremendous impact. Ray Magers, CEO of Putnam County Memorial Hospital in northwest Missouri, exemplifies the benefits of the model that PSN has created. With a county population of only 6,500 people, Mr. Magers says, "There is just not enough demand to support specialty physicians like a rheumatologist or urologist on a full-time basis." Now, Putnam County Hospital contracts directly with PSN for the exact amount of service they need. Their relationship with PSN has grown over the years and they have expanded to add additional specialists.

This arrangement allows Putnam County Hospital to provide expanded services to patients in their community. Mr. Magers notes the population in his county is typically older and having specialists in the community has removed the hurdles of commuting long distances for care. "The patients come right here within the local community, they see the physician and get their follow-up here, and it's just so much easier. Patients are getting better care and more care and hopefully that is leading to better outcomes," comments Mr. Magers. At Putnam County Hospital, they have increased their revenues from the expanded usage of their lab, x-ray and other services that would have gone somewhere else. The ability to help the hospital remain viable is key to the health of the community and the patients they serve.

As the business grows at these hospitals, Dr. Winkler says the PSN group paves the way for permanent physicians to establish a practice in these towns. "It can

take years to build a practice. After we have built up an established practice, these rural hospitals could then possibly hire a full-time rheumatologist who would be able to take over the practice that was built by PSN and have a full practice." Again, Dr. Winkler points out the flexibility of the PSN model for not only the physician but also the hospital.

As for the impact this model can have on a rural hospital, Dr. Winkler says they are able to improve the viability of the hospital. "They already have in place the things we do, so we are just adding to them. They have to have lab services, bone scans, x-rays, bone density, and MRI, so we don't make them add services, we're just taking the services they already have and adding more volume, so they can do it better at a lower cost." If these rural hospitals don't have many referring community physicians, then these services become a burden to the hospital, and that's why many rural hospitals have been under financial pressure. When asked if she was surprised at the growing successes of the PSN model that Dr. Jackson started, she said, "He is exactly the kind of guy that can get passionate about something and convince other people to be passionate about it too."

With the expansion of PSN across the state of Missouri and into other states, Dr. Jackson has set up the corporate office central to PSN's business in Columbia, MO. Dr. Jackson still travels weekly to the original 5 towns in Missouri and Iowa he built his concept on. When asked where he sees the organization in 5 years, without hesitation Dr. Jackson says, "5000 plus specialists, physicians, therapists and nurses, from coast to coast, from Unionville, Missouri to New York." At this rate it will only be a few more years and he will have succeeded.

K.G.

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