

Medical Home Phone Conference
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“Shriners Hospital: What Services are Offered and to Whom”
Lisa Samson-Fang, MD and Mike Babcock, Director of Public Relations

Lisa Samson-Fang: Let’s go ahead and get started. Joining us today is Mike Babcock who is the Director of Public Relations at Shriners Hospital in Salt Lake City. Shriners Hospital area is all of Utah. He is going to talk with about what Shriner’s Hospital has to offer and what patients would be the appropriate referrals and how to do that.

Mike Babcock: Thank you very much. I’m glad to be here and glad to have everyone on board. Hopefully in the next thirty minutes we can demystify some processes and some myths about Shriners Hospital and at the end of thirty minutes you will go away with better information about who we are and what we do and how we can help you in each of your practices. I like to keep it pretty informal so if anyone has any questions and can get a word in, please just speak up and we will answer them as we go along.

Just some background information for those that may be somewhat familiar with Shriners or may have at least heard of us but may not know the details of our organization. We have been in Salt Lake over 80 years serving children not only from Utah but the surrounding western states and Northern Mexico so our catchment area extends throughout the entire intermountain west. Our specialty is pediatric orthopedics: the full range of disorders or diseases of the bones, muscles or joints. There are three Shriners Hospitals that are burn centers and they tend to get a lot of press and publicity, so people often think that Shriners Hospitals are more well know for their burn care but that’s not the case. Of the 22 Shriners Hospitals 19 are orthopedics centers and that is what we specialize in Salt Lake. We are 40-bed hospital located in the Avenues in Salt Lake City. We’ve been on this site since the late 1940’s. The building we are in currently is about 11 years old. It’s a state of the art facility. We provide in patient surgery for a wide range of orthopedic conditions as well as out patient clinics, wheelchair seating and positioning, prosthetics and orthotics as well as PT , OT and speech. Hidden away in the basement we do have the region’s only motion analysis laboratory. That is our facility in a nutshell and the kind of kids and conditions we treat. We are actually recruiting patents. When I go out to talk to people I hear “you must have waiting lists a mile long” or “it must be real difficult to get into Shriner’s Hospital for treatment” but that’s not the case at all.

Lisa Samson-Fang: Tell us about how one applies to Shriners Hospital and the fees involved and what would be something that qualified a patient to be seen at Shriners Hospital.

Mike Babcock: As a private non-profit we are a 501C3 Charity and there is no cost for treatment at Shriners Hospital. The funding is provided by the Shriner’s Endowment, which is a private endowment. We don’t take Medicaid, we don’t take CHIP we don’t take Third Party Insurance we don’t take self-pay or out of pocket pay. We just cover the cost through our private endowment. A lot of people think that a child must be within a certain percentage of poverty level or uninsured to receive treatment here. While that may be the case it is not a requirement. We will take kids with insurance and we’ll take kids without insurance we just won’t bill them or charge them at all.

Lisa Samson-Fang: Economics is not a qualifier for the Shrine, correct?

Mike Babcock: It's not. We tend to take a fair amount of cases of kids who have no other resources just because we are charity care. But there is no sliding scale and we don't take family income when accepting family applications

Lisa Samson-Fang: What does a family have to have to qualify to be a patient at Shriners.

Mike Babcock: Its all age and diagnosis dependent. Our application or our referral form can be boiled down to two questions: 1.) Are you a child under age 18 and 2.) do you have an orthopedic condition we can treat.

Lisa Samson-Fang: Let's talk about that. I think there might be misperceptions on both ends thinking chronic orthopedic needs are only the children with neurodevelopment disability or that chronic orthopedic need is only the typically developing teenager with scoliosis, limb length discrepancy, or clubfoot.

Mike Babcock: Yes and yes. We have a pretty narrow scope of service. We used to try to be everything to everyone and with healthcare costs spiraling out of control and with our realization that we are a specialty hospital we have kind of distilled our services back to the bare basics of pediatric orthopedics. With that being said we do take mostly complex chronic or congenital type conditions. As an example, you mentioned limb length inequalities, one of our specialties and if it's a condition in a child under age 18 and they have a significant limb length inequality, if they are using a lift or they need a *growth plate stapling*, those are the kind of procedures we do on a weekly basis. We do take scoliosis cases. We've seen a real increase in the number of infantile or early onset scoliosis cases we've been treating here. In fact, we are starting to be recognized regionally and internationally as a center of expertise when it comes to that treatment. Dr. Jacque D'Astou has been doing a 3-stage treatment for infantile or early onset scoliosis with the halo procedure, the casting and or spine fusions. So we have had a lot of success and a lot of those cases. We see the little kids with clubfeet. We do some non- surgical procedures using casting. We see a lot of toddlers from Mexico with hip dysphasia. Anything that involves bones, muscles or joints, amputations congenital limb deficiencies, kids with CP, Spina Bifida, Muscular Dystrophy, that require orthopedic care, that would need wheel chairs, feeding systems, standers. Those are the kind of kids we would see.

Lisa Samson-Fang: Shriners Hospital is the other pediatric hospital in Salt Lake City, which people often forget.

Mike Babcock: That is my official marketing campaign. You remember the pork campaign from several years ago "pork, the other white meat?" We're "Shriners, the other Children's Hospital."

Lisa Samson-Fang: If I remember correctly, you do have 40 beds? Is that correct?

Mike Babcock: Yes, we are a small hospital, with 40 inpatient beds.

Lisa Samson-Fang: How many patients a year do you evaluate out patient at Shriners?

Mike Babcock: We see between 500 and 600 children a month at our out patient clinic. We'd like to believe that at any given time we have just over 5000 active patients from the seven states intermountain region that are receiving treatment or are scheduled for treatment at the hospital.

Lisa Samson-Fang: Could you tell us a little about your staff?

Mike Babcock: Sure, that is another common misconception. People think: "okay Shriners is charity care, isn't it nice that the doctors and nurses all donate their time and provide volunteer services at the hospital." That is definitely not the case. We have over 250 paid employees at the hospital. We have five pediatric orthopedic surgeons, we have a full complement of nurse and social work medical care coordinators, we have nurse practitioners, physical therapists, occupational therapists, certified prostheses and orthotists. It's expert clinical care. Our outcomes are excellent our safety standards are excellent. We don't cut any corners at Shriners Hospital. If you've been in our building or you've referred a child or if you've talked to anyone or worked with anyone who is associated with Shriners, you know that it might be charity care but not in the common definition of the word. We subscribe to a very high standard of excellence. Joint commission accreditation is always sky high and a child and family should have no worries about coming here, as far as quality or safety.

Lisa Samson-Fang: I understand that a child can be seen by an orthopedist there and evaluation and have surgery there at no charge whatsoever. Tell us a little bit how equipment is handled through the Shrine, like wheelchairs or walkers.

Mike Babcock: We have the ability to provide DME to our patients. We'll send walkers and crutches home with patients that need it. We have quite a storage and stock of wheelchairs, both manual and power. If a child does have insurance, we'll let that insurance company pay for the chair especially in the case of a new or expensive powered chair. We just ask that they allow us to do the evaluation and the fitting. We'll spend a half a day with the child making sure that the seating system and the cushion is correct. We put them through pretty complex seating modulation system and a pressure mapping process to make sure that the child has exactly the size and type of equipment they need. If a child doesn't have resources we'll find a way to pay for that and make sure they get it.

Lisa Samson-Fang: I'm wondering if anybody has any patients they are thinking about or questions they would have about Shriners Hospital?

I've got a question. One of my patients was there in sort of an adolescent group therapy arrangement where she felt it was really beneficial to her emotionally. I'm wondering what services are provided in terms of addressing the emotional and psychological wellbeing of patients that go to Shriners Hospital?

Mike Babcock: As I mentioned, our care coordination department is staffed by nurses and medical social workers. and so we do full psycho/social assessments on every patient that is referred to that department. They have ongoing counseling, there is support during the duration of the inpatient stay to make sure that not only are the physical needs met but their psychological and emotional and

other needs are met. If it is a kind of patient or case that might be on the scope of what we're used to dealing with we have agreements with the University of Utah and we can bring over psychologists or other experts for consultations if needed.

Lisa Samson-Fang: I think that is a really key question. Having worked at Shriners, it seems like a lot of emotional concerns do present orthopedically as chronic leg pain, back pain things like that. So certainly those patients do sometimes get referred and when those issues are identified the Shrine does work hard to try and figure out who those issues could get addressed. Other questions people have about the Shrine or patients they may have in mind?

I have question. If we were make a referral to you, how long would it take to get that child in?

Mike Babcock: I have to admit, one of my goals and projects is to streamline this referral process, and to make it literally just a phone call and a physician to physician referral where we can get patients in quickly or at least a little more quickly than we are now. Right now we ask that you fill out an application and that application is two-sided. It just asks for some basic information on the family, the medical history. Those referrals can be called in on the phone or mailed in or faxed in. You can fill it out as a PDF on the website and submit that. We are looking at about 45-60 for the first outpatient appointment and probably 6 to 8 months for the first surgery. If you have a child that has some real acute needs and we need to get them in quickly we have the flexibility to do that. The 45-60 days are really in turn. If you've got a child that needs immediate evaluation and would benefit from coming in quicker we have the ability to move our schedules around.

Lisa Samson-Fang: Whom would they contact? Would it be best if they called one of the orthopedists to let them know that this patient's application was coming?

Mike Babcock: That is part of the process that I want to streamline. At this point, the process is to get the application and it could be a hard copy and you can call a friendly and helpful application assistant can help you and take your referral. The main hospital number is 801 536-3500. Our toll-free number that works state and region wide is 1 800 313-3745. If you call either of those numbers and ask for applications, especially Monday through Friday between 6:00am and 2:00 or 3:00 pm, you should reach an application coordinator who can help fill out the paperwork over the phone or take your referral. That is the first step in the process. After the application is reviewed by the Chief of Staff and the patient has been accepted the family will get a letter in mail stating the date of their initial clinic appointment. Like I said, we're looking at about 45-60 days depending on the acuities or severity of the case. Then once they are here at the hospital for the initial clinic evaluation, they will meet with the multi disciplinary team, the orthopedist, they will meet the care coordinator. They could be seen by a therapist or prosthesis *or* orthotist, depending on what they need. We might schedule them for the motion analysis evaluation and then at that point if surgery is recommended we're looking again at another half a year so again depending on the needs of the child and we'll take it from there.

Mike Babcock: As a private nonprofit we cut through a lot of the red tape and the barriers to services which are a reality for a lot of child and people. If a child has a mailing address and lives in Utah we don't require anything beyond a birth certificate and some vaccination records and those can be from any country. No legal status or documented or undocumented, is a prerequisite for care

at Shriners. If they live in Utah and they have a mailing address in the state we don't investigate or pay much attention to their citizenship.

Lisa Samson-Fang: Another barrier to care sometimes is transportation. Part of our audience is down in Southern Utah. Is there anything the Shrine can do to help out with those issues?

Mike Babcock: There is. as an aside, I want to clarify who are the Shriners and what is "the Shrine." It is a private nonprofit charity hospital system, founded by the Shrine of North America, which is a Masonic Fraternity. So all Shriners are Masons but not all Masons are Shriners. If you know anything about Free Masonry or the Masons you'll know it's not a religion it's not a secret society contrary to popular belief. It's a fraternity of men who back in the 1800's decided to organize themselves to do something beneficial to society so they started this system of charity hospitals. So the Shrine is really two organizations: Shriners Hospitals and the Shrine of North America. So if a child needs assistance for transportation to and from the hospital, the hospital won't provide assistance, that's beyond our scope of care. But the Shrine, the guys in the funny red hats that ride the little bike in parades and the motorcycles and the go carts, they've raised money in their own communities and have made contributions to a transportation fund that can help pay the gas money or lodging for a family that has to come from Montezuma Creek or other places south. I'm going to give you the phone number to the Shrine office so if you have a patient who requires transportation assistance, our applications people will help you with that but just in case this is the phone number to the Shriners office here in Salt Lake City: that is 801 364-4421. You want to talk to someone about the transportation fund and the Shrine is able to reimburse for gas and lodging when they come from long distances. With the exception of paying for your meals when you get to the hospital, there could be literally no costs associated with the treatment at this hospital.

Lisa Samson-Fang: For those in Southern Utah does the catchment area cross the border into New Mexico or Arizona?

Mike Babcock: It does. The four-corner region is our market.

Lisa Samson-Fang: Anybody else with questions?

I would like to ask another question? You know Shriners is supposed to be ahead of the curve in transitional care, but what happens to your patients generally speaking when they reach 18?

Mike Babcock: We start our transition planning around age 14, when it's obvious that a child is going to move into young adulthood with some ongoing needs that would be beyond our scope so we'll start working with the adolescent and the family starting in the early teen years and then as they move to age 18 and we've done all that we can then we'll make sure that we've made the appropriate referrals and we've networked with the appropriate providers in the community be that voc rehab be that independent living. Our care coordinators are well versed in that transition planning and make sure that the educational and vocational and rehabilitation needs of that patient have been addressed well before we send them on their way to adulthood.

Lisa Samson-Fang: Mike, am I wrong that there are some kids that are very difficult to transition for their orthopedic care just because of the lack of orthopedic providers in the adult community familiar with some of these issues.

Mike Babcock: Yes

Lisa Samson-Fang: I know some of them occasionally kind of kept the door open as an if only for a little while.

Mike Babcock: Our goal is to wrap up treatment and do everything we can by the time a child turns 18. That's goal but we have to remember that each child and each patient is unique in their needs and so we have had patients that have continued to be seen through their twenty first birthday. We've committed to doing everything we can to help these kids and if by age 18 we're not there, we have ways to kept them around. It's always unique to see our patients come in married with their own children. Makes for some interesting arrangements on the inpatient unit when they are in their early 20s and are parents themselves but that definitely is the exception more than the rule.

Can mid levels refer to the Shriners Hospital?

Mike Babcock: Help me understand when you say mid-levels

Both a nurse practitioner and a physician assistant

Mike Babcock: Let me make this clear that we accept referrals from parents themselves, a relative, school nurse, mid level, physician. We'll accept that application or referral from whoever knows the child best and if you can document the medical history it's not necessary to have a physicians referral to be accepted at Shriners.

Lisa Samson-Fang: I would like to point out, that having had a lot of families do these applications, they are probably one of the easiest applications a family will ever complete. And in terms of the medical history, basically what's asks is what is your child's orthopedic problem and when did it start. So it's really not a complicated referral.

Mike Babcock: Its not and I really wish I could make it even easier. Its one page double-sided and I think it would really be about the size of recipe card. So we're working on that.

Lisa Samson-Fang: One thing that is always a little confusing is if you have a child with an orthopedic need and some health care funding, how do you decide whether its better to refer that child to Primary Children's orthopedics there or Shriners and orthopedics there. I know some of the practitioners do work both places, does it even matter as long as they can get in the door one place or the other.

Mike Babcock: I can only say what has been told to me anecdotally by patients who have gone that route. I always tell patients that all its going to cost you to come to Shriners for a second opinion is your time essentially. What sets Shriners apart from other providers, from other hospital is the atmosphere and the philosophy and the loving environment that a child will find at this

hospital. We are not motivated by the bottom line. We're not worried about doing what is profitable. We are free to do what is ethical and what is necessary to care for these children. We don't have third party payers giving us prescribed length of stay or what they will or will not pay. We're able to open the doors and take each kid individually and we are free to do that because we are not constrained by funding then we're able to concentrate on what's best for a kid and that comes out in each and every employee from the cafeteria to the housekeepers to the docs and the nurses, even the PR people. We treat each child and each family with the utmost respect and courtesy and love. You can't get that anywhere else.

Lisa Samson-Fang: I guess on that note we should call it a day. Thank you, Mike for joining us.

In attendance:

Lisa Samson-Fang, Mike Babcock, Barbara Ward, Sandra DeBry, Bob Terashima, Dinosaurland Vernal, UVP Plaza office, Southridge:Natalie,