

Ventura Docs Fight an 800-Pound Gorilla
An Interview with John Hill, M.D.
Community Memorial Hospital, Ventura

Dr. John Hill is one of over 250 physicians embroiled in a medical staff self-governance battle at Community Memorial Hospital in Ventura (CMH). Dr. Hill, an orthopedic surgeon, was elected chief of staff by the medical staff in November 2002. The hospital administration, however, refuses to recognize Dr. Hill and the other democratically elected medical staff officers. This refusal is just one of the tactics by which the staff's right to self-governance is being undermined.

CMA's Ron Lopp recently sat down with Dr. Hill to talk about the medical staff's struggle to regain its autonomy.

CMA: What impact has this situation had on you personally?

Dr. Hill: Well, I've had to change my practice patterns. I've taken the majority of my practice to another hospital. I am now doing essentially all of my surgery at St. Johns Hospital in Oxnard. It is a bit inconvenient because it's about 20 minutes away from my office in the best of circumstances. The good news is I drive right by St. Johns Hospital every morning coming to work, so making rounds is not a problem. But it is a dislocation that I certainly didn't expect to be involved in at this stage of my practice. I've been at practice here at Ventura for almost 31 years, and all of that time I've done 99.9% of my work at the Community Hospital.

CMA: Would you say there has been an emotional toll too, on you from all of this?

"The hospital is an 800-pound gorilla, and their MO is to spend us into the ground."
Dr. Hill: Well certainly. I am distressed from many standpoints, but one in particular. I have taken care of, I would say conservatively, at least half or more of the Board as patients. I take care of their families, I know them socially, my wife knows them socially, my kids have known their kids, and to be painted with such a brush by the administration and the board has been very distressing to me. I have been, essentially, portrayed as a pariah and heretic, and that certainly has been a wakeup call to me, how superficial friendships can be.

CMA: What about your physician colleagues there. Have you seen a similar effect on them? You described earlier how you changed some of your practice patterns. Have you seen a similar impact on physician colleagues in terms of their practice, and also the emotional side too?

Dr. Hill: Certainly. I think it affects the surgeons more than any other individual group of practitioners. The surgeons have a very, very, close relationship with the hospital and the people that they work with on a daily basis, and the surgeons had been the people who had been moving to St. Johns Hospital in more significant numbers. And that is very difficult to start working with new people and working at new circumstances. But, having said that, St. Johns Hospital has been tremendous to us. They have been extremely receptive, they've gone out of their way to make the transition easy. And the facilities are beautiful, and it's a very new hospital. They have an excellent operating room crew, and it's been easier than I thought, and I'm sure most of the other

surgeons would say the same thing.

CMA: Has the Administration at St. Johns weighed in on this issue?

Dr. Hill: They have not made comments referable to the Community Hospital, but they have been extremely supportive to us, which I certainly think reflects their viewpoint about what is going on at Community Hospital. The Administrator at St. Johns Hospital is a man named Mike Murray, and Mike has been extremely supportive. I would say that one of the first things he said to me was that his administrative style is not a confrontational style. I find that very refreshing.

CMA: What is really at the heart of the issue there? Is it primarily the feeling that with this one administrator at least, the feeling that the physicians there are in competition of the hospital in terms of outside facilities, or what they might be doing outside of the hospital? Is that really what is at the heart of this thing?

Dr. Hill: Not at all. That is what the hospital has tried to spin it as being. They have tried to make it an economic issue. In reality, they've used this competition issue as a way of selectively getting rid of certain physicians from medical staff governance.

CMA: I guess I had understood that there was some sort of economic situation at the background of this where this one particular, where Bakst (CEO of CMH) was actually to maybe, more control the market there in terms of what he was able to do and charge for different kinds of procedures. That's really not what is going on?

Dr. Hill: Well, he is very aggressive in attempting to control medicine in the county; he has established outpatient clinics throughout the county to deliver care. He has an entity known as the Centers for Family Health, and they have primary care clinics in other towns and cities in the county which compete directly with the physicians in those communities as well as the hospitals in those communities. And a significant part of his motivation to do this was to control Medi-Cal OB in the county, which is quite profitable.

CMA: Going back to some of the impact of the situation, what sort of effects have you seen, for example, on other departments and staff within the hospital when you go to work?

Dr. Hill: That's a very very significant question. Because this whole thing began when the Radiology Department was essentially decimated at Community Hospital, and that was a contractual issue, and the radiologists in our department were unable to sign the contract that they were presented with. It was a contract that I don't think any very competent, very good radiologist who had other options would sign. We had a Radiology Department that was made up of individuals that trained in the best institutions in the country. They had given good service. The group that started as the Radiology Department had really been in the community over 40 years, and of course, the newer members didn't go back that far, but they were the progeny of that original group. They originally were told their contract would be terminated May 1. All of them went on to excellent positions, very good offers throughout Southern California. All of a sudden we found ourselves with a Radiology Department where many services were not available --

nighttime coverage was significantly affected, and that gave us a wakeup call. We perceived our anesthesia department as the next ones to fall, and that lured us to action. Radiology was just the first department to show a significant change, and that caused us a lot of concern.

CMA: What was the motivation for going after this radiology group?

Dr. Hill: Economic. The Administrator was going to start a new prostate institute, and he explored many options and finally came up with a radiologist from Michigan who did cryotherapy of the prostate, and he was going to bring this radiologist to Ventura. Our then head of the radiology group really objected to that. The administration wanted to put this new man from Michigan in as a full member of the radiology group. He was not going to take any call, and then it even got so bad I think they wanted to make him the chief of the group, and that was part of the rebellion. Now again, the Hospital is constantly looking for little niches to increase their profit margin. Some niches bigger than others. The medical staff really had no input into this decision, and this was kind of the etiology of all of the radiology problems.

CMA: Would you say that when this radiology contract situation occurred, was that your first warning sign that something was going on, or was there anything else that maybe happened earlier that you should have been aware of?

Dr. Hill: Well a lot of us had been distressed for years about some of the things that have been done by the Administration. You may be aware that we've had a couple of significant ballot initiatives here instituted by the Hospital. One of them was to prevent the county hospital just across the street from building a new outpatient building and cafeteria and lab, and our Hospital spent a couple of million dollars on that initiative. They won that one, and prevented the county from doing that. Interesting enough, the county is now going ahead and doing it at this time, but they had to wait a few years to do it. The second initiative was called Measure O, and that was instituted and originated from our hospital administration, and that was an attempt by Community Hospital to corner the tobacco tax money for health care in the area. Initially, the county was going to put it in the general fund, and I do agree with the premise, but I don't agree with the way it was done. The Hospital spent, I've forgotten the exact number, maybe \$3.5 million dollars on that. And they lost that. 60% majority against them, and then just to be in your face, they sued the people that were the anti-Measure O people and lost again and ended up having to pay all their legal expenses. So we've seen a lot of money frittered away by our hospital administration that could have been used for health care. There have been some other things over the years. Building an extended care facility that turned out to be a financial debacle, and some other things that stressed the staff. The board supported these things. I guess it was a cumulative thing until radiology came along.

CMA: Do you, in looking back at how some of this has unfolded, do you think there would have been any way for your medical staff to have intervened in a different way, maybe earlier that this would have taken a different course, or do you think this was pretty well set to happen the way it has?

Dr. Hill: I think the Administrator and the people that are in the in-group on the board are pretty

hard-nosed, combative people, and I don't think we would have been able to do anything sooner with greater involvement by us. I think it as pretty much predestined.

CMA: Do you see that Bakst has really been pretty much the leader-instigator. Without him, would something like this still have happened with the other folks that are on the board?

Dr. Hill: Oh, I don't think it would at all, I really don't. He has been here for 24 years. He has woven a web, he has built his power base, he is a very bright fellow. He has ingratiated himself to a lot of people. There are a lot of people that are beholden to him. One thing, in the hospital you have to remember, you have a fairly significant group of physicians who have contracts with the hospital. Most of these contracts can be cancelled on a 30 or 60-day notice without cause. And for example, the emergency room physicians, the radiologists, the pathologists, these people have to watch their "p's and q's " around him, and in that same vein, he was really able to stack the medical staff executive committee with people who were like thinkers. And a lot of this I would say is our fault to some degree. You know, we went through all of this managed care thing, and capitation, and all these threats to our practice. Our overhead increasing, our reimbursement decreasing, malpractice problems. All sorts of things that caused us to be less involved in the hospital because we were so involved in just trying to keep our heads above water, pay our overhead and make a living. And it took something pretty significant, I think, to wake us up and realize that probably we had left the barn door open to some degree.

CMA: Not to mention, you are trying to spend your time just delivering quality medical care and taking care of your patients, and with all the other managed care stuff, you can't focus on everything, and ...

Dr. Hill: I know I personally have been involved in a lot of things. I was on the Board of Councilors of our American Academy of Orthopedic Surgeons for six years; I just finished my term as President of the California Orthopedic Association, and a lot of other stuff going on that has been occupying my mind. In fact, just adding this to it has been a little bit overwhelming.

CMA: So the fact that these other physicians, you mentioned ER, pathologists, you know, having to kind of watch their backs all the time, has that prevented a number of physicians there in the community from joining your cause in trying to turn this around?

Dr. Hill: Well, interestingly enough, a lot of them cannot be vocal because of that involvement. But a lot of them have been very supportive on sub rosa level, and I think we're gratified for the support we have obtained from a certain group of those individuals. Obviously, there are some that are so in bed with the hospital that they definitely cannot support us in any way, shape or form. But we still have the majority of the active staff on our side.

CMA: Have there been any examples where you have seen, because of this, any examples where maybe patient harm has happened or threatened?

Dr. Hill: That is obviously a significant concern, and that is part of our lawsuit. I obviously can't discuss those issues because of patient confidentiality. I can't give any specifics.

CMA: I understand that the medical staff had \$250,000 in its dues fund, and the hospital moved it to another bank. Now, to spend any of that money you need the signature of a hospital administrator. Is this true?

For More Information

At CMA's annual meeting in March, the House of Delegates unanimously voted to support the medical staff of Community Memorial Hospital and asked CMA members to provide donations to support the legal battle for self-governing medical staffs. Please make your contribution today to CMA's Legal Defense Fund.

Policy and Procedure for CMA Legal Defense Fund Appropriations

Ventura Hospital
Saga Continues
[Posted 06/26/03]

AMA Supports Medical
Staff in It's Fight for
Self-Governance
[Posted 06/18/03]

Court Issues Temporary Restraining Order Against Ventura Hospital
[Posted 06/12/03]

CMA Summons Your Support in Crucial Medical Staff vs. Hospital Lawsuit
[Posted 05/08/03]

Dr. Hill: Yes. We have no medical staff funds. What we had we cannot use. That's one reason we are appealing to colleagues for contributions.

CMA: What is the mood of the Ventura docs so far that are involved in fighting this? Do you feel pretty encouraged at this point that you are going to succeed and prevail?

Dr. Hill: I would like to say the involvement of CMA and AMA has been a big boost to all of us. It has really helped morale and makes us feel like we are not a voice in the wilderness. The hospital is an 800-pound gorilla, and their MO is to spend us into the ground. They have a very large amount of money, actually this hospital was going to build a new hospital out of monies on hand. It has been a very profitable hospital, and that is one of the problems with our board. They always say, well, "we're making money, we're making money," but at what cost are we making money. So, we certainly felt like the little guys out there. We have spent a lot of our own money, it is almost frightening how much we have had to put into this, so we really, really, really

appreciate this involvement from CMA and AMA.

CMA: Besides CMA and AMA support, and financial donations from doctors, is there anything else that you see would help keep you and your physicians there encouraged? I mean, this could be a long drawn-out fight keeping their morale high. Is there anything that you would like to see done?

Dr. Hill: We have to keep the word out, and I think just speaking with you is one way of keeping the word out, and it is very difficult to communicate with all of the staff on a regular basis. We have tried to continue having medical staff meetings even though the Hospital has cancelled our regular meetings, and I would add that we have not been permitted to have an actual general staff meeting held in the hospital since last August. We had an election last November, but after the election was over, the meeting was summarily adjourned by last year's Chief of Staff without any business being done. So it is important to us to keep the word out, keep the morale up, and let people know that we are still in there and we're not going to give up.

CMA: What about the community there in Ventura? Do you think that most of the community are aware of what is happening, I mean above and beyond that there is this lawsuit, but....?

Dr. Hill: I think so. I see this every day in my practice. As I have said, I have been here a long time. I have not seen one patient who has said to me, "Why are you doing this? Michael Bakst is a wonderful person. You shouldn't be doing this." Everybody is very supportive of what I am doing. Certainly, his reputation in the community has been affected significantly by these previous ballot initiatives and legal actions that I mentioned to you earlier. I would give you one little funny episode here when "Survivor" first came on, the local newspaper did a little parody on "Survivor", and they picked some people, locally and otherwise, to represent a "Survivor" situation. And the funny part about it is Bakst was one of the people on the island. He was the, I may have the order wrong, but he was voted off either before or after Darva Conger. They were the first people voted off. That tells you how he stood in the community. This was kind of a public opinion poll scenario. So he definitely has a lot of baggage in the community.

CMA: What kind of message would you like, or should be delivered to other medical staffs throughout California about what is happening to you?

Dr. Hill: I think that is tremendously important. And at our annual meeting of the California Orthopedic Association, I actually put on a symposium about this subject, and I had Howard Lang speak, who is a former CMA President, as you well know. I had Tom Curtis [the medical staff attorney] speak, and then I spoke also, and it was extremely well-received. It was well attended, and the topics engendered a lot of questions. I specifically told them that you have to be aware of what is happening out there. You have to be vigilant, because hospitals are becoming more and more intrusive into medical staff policies, procedure, and you have to be aware it is essential to have legal counsel for the staff. Also, you have to have control of your staff funds because, as you mentioned, they essentially absconded with our funds, and they were certainly afraid that we would use the \$250,000 in our medical staff fund to sue them. So I have emphasized, you have to have control of your funds.

Now, one other thing that I think is very interesting, and I just found this out as a result of trying to appeal to other hospitals for some help in this – about half of the hospital medical staffs don't have their own staff fund, which I think is just terrible. I mean, it certainly, you may have an administration and board that you trust, but things change, and you should protect yourself and have control of your own funds and have your own funds. (To highlight)

CMA: That's a good point. In talking or sending a message to other medical staffs, should they be alert to any kind of an action or maybe even just something as minor as a comment that an administrator or someone in administration might say that might be again, an early warning or tip off that, hey, we as a medical staff better take notice that something might be happening here?

Dr. Hill: I don't know if I can pick out one thing, but I tell you, one of the things that distressed us greatly early on was when all of a sudden the administrator started injecting, or interjecting the hospital lawyer in all our proceedings. And we have a very combative, pit bull lawyer that works for the hospital. And when this happened, he was threatening medical staff officers, he was intimidating, he was making interpretations of the Bylaws that weren't merited. And that was when we asked for our own legal counsel, and the board refused, and that was very distressing to us. And I think that was one of the other things that really got us aware of where we had found ourselves.

CMA: Do you have any urgent needs now that are not being addressed that should be?

Dr. Hill: Well, as far as the Hospital, no. Right now it is at the legal level, and this is going to have to be thrashed out. The Hospital is still trying to do things to spin this to their advantage. We definitely need all the favorable publicity we can get, and truthful publicity. So those are the primary needs.