

WEISS



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It's like one of those cheesy social media personality tests:

Quick! Who do you trust?

A. Eugene Emergency Physicians ("EEP"), the E.R. group that's covered multiple PeaceHealth facilities in Oregon for 35 years?

OR

B. PeaceHealth's Oregon Chief Hospital Executive, Jim McGovern, and Oregon Chief Medical Officer, Dr. Kim Ruscher, the executives who oversaw the non-renewal of EEP's contract, and who then proceeded to blow off hundreds of members of the medical staff, the Oregon Nurses Association, and 27 other organizations, and who gave a word salad explanation as to why a group based 2,100 miles away was a better choice to take over the contract?

I don't know how you'd vote, but I can tell you that an initial, informal vote by over 200 members of the medical staff reveals that exactly 100% trust Eugene Emergency Physicians and exactly 0 trust Mr. McGovern and Dr. Ruscher. The vote called for EEP to be returned to cover all of the system's Oregon facilities and expressed "No Confidence" in the hospital administrators.

The decline in the relationship between EEP and PeaceHealth appears to have begun in 2023, when PeaceHealth closed the emergency department at University District Hospital. EEP had urged PeaceHealth to delay the move until modifications were made to PeaceHealth's RiverBend facility, which would absorb the additional patients.

The physicians warned that RiverBend's ED design limited the ED staff's line of sight and reduced efficiency. They argued that without physical changes, consolidating patients would slow care and compromise safety.

The system proceeded with the closure. They also laid off staff who restocked supplies.

As predicted, average wait times at RiverBend rose 40% the following year, from five to seven hours and, per state data, remained long through early 2025.

Something had to change and it certainly wasn't firing administrators. Instead, it was a decision not to renew EEP's contract and to issue an RFP. The contract was awarded to a group based in Georgia.

Apparently, all 32 of EEP's physicians and 9 PAs have refused to work for the new contract holder, at least for some extended period of time. In fact, CMO Ruscher has stated that she doesn't expect any of them to remain at the hospital – apparently, the new group hopes to recruit an entirely new staff of 30 emergency medicine physicians by July 1.

I don't have any inside information, but it appears that Mr. McGovern and Dr. Ruscher haven't done much to garner confidence in their leadership skills.

During the RFP process, the Oregon Nurses Association and 27 other organizations, including the fire department, the air ambulance service, and other medical groups wrote to support keeping EEP.

In meetings between the executives and the medical staff following the notification that EEP was out, Dr. Ruscher told the assembled physicians that, "we didn't ask for the nurses' feedback. We didn't ask for the physicians' feedback." She said that she had read "all those letters" but that they were outside of the official process, which was confidential, and couldn't be considered.

Yes, she essentially told the nurses and the medical staff members, without whom the hospital is, well, not a hospital, that it's none of their effing business.

When pressed as to why the out-of-state group had been selected, Mr. McGovern was quoted as having replied, word salad style, "they just bring a larger wraparound package that we felt could move our emergency department forward. We just needed more than clinical care, right-by-side care, and we believe they will deliver that as well." Dr. Ruscher stated that the hospital wants to "move from good care to great care" in the ED, but exactly how 30 unidentified, "to be recruited" doctors are great (as opposed to EEP as "good") is the stuff of fortune tellers.

The story isn't over and we'll see how it plays out. Will the decision to terminate EEP and move to the out-of-state group remain in place or be reversed? Will the administrators be next to be fired, after all, the same thinking that led to seeing the physicians as the problem might be applied by the health system's board to the administrators. Someone has to take the blame, and it's probably not the board.

Here are some takeaways for you:

1. In connection with any dispute or any negotiation, people will always act in their own self-interest. Given a choice of blaming himself or herself for inefficiencies or blaming a contracted group, a hospital administrator will almost always blame the group.
2. In light of that fact, groups should never be dependent upon a relationship with a single facility or even a single health system. Spread your risk. Anyone, even at a religious organization health system, who tells you that you are part of the "family" likely believes in fratricide.
3. Be completely proactive in terms of your relationship with hospital administrators from day one of your current contract because that's when you are actually starting negotiation of your renewal. Keep them informed. Make the medical staff aware of issues and create a record. Lay the groundwork of transparency in terms of problems. Fix those that are your problems.
4. For hospital administrators, think before you open your mouth. Don't expect loyalty from the physicians on the medical staff, and particularly from any contracted group, if you show no loyalty to a group that's been bonded with your community for decades. You've gone from trusted partner to used car salesman in 3.2 seconds. And consider that if your superiors, the hospital or system board, are willing to cut ties with a medical group after decades of loyalty, they'll have no trouble terminating you.



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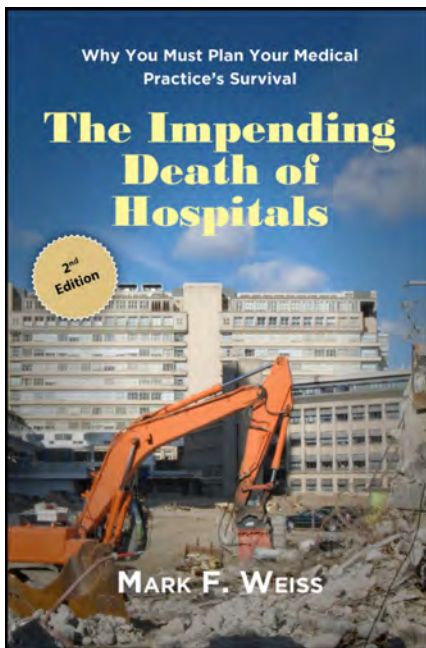


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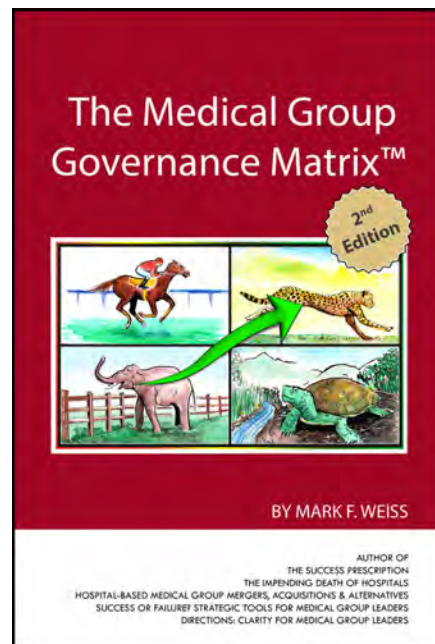
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