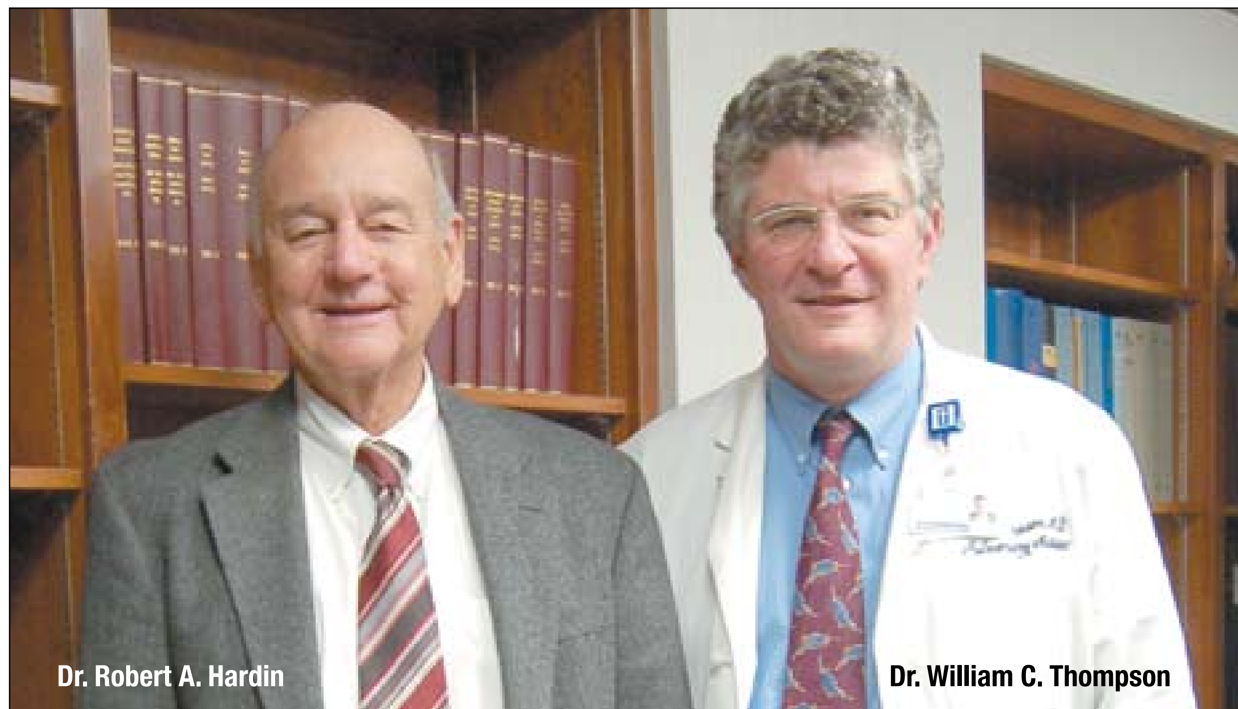
Physician Spotlight


Dr. Robert A. Hardin   Dr. William C. Thompson

Drs. Robert A. Hardin & William C. Thompson

BY SHARON H. FITZGERALD

When relay runners pass the baton, the goal is the quickest transition possible. When Baptist Hospital changed chief medical officers last year, the baton pass was a smooth, months-long handoff that both physicians praised.

"It's been wonderful to have Bob around for these months to help me get acclimated and to give me the sage advice that he frequently has given," said Dr. William C. Thompson, a pulmonologist who took the CMO job in August 2007. Dr. Robert A. Hardin, the CMO since 1997, stuck around until December "to assist in any way I could. There are just a lot of nuances to the position and a lot of things to learn," Hardin said. "I would really commend the hospital and the administration for the way they have handled this."

A cardiothoracic surgeon, Hardin joined the Baptist medical staff in 1964 and left private practice in 1994. After two years as Baptist's associate director of medical affairs, he became CMO and senior vice president. In the last decade, Hardin said there have been marked changes in medicine, yet "one of the more pronounced" has been the rapid decline in physician solo practices. "It's very rare anymore for residents in internal medicine or family practice to go into practice by themselves. Almost everybody who graduates and finishes their training joins a large group or works in a hospital as a hospitalist. It's just too difficult economically for them to survive by themselves," he said.

The rise of the hospitalist model, he added, is changing the way hospitals interact with their medical staff — and thus rewriting the CMO role. Hardin said he sees both sides of the hospitalist issue. On the one hand, it's become much more complicated to care for patients in a hospital setting. Because of constantly changing and increasingly complex technology, it's difficult to be "an occasional practitioner in the hospital," he said. Yet he acknowledged that hospital patients may "miss the close contact they have with their personal physician."

While Hardin doesn't believe care is compromised by the hiring of hospitalists, he did acknowledge that "the closeness of the physician-patient relationship is more difficult now than it's ever been. It still exists, and there are plenty of physicians who still have that good contact with the patients. As a surgeon, if you don't have contact with the patients other than in the operating room, then you're just a technician. That would be terrible."

Thompson knows the hospitalist model well; he helped implement Baptist's program about 10 years ago. As the number of hospitalists grows and increasingly includes more specialties, Thompson said there's "a change in the relationship between traditional voluntary medical staff and their hospital of affiliation. One of the ways that I feel challenged with that is trying to be sure that we retain the strong connection to our voluntary medical staff and are able to meet their needs and keep them loyal to the institution even though they are perhaps on site less than they would have been a decade ago. I think at the end of the day there are many reasons why the physician-hospital alignment needs to stay strong."

Maintaining that line of communication between the hospital and its medical staff is a CMO's top priority, both men agreed. "Whenever a physician who has been a practicing physician becomes the chief medical officer, the comment they usually make is that you've gone over to the dark side," Hardin quipped. He defined the role as representing the administration to physicians while also "carrying the water for physicians to the administration, because nobody else is in the position to do that."

Thompson described the situation as "straddling the fence," but added, "I think if you're going to be effective in this job, you have to tilt somewhat towards being the advocate for the medical staff and for their concerns. Although you are a hospital or a health-system employee, you really have to retain credibility with your medical staff or I think you lose your ability to be effective in the position as liaison. Doctors and hospitals have enough forces trying to tear them apart, such that I think the importance of this position in terms of keeping the avenues of communication open really is hard to exaggerate."

While traditional CMO roles such as credentialing and privileging certainly face Thompson, Hardin is the first to acknowledge that Thompson is confronted with problems that didn't exist just 10 years ago. One is "increasing scrutiny from a never-ending number of organizations" that report quality measures and physician performance. "And they're now tying payments to the quality of care," he said. "It brings a whole new atmosphere to the hospital. Physicians feel like they're under the gun, like there's somebody always watching over their shoulder."

Pressure from third-party payers is added to the mix now, too. Both physicians mentioned "never events," a relatively new insurance category that can leave a hospital without any reimbursement if an avoidable error occurs — the surgeon operates on the wrong leg, a foreign object is left in the body, the wrong blood type is used during an infusion or the patient contracts a hospital-based infection. "That's going to put a squeeze on both the hospitals and the physicians," Hardin said. Added Thompson, "I think that physicians will get more attentive and more attuned to all of this as they're impacted financially, and that's already begun to happen."

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