

# BRIGHTON MEDICAL CENTER Quarterly

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## Bosnian Boy Helped Through Difficult Recovery at Brighton

Edin Mehinovick's first word in English was "yukky."

The 14-year old Bosnian was describing the liquid supplement a nurse was giving him just weeks after he had arrived at Brighton Medical Center from his war-torn country.

But Edin has been through far, far worse. A victim of the war in the former Yugoslavia, the teen was hit by shrapnel from a grenade in May of last year and did not receive proper treatment



Edin (front left) is pictured above in his new home across from the hospital with his physician, Lisa Gouldsbrough (front right), his brother Esmir (back left) and mother Hazemina (back right).

until he arrived in Portland in September.

"He was wounded quite severely and very nearly died," says Lisa Gouldsbrough, D.O., a local pediatrician on staff at Brighton and in private practice, who has volunteered her services to oversee his medical care here.

Injured in a town that had been evacuated and deemed safe, the teen suffered an internal cut to one of the larger veins and was taken to a field hospital near his home town. He was transferred from hospital to hospital until he was chosen to come to the U.S. for treatment. In a wheelchair and unable to

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**A** growing trend in the national health care industry has come to Maine with Brighton's acquisition this year of two primary care offices in Southern Maine.

Facilities in Yarmouth and Windham were purchased to provide those communities with primary care physicians in offices affiliated with a hospital.

For patients, it means more services and improved access. For physicians, it means being able to practice primary care where they live. For BMC, it means preparing for an uncertain future in which primary care will play a strong role.

In Yarmouth, Village Family Physicians opened in a renovated older home at 2 School Street in December. With family practitioners Patricia Phillips, D.O., and John Moore, D.O., at the helm, the practice will provide a wide array of family health care services, including pediatrics, women's health and sports medicine. But more importantly, the new office demonstrates a return to the family physician as the first place to go.

"When you have a family doctor, you have one person to call. One central place to get your health care," says Dr. Phillips, who has lived and practiced medicine in Yarmouth for six years. "I sometimes see three generations of the same family, from infants to age 98. And that's good. We're moving in the right direction. We need to concentrate on preventive and primary care because by expanding primary care we make health care more accessible. The yellow pages are filled with specialists. But we need to get back to the basics. That's what John and I do."

Dr. Phillips said that in addition to the family practice services the new office will provide, the physicians will also make house calls, another practice of the past that's making a comeback.

A 1985 graduate of the University of New England College of Osteopathic Medicine, Dr. Phillips believes being affiliated with a hospital is another trend that benefits both patients and physicians.

"I like medicine. So I want to do just that, practice medicine. Being affiliated with the hospital allows me to spend

## Primary Care Centers Signal New Era



This renovated residence in Yarmouth now houses Village Family Physicians, one of two primary care centers recently acquired by Brighton Medical Center.

more time with patients and less on administrative duties," Phillips said. "I didn't want to spend time on the business aspects. If I was interested in business, I would be in business. I would rather spend my time practicing, studying and keeping up with medicine."

Dr. John Moore, Dr. Phillips' partner agrees.

"It's what I hoped for when I first envisioned practicing medicine," said Dr. Moore, who will spend three days a week at the Yarmouth office and the other two as vice president of medical education at BMC. "But it's better, because we have the flexibility of working as a team. Together, we will cover all patients, as a small group practice," he added.

"Being able to practice without having to deal with the administrative aspects is another big plus," Moore added, "and it will serve the patients better because with the systems in place, it will run smoothly."

One example, he says, is the Quality Review program that will be put in place at both facilities.

"We want to make sure the same services and the same level of quality is provided at all the primary care offices,"

Dr. Moore said. "We have to be able to provide medical care that is quality-driven and cost-effective."

A 1984 graduate of the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa, Dr. Moore grew up in Massachusetts and spent several years practicing medicine in the Midwest. He and his family returned to

the area three years ago, and now live in Yarmouth.

"The setting is perfect - small town, family practice, New England setting," he added. "And I live here."

Donna Carr, D.O., the medical director of another new BMC primary care office, the Windham Medical Center on Route 115, is equally as encouraged by the new network of primary care facilities.

"It consolidates services to become more cost-effective for the consumer, while allowing them to still have a family doctor," said Dr. Carr.

"It also ties them into a larger health care system, but their initial entry into the system is still through the family practice they have chosen."

The Windham Medical Center, which was acquired by BMC over the summer, provides family practice,

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▼  
"Family Practice meets a broad public need. We can help begin a family and then watch it grow."



## Center for Health Promotion Expanding to Meet Growing Need

Although its focus has changed with the times since it began as a wellness center in 1982, the purpose of the Center for Health Promotion (CHP) has always remained the same – to promote good health.

Now a thriving division of Brighton Medical Center, CHP is dedicated to meeting the health care needs of area employers and their employees.

The proposed Clinton health care plan, increased concern over employees' health and productivity, new state and federal regulations and growing awareness of the benefits of preventive medicine, all speak directly to what CHP has been doing for years.

From providing on-site occupational health nurses to stress reduction classes, CHP provides more than 500 area businesses, organizations and government offices with a wide array of medical services. These services include a workers' compensation injury prevention and management program that meets the new workers' compensation law which allows an employer to direct their employees' care within the first 10 days of a reported injury.

"The Center has always been just one step ahead of the times," says Medical Director Steve Shannon, D.O., M.P.H. "We've always been able to see patients very quickly, often the same day an injury occurs. So we were prepared when the law changed to meet that need."

This spring, CHP will move from its crowded facilities at 576 St. John Street to the former Humboldt Graphics building at 1600 Congress Street, which boasts 15,000 square feet – a big change from the 5,200 they're housed in now.

"This will definitely enhance our ability to serve our customers," says Dr. Shannon. "We see 60 patients a day."

The new facility will allow CHP to expand its physical and occupational therapy space from 600 square

feet to 3,600 square feet. New exercise equipment will be added and the space will be open to employees of Brighton Medical Center for their use

long been a proponent of "managed care," says CHP's Executive Director, Mary Kenney.

"Having someone working with

to work, we simulate their work environment as best as possible to prepare them so that when they do go back, they are ready."

CHP also offers on-site exercise programs and job analyses, studying an employee's workstation and work habits to prevent future injuries.

As part of its on-site nursing and occupational services, CHP places health and safety professionals at businesses who go beyond the role of the traditional company nurse to ensure OSHA compliance and to develop programs and policies to reduce risk on the job.

Employee Assistance programs are also offered by CHP, which include substance abuse testing and treatment, crisis intervention, management training, and counseling as a mechanism to increase productivity.

"We're trying to get employers to focus on productivity issues early on to learn whether they stem from personal issues or work-related problems," said Dr. Shannon.

Last fall CHP instituted a Loss Control Department, working with companies to develop strategic plans to promote health and prevent injuries. Soon, CHP will add another program to its list of services and offer a Coordinated Care Network of providers who will help to standardize care, Kenney said.

"We're growing. In 1988, we had a staff of six. Today, we have 25 active staff and six physical and occupational therapists. Our client base has also increased dramatically. Since 1990, it has grown 200 percent," she added.

One of the contributing factors to the growth and success of CHP is convenience. "We're a one-stop shop," says Kenney. "A business can come here and get all their employees' occupational health care needs met. We're the only center of its kind in Maine."



Occupational Therapist Kimberly Clark works with convenience store employee Laura Leeman to establish new work habits to prevent future injury on the job.

before and after business hours.

Another new service to be offered by the Center will be an initial care clinic for their clients' employees and their dependents when they have no primary care physician. This service, called Initial Care, will help decrease the costly, inappropriate use of emergency departments.

"Many of the people we see – perhaps 40 to 50 percent – have no primary doctor to go to when they're sick," said Shannon. "So we're going to try to meet that need."

The new location will also have a conference space for classes and meetings that can accommodate 30 to 40 people.

"The only such full-service employer health service facility in Maine, the Center for Health Promotion has

an insurance subscriber from the very beginning to ensure the patient is in the most appropriate level of care

minimizes costs for everyone," Kenney says.

"CHP's foundation is based on the managed care philosophy. We've always followed patients throughout their treatment to make sure they're on the right track. That's why employers use our facility – to make sure their employees are getting appropriate, cost-effective care," says Dr. Shannon.

CHP also has an extensive work reconditioning program that allows injured employees to stay in shape while they are out of work or on restricted duty.

"It's called work reconditioning or hardening," says Dr. Shannon. "When an employee cannot go back

Our Center's foundation is based on the managed care philosophy. We've always followed patients throughout their treatment to make sure they're on the right track.



## Primary Care,

*continued from page 1*

obstetrics and women's health care. Doctors Martha and Chris Simpson, the previous owners of the practice, continue to practice at the office on a part-time basis.

"By the fall of 1994, we hope to have three full-time doctors, all board certified in family practice, including obstetrics. We will also have new, larger facilities by then to accommodate an expanded practice," Dr. Carr added.

Formerly with Downeast OB-Gyn in Portland, Dr. Carr is a 1982 graduate of the University of New England College of Osteopathic Medicine and earned a bachelor's degree from Smith College in 1979. She was also a resident at the University of Massachusetts family practice program from 1987-89, and chief resident there from 1988-89.

The new office will allow her and

other physicians to provide patients with a full-service family practice facility and a rotating call schedule, which will ease the burden previously placed on prac-



*Patricia Phillips, D.O. and John Moore, D.O. of Village Family Physicians in Yarmouth.*

tioners in small practices.

"A single GP working 100 hours a week is not good for the physician or the patient," says Dr. Carr. "With a rotating call schedule, we can still provide the same care, but not at our expense."

The trend towards strengthening

primary care facilities such as the Windham Medical Center is long overdue, Dr. Carr added.

"Primary care is finally getting the



*Donna Carr, D.O. Medical Director of Windham Medical Center consults patient Pamela Wing.*

respect it deserves," she says. "Primary care physicians are the gatekeepers. We're the person you come to when you are sick. Primary care has always been available, but for a time, there was a push towards the specialties. Family practice meets a broad public need. We

work on the physical as well as the mental side. We can help begin a family and then watch it grow."

Another advantage the new network brings to the consumer is the ability to access medical records quickly and accurately.

"We will have a computer link-up with the hospital. We can order tests, get information, schedule outpatient services in a matter of minutes," she added.

According to Brighton President Jim Donovan, the primary care offices strengthen the hospital's role as a primary care provider. This is an important part of the collaboration effort of Portland's three hospitals.

"Primary care has been our focus for 60 years," says Donovan. "It's what we do and we do it very well."

## Bosnia,

*continued from page 1*

walk from spinal injuries, Edin was the third child with severe needs to be evacuated from Bosnia to a Maine hospital for treatment.

"It was difficult to evacuate him," said Dr. Gouldsbrough. "It was months. All summer we were trying to get him here. Then, all of a sudden, he was coming and he was here." His evacuation was made possible through the efforts of three organizations working on his behalf - Veterans for Peace, a Maine-based national organization; the International Red Cross; and the International Organization for Immigration.

When he arrived at BMC, he was suffering from malnutrition and urinary tract infections. He weighed 65 pounds.

"He had recurrent fevers, abdominal pains and was somewhat malnourished," says Dr. Gouldsbrough. "He had been given no antibiotics to take care of his infections."

He underwent two days of rigorous tests - x-rays, CAT scans, blood work - to assess his condition. In addition to Dr. Gouldsbrough, he was examined by a number of specialists, including Walter Keller, D.O., a general, vascular and thoracic surgeon; Laureen Biczak, D.O., an

infectious disease specialist; David Brase, D.O., an orthopedic surgeon; Kathy Seasholtz, D.O., a neurologist; and Jeff York, M.D., a urologist.

After the tests, he was immediately put on antibiotics to clear up the infections and started on a sound nutrition program. He also began physical therapy and was given English lessons two to three times a week.

The tests showed Edin had suffered severe injuries to his spinal cord and would be a paraplegic, paralyzed from the waist down. He would be wheelchair bound. This was a shock because he had been told that in America, they would fix his injuries.

"They didn't realize the injuries were permanent," said Gouldsbrough, who waited until he was healthier to tell him the extent of his paralysis. "He cried. The interpreter cried. I cried. It was a very sad day. And one of the hardest things I've ever had to do."

Edin's mother, Hazemina, and younger brother Esmir, 10, both in good health, came to the U.S. with him. While Edin was hospitalized, his mother stayed at the hospital with him and his brother stayed with a host family in Falmouth while attending school there. His father, still in the Bosnian army, was contacted only recently after a long search.

In addition to the hospital donat-

ing its services to help him, the physicians also volunteered their time to treat the boy. The family has been spared all expenses.

"It was amazing," said Dr. Gouldsbrough. "When we knew the hospital was going to get involved, people started to call me. It was not at all difficult to get people to help."

A 1987 graduate of the University of New England College of Osteopathic Medicine, Dr. Gouldsbrough has served as the medical coordinator of the boy's care, taking the lead for the hospital in coordinating the volunteer effort.

"We all sit and watch the news and are outraged," she said. "But we rarely get the opportunity to do something to help out. I just thought it would be a very positive thing to do. Anyone who practices pediatrics likes the feeling they get from helping people."

Edin has come a long way since the day he arrived in September. He now wheels around the hospital like a pro, charming the nurses, making jokes in English and learning to like some American foods.

"His spirits are up," says pediatric nurse Kathie McCarthy, R.N., who has watched Edin change dramatically since those first shy days when he was new to Brighton. "He's very anxious to do things on his own. He increases his

own weights and then strikes a Mr. Muscle pose. He even pops wheelies in his wheelchair. He's a terror."

In addition to watching "Johnny Quest" and westerns, Edin has also shown a strong aptitude in learning how things work.

"He's very mechanically inclined," added McCarthy. "He took a Game Boy apart and then put it back together."

"He's an amazingly strong kid," says Dr. Gouldsbrough. "And a very motivated patient."

Visited regularly by representatives of Alpha One, an organization which shows the handicapped how to be functional, he is learning, little by little, how to deal with his condition. This training, as well as extensive physical therapy, will continue for at least the next six months.

The good news is Edin no longer needs to be hospitalized and Brighton has temporarily relocated the boy and his family to a home across the street from the hospital. This will all help to make Edin's transition from life at the hospital to a new life in the U.S. a little bit easier.

Although Edin's departure from the hospital is a very positive step forward for everyone who has been involved in his recovery, "We'll be sad to see him go. We're very attached to him," added McCarthy.



# Annual Report

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## President's Message—1993: A Year of Changes, Preparation and Progressive Ideas for the Future

**N**ineteen ninety three has been a progressive and productive year for Brighton Medical Center. Below, President Jim Donovan talks about past accomplishments and future challenges facing the health care industry, Brighton Medical Center and the greater Portland community.

**Q:** What are Brighton Medical Center's most noteworthy accomplishments in 1993?

**Donovan:** 1993 was a year, maybe more than any other year, that has set the stage for the future. The most important accomplishment was beginning the early stages of the development of what we hope will become an integrated delivery system involving Maine Medical Center, Mercy Hospital and Brighton Medical Center. I feel this is the key to the future.

Hospitals and health care providers are going to have to work together more closely in a more integrated fashion than in the past to meet the health care needs in our communities. The industry is facing a period of decreasing resources, either from federal programs or in response to the changing incentives of managed care, which will mean a reduced use of health care facilities, particularly acute care facilities such as ours. Beginning to plan for that future has been an important cornerstone of the year.

Our other major thrust as an organization this past year has been the beginning of our working to bring Brighton Medical Center and its medical staff more closely together economically, with the development of our primary care network. This has brought the Brighton Medical Center system to either new or re-formed facilities. Our acquisition of the Windham Medical Center and the recent opening of the Village Family Physicians in Yarmouth helps provide residents of those communities with access to a more comprehensive level of primary care services.

What we've attempted to do is to position ourselves west and north of Portland with the beginning of this primary care network, which is also a very important part of our collaboration effort here in town. Brighton Medical Center's role for 60 years has been focused on the delivery of a wide range of primary care services to the community. This is another step in that direction. We also want to continue working with other members of our medical staff to bring

about other types of arrangements. It is not our plan to acquire other facilities or to have a large cadre of employed physicians working within the system. There are different ways to integrate, different models that can be applied and we want to explore those through the development of what's called PHO's or Physician Hospital Organizations. We're in the stages of having those kinds of discussions right now with the medical staff.

**Q:** Why has BMC focused on building a primary care network?

**Donovan:** What we are attempting to do is to strengthen the primary care services that we provide to the community through a closer integration of Brighton Medical Center and its medical staff. We feel that brings more to the collaboration table. It's what we do. As you look at the three hospitals, while there are some areas of overlap, the three of us have served different roles in the community over the years. We're very complementary of each other in these roles, and the strength at BMC has been in the primary care area, which reflects our osteopathic heritage. Even before we had these centers, the focus of this hospital, through its osteopathic physicians, has been on primary care. Although today we're a totally mixed staff hospital with a wide array of physicians – M.D.'s, D.O.'s, oral surgeons, podiatrists, psychologists – we still have that primary care heritage. That's what we're attempting to further develop as our discussions move forward in the collaboration movement.

**Q:** What about PHO's?

**Donovan:** We've been studying the PHO issue, which is over and above what we're doing in the primary care area. A PHO is a new corporation; a new business that is jointly managed by the physicians and hospital and its purpose is to negotiate managed care contracts. The participants in the PHOs can be in a variety of settings. They can be in the primary care setting, they can be independent practitioners, they can be in group practices, but they agree to follow the rules that are set by the PHO to be a member.

Some people say when you've seen one PHO, you've only seen one PHO, because they are so different and unique

to the communities, the physicians and the hospitals they work with. We, Maine Medical Center and Mercy Hospital, are working in this area because the economic integration of physicians and hospitals is the key to the future. Historically, we have had a political integration through a medical staff structure with elected officers and committees. But sometimes the economic incentives for physicians and hospitals have gone in opposite directions. A PHO will help bring these incentives into more congruence.

**Q:** How will the collaboration between BMC and the other hospitals prepare for the future?

**Donovan:** What we're preparing for, both in the collaboration among the three hospitals and the collaboration we're developing with our medical staff, is managed care – the development of controls on the health care system that reduce utilization and shift the utilization from the more expensive to the less expensive types of care. This is what is driving us.

In Maine, managed care makes up less than five percent of the state's hospitals' business. In some parts of the country it is 30 or 40 percent. Massachusetts has the highest managed care penetration of any state in the Nation. Maine has one of the lowest,

one of only seven or eight states that are under five percent. Health care reform is not going to change that direction. Instead, it's going to accelerate the development of managed care and new managed care models. But managed care is what's driving the change, not the details of the plans being discussed in either Washington or Augusta.

**Q:** So is managed care on its own track, regardless of reform?

**Donovan:** Yes, absolutely. There are very mature, managed care models that are being used as close as 90 miles away in Massachusetts, which have resulted in hospital utilization rates of up to 30 to 40 percent less than in our area. Smaller markets such as Maine haven't

experienced this because these companies have focused on the bigger markets like Boston and other meccas of managed care like Minneapolis and Phoenix and the large cities in California. It's not that we're less, it's just that we're smaller from an economic standpoint. The large managed care companies such as Aetna, Travelers' and Prudential and some of the more local ones such as the Harvard Community Health Plan, just haven't gotten to us yet. But they will.

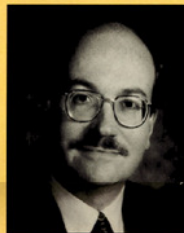
**Q:** How do these plans go about managing care to make it cost less?

**Donovan:** Eventually, physicians and all providers are going to be what's called "capitated." That means we're going to be paid a fixed amount per month for a certain population and we're going to take care of them for that amount, and that's it. The Clinton Plan takes these principles and adds a bureaucratic structure to them, but these principles are what's going to drive the system. This has already started in this State, particularly for primary care physicians, and the two larger managed care companies, Blue Cross and Blue Shield and Health Source of Maine, are certainly moving in this direction. When providers are paid a flat fee per month, it tends to shift utilization to less expensive alternatives.

**Q:** How will these managed care relationships work?

**Donovan:** The managed care companies begin by negotiating contracts with hospitals on a prospective basis that, for example, says they are going to pay X number of dollars per admission, no matter what kind of admission it is, unless it's OB. And they're going to go to the doctors and show them a fee schedule. Take out an appendix, you get \$100. Take out tonsils, you get \$125. Cure a sore throat, you get \$20. Certain types of doctors will be capitated. But they're not going to go to all providers.

They're going to go to a certain number of providers, based upon the providers' ability to measure cost and quality. Higher quality and lower cost will be the criteria for who managed care companies will include. There will be a list of physicians that a patient chooses from and a list of hospitals. For



Jim Donovan

▼  
 "What the managed care industry is looking for are high quality, low cost facilities. That's the way of the future."



example, if you choose doctor A and go to hospital A, then your insurance is going to pay for all of it. But if you don't like doctor A, and you want a doctor who is not on the list, you can go to him, but you'll have to pay for it out of your own pocket. If you choose a hospital that's not on the list, hospital D, you have to pay for it yourself. So there are going to be very strong incentives for patients to use the providers chosen.

**Q:** Has this started in Maine?

**Donovan:** Yes, and I expect it to accelerate quickly.

**Q:** Has the medical community embraced the managed care movement?

**Donovan:** It's a major change. And change generates anxiety. But the insurance companies aren't totally leading the way. We all have our role here. It's going to take a partnership. But the change that's happening around the country is that the financial risk is shifting from the insurance companies to the providers. And that's reality. These kinds of programs are firmly entrenched, this is nothing new. But it's fundamental change that is necessary for our system, if you can call it a system. It's not working. We've got access problems with 37 million Americans nationwide without insurance. We still have runaway cost problems, which are the result of a wide variety of factors such as new technologies, AIDS coming on the scene since 1981, and the Federal Government not paying its fair share of the Medicare health care bill for Americans age 65 years and older. There are a wide variety of reasons. We have to do something fundamentally different in order to address these, and the managed care mechanisms are the way the Country is clearly going.

**Q:** How do insurance companies decide how much you should charge for your services?

**Donovan:** Negotiation based upon data. When a company comes in to talk to us, they know what they are paying every place else for a particular service, and obviously they are trying to negotiate the best price. But hospitals and physicians have to be invited. These companies are looking at the data that they have and in some cases are deciding that they don't want to talk to hospital A or physician B because they don't like what they see in their data - too expensive, or maybe there have been quality issues - they're looking

at a huge variety of issues, but not all providers are invited to talk about a contract. That hasn't happened in Maine yet, but it certainly has happened in other parts of the country. Massachusetts General lost its pediatric business from the Harvard Community Health Plan to the Children's Hospital because of a contract. Harvard Community Health Plan contracted with Children's Hospital to take care of all its pediatrics that had been going to Mass General. So all of a sudden Mass General lost those patients. Harvard Community Health Plan looked at the data and decided to go with Children's.

**Q:** Do you have problems with the insurance industry deciding what you should charge for services?

**Donovan:** No. Providers have to be judged based on quality and services.

We as providers need to recognize that and plan accordingly. For example, the large, academic medical centers are very vulnerable because although their quality may be high, their costs are usually high as well. What the managed care industry is looking for are high quality, low cost facilities. That's the way of the future.

**Q:** Getting back to the developing relationship between Brighton Medical Center, Maine Medical Center and Mercy Hospital, talk a bit about how the discussions began.

**Donovan:** About a year ago, we began working on a vision statement of the future. This past September, the vision statement was approved by the Boards of the three hospitals. Its primary goal is to move forward, jointly, to develop an integrated system, not merge or acquire one another, but consolidate our efforts to provide our service area with high quality, cost effective health care.

Since October 1, we have been defining the practical realities of what it would mean to work together and what would be required to accomplish our goals. We must work through an extensive legal and legislative process, and also determine how the system would be governed and managed, how the medical staff would operate, all the while looking at what is most economical. We will function as three campuses, retaining the three names, perhaps under the umbrella of a holding company. There may be a central authority for management, but separate accreditations and

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## Chairperson's Report

My Annual Report comes to you with a mixture of pride and humility. A year ago, I stepped forward with great pride to accept the gavel. In the ensuing year, I have been humbled by the formidable task of a lay person struggling with elusive solutions to complex health care issues.

A sampling of issues addressed by the Brighton Medical Center Board during the past year follows:

- ◆ Approval of a policy for a totally smoke-free campus.
- ◆ Approval of the purchase of Care/Track Information Management Program for Medical Affairs and Quality and Risk Management Services.
- ◆ Approval of the purchase of new nuclear medicine equipment for Diagnostic Imaging Services.
- ◆ Approval of a fiscal year operating budget of \$41 million.
- ◆ Approval of Affiliate Staff category guidelines section of the Professional Staff Bylaws.
- ◆ Approval of revised Professional Staff Bylaws, Rules & Regulations, Organizational Manual, Fair Hearing Plan and Credentialing Procedures Manual.
- ◆ Approval of the initial charge to the Cooperation and Collaboration Committee representatives to develop a mission to continue discussions with Mercy Hospital and Maine Medical Center (April 14, 1993), which culminated in approval of a mission to proceed with cooperation and collaboration discussions (August 18, 1993).
- ◆ Approval of a pathology services contract with Maine Pathology Associates, P.A., a group comprised of pathologists from Maine Medical Center and Brighton Medical Center.
- ◆ Approval of a Primary Care Network - Windham Medical Center, Windham, and Village Family Physicians, Yarmouth.
- ◆ Approval of the Center for Health Promotion Business Plan and lease to relocate the organization to larger offices.

We also added 22 new physicians since November, 1992, bringing our medical staff membership by category to:

Active Staff	109	Courtesy Staff	33
Affiliate Staff	19	Provisional Staff	19
Consulting Staff	37	Emeritus Staff	12

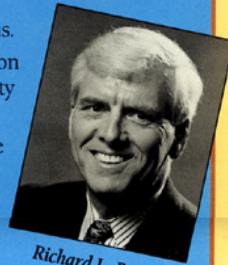
All the while, we continue to be inundated with articles continuing to sound the alarms regarding "Health Care Reform," "A Revolution of Change," "One of every 7 Americans has no health insurance," "Medicare will be bankrupt by 2005," and on and on.

To quote a recent *Health Governance Digest Newsletter*: "Whether or not federal health care reform occurs, and whatever form it finally takes, the health care environment, and the health care organizations within it, will be remarkably different in the very near future."

There is no doubt that health care will continue to be reformed with or without federal legislation. Managed care, at-risk capitation, increasing emphasis on wellness and illness prevention, growth and acceptance of alternative medicine, and many other forces will drive the reformation process.

Whatever the next year and the future bring, we at Brighton Medical Center can take pride in our past and particularly in 1993, with its myriad achievements and positive steps toward partnerships with our health care peers that will ultimately bring untold benefit to our communities. Results like these do not occur in a vacuum. Many dedicated, hard-working employees, volunteers and physicians are to be commended and complimented for their efforts.

Richard L. Roy, Chairperson  
Board of Trustees



Richard L. Roy

▼  
"What we are  
attempting to do is  
to strengthen  
the primary care services  
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the community..."



# Brighton Medical Center

## Message From the Medical Staff Chair

This past year has been a year of change for the medical staff of Brighton Medical Center.

Internal changes have included revision of the Bylaws of the Professional Staff to improve the efficiency and effectiveness of the medical staff leadership. The decision making process was streamlined and medical staff input into critical issues was maintained. The medical staff committee structure was reorganized to increase the amount of work accomplished, while minimizing the use of physician time for non-clinical tasks.



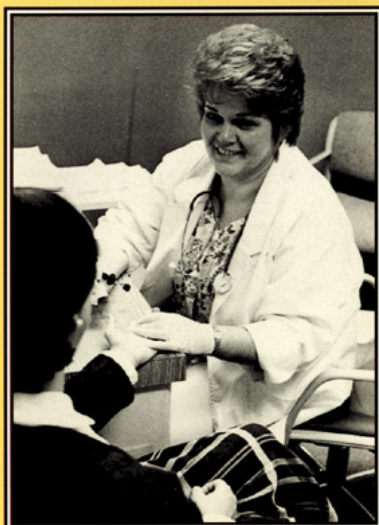
David A. Weed, D.O.

Quality patient care continues to be the high priority for the medical staff of Brighton Medical Center. Significant changes have been made in the medical quality review program, including changes in the quality review committee structure and computerization of the data management function to support this effort. Quality review data is used to validate the current clinical competence of the medical staff. This information is part of the medical staff credentialing system which has been modified and improved over the past year.

In addition to the internal changes, representatives of the medical staff are participating in discussions with other hospitals to meet the future health care needs of the community.

Changes in health care are occurring all over the country. The medical staff of Brighton Medical Center is actively involved in anticipating and meeting these challenges.

David A. Weed, D.O., *Chair*  
Medical Staff



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## Community Services

Brighton Medical Center offers a number of innovative programs. Further information about these programs can be obtained by calling the following:

Maine Physician Referral Service  
1-800-439-2111

Lifeline® Personal Response System  
879-8515

Center for Health Promotion  
774-7751

Diagnostic Imaging Services  
878-3398

Respite Care  
879-8400

Diabetes: In Control  
879-8078

If you would like to lend your support to Brighton Medical Center and the many services it provides to the community, please consider making a contribution to allow us to purchase new medical equipment and support ongoing patient programs. Please send your check to:

Brighton Medical Center  
Development Office  
335 Brighton Avenue  
Portland, ME 04102



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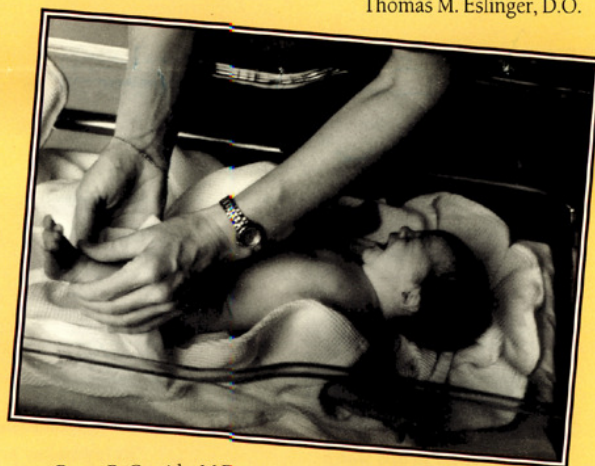
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\* Denotes physicians who have been on staff for less than one year.



## Year of Changes,

continued from page 5

separate licenses. We will come to another stage of agreement after April 30, 1994.

**Q:** Who is driving the collaboration effort?

**Donovan:** All three hospitals are owned by the community we serve. All are not-for-profit organizations, governed by voluntary boards of trustees, with an ultimate responsibility to serve the community. It is the Trustees of the hospitals who are driving the effort. They have set up a Governance Study Committee made up of trustees and physicians from each hospital that is meeting every other week to work on the plan.

**Q:** Is this type of integration unusual?

**Donovan:** We think so. It's rare for three hospitals in a three-hospital town to get together. It's much more common to see two or three get together in larger cities where there are many hospitals. What we're starting to see now are more and more two hospitals in two-hospital towns getting together, as in Manchester, NH, but not three. Ours is a huge step into the future. That's why the committee meets every two weeks, to make sure everyone's concerns are

addressed, every option is studied. And that's where we are right now.

**Q:** How will the new setup, once completed, help the consumer?

**Donovan:** I believe our system will save the community money. Some say you can never save money in health care, the best you can do is reduce the rate of increase in costs. But I think we can save money, control future costs better, and continue to provide the quality of services for which the three hospitals and the physicians are known. We're addressing the concerns and needs of the community, and especially the business community, by working to reduce the cost of health care.

**Q:** Will the consolidation increase access to health care services?

**Donovan:** One of our goals is to address the access issues that exist. And we do have them in this community. There are people in greater Portland who are not receiving the types and level of care that they should, that they need. By

working together, we have a much better chance of addressing those needs.

**Q:** In addition to setting up primary care centers, preparing for managed care and embarking upon a collaboration effort, what else will Brighton continue to focus on in 1994?

**Donovan:** In the spring, the Center for Health Promotion, our industrial medicine program, will move to desperately needed larger quarters on Congress Street. CHP is a very important program for us. It's one of the larger industrial medicine programs in the State. It's been an excellent way for us to work with businesses in the community to help address some of their concerns as they relate to work-

ers' compensation and the health of their employees.

**Q:** Brighton appears to be doing a lot to prepare for the future. Has that always been its philosophy?

**Donovan:** Absolutely. I believe this organization has been very progressive in the way it's viewed itself and pre-

pared itself for what's a very uncertain future. Everything we've been working on this year has demonstrated this. We have a medical staff that has been among some of the first physician groups in this State to adopt new clinical models and new procedures that are of more benefit to the patient, such as laproscopic surgery. Our Board of Trustees has been very forward-thinking in how they've prepared this Organization for the future. The collaboration effort, the PHO discussions, the Primary Care Network and the Center for Health Promotion are examples of this kind of philosophy.

The work that Brighton Medical Center has done since its establishment, particularly within the past five years, has ultimately accrued to the benefit of the community. This organization is much stronger, much more involved with the community in a variety of ways than it has been, and looks forward through the collaboration effort to being even more so. But the care with which the Board of Trustees has overseen Brighton Medical Center throughout its history is the foundation of its current strength. The Board has been very progressive, putting the community first in its planning, and has thereby made us strong.

▼  
"We're addressing the concerns and needs of the community, and especially the business community, by working to reduce the cost of healthcare."

## IN THIS ANNUAL REPORT ISSUE



"We all sit and watch the news and are outraged..."

(Lisa Gouldsbrough, D.O., "Bosnian Boy Helped Through Difficult Recovery at Brighton") Page 1



"By expanding primary care we make health care more accessible."

(Patricia Phillips, D.O., "Primary Care Centers Signal New Era") Page 1



"We're the only Center of its kind in Maine."

(Mary Kenney, CHP Executive Director, "Center for Health Promotion Expanding to Meet Growing Need") Page 2



"We're addressing the concerns and needs of the community..."

(Brighton President Jim Donovan, "1993-A Year of Changes, Preparation and Progressive Ideas for the Future") Page 4

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