Providing for Providers

Sarah E. Coyne helps rural hospitals apply big health care laws to small-scale operations

BY CHRISTINE SCHUSTER

When a doctor faces suspension due to conduct or incompetence at a large hospital, there's a long list of other doctors of the same specialty who can take over. It's a different story when that doctor is the only general surgeon at a critical access hospital—a rural facility with as few as 25 beds and five doctors. Recently that very thing occurred, and that's where Sarah E. Coyne came in.

A surgeon faced a disciplinary process, which usually requires review by a subcommittee of the hospital's medical staff, but was not possible in this case. She sought an outside surgeon to review the situation through a neutral, external peer-review service. "It had to be somebody that was rural also, because practicing surgery in a rural setting is just different," she says. "You don't have all the fancy equipment and supplies that you might in a larger hospital." She likewise helped arrange for an OB/GYN surgeon at the hospital to act as both a mentor and proctor to the suspended surgeon while they completed the correctional process.

Coyne, the national chair of Quarles & Brady's health law practice group, is out-of-house counsel for many rural hospitals. She helps them with challenging issues, given their limited resources. "We have to be creative and be able to scale things down in a way that works," she says.

She guides staff through the ways to comply with laws, such as the obligation to report unprofessional conduct. When a doctor reports another for wrongdoing, it can be rough on workplace culture. "They have a tiny medical staff; everybody knows everybody; everybody trained everybody; and how this can work in a way that they can sleep at night has been a real challenge for us," Coyne says.

In the early '90s, Coyne spent four years as an occupational therapist for neurologically impaired patients. She became concerned about patients driving without restrictions on their licenses and researched ways to do something about it in the law library. She enjoyed the work and, on a whim, applied to law school.

"I started working in health care and found it easier than it might have been if I hadn't been steeped in the culture of hospitals and the medical system," she says. "It gave me a lot of context and operational knowledge that allowed me to be practical a lot sooner than I otherwise would have been with legal advice."

HIPAA, the 1996 act governing medical privacy, is designed to work for hospitals of all sizes, yet it presents challenges to Coyne's clients. "A huge hospital system might be able to purchase a complicated electronic medical record and implement it and devote tons of resources to make it go smoothly. That's not going to be possible in a little hospital, yet they still have to check all the boxes."

How do you apply system upgrades without a dedicated IT staff? Coyne works to find physicians who are interested in IT and willing to volunteer their time. She has even enlisted hospital CEOs to sit at the help desk after hours to fill the role of technical support workers.

"Physicians are—I don't mean to stereotype—generally not in love with the idea of changing the way they document," Coyne says. "They'd much rather be treating patients, and it's kind of a fight, to be honest, to get physicians to jump in and do what they need to do to learn how to use it."

Coyne, too, has to be readily available at all times.

"It's a way of practicing law, and an area of law, that there just isn't a lot of background in," she says. "We had to make up our own rubric."

Sarah E. Coyne
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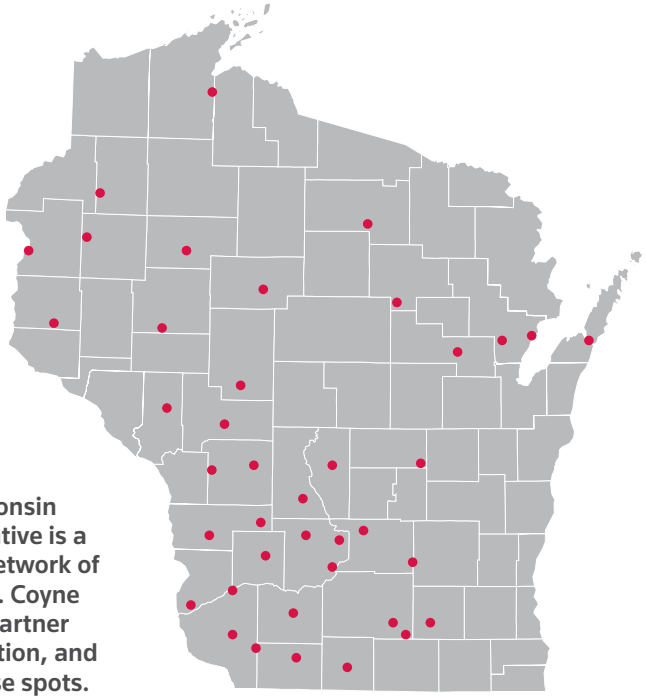

The Rural Wisconsin Health Cooperative is a collaborative network of small hospitals. Coyne is a corporate partner to the organization, and often visits these spots.