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# Attorneys offer guidance on health care labor law

## Book tackles collective bargaining, personnel problems

Attorney Bruce Petrie Jr., along with colleagues Lee Geiger and Lisa Caldemeyer at Graydon Head & Ritchey, has written a book "Healthcare Labor and Employment Practice Guide" for the American Health Lawyers Association.

It's designed to help lawyers and non-lawyers navigate issues that arise in health care workplaces. Chapter topics include labor law and collective bargaining to employment records and dealing with "disruptive physicians."

Petrie co-chairs Graydon Head's health care group and serves on the firm's executive committee. His practice focuses on health, education and human services, and he spoke about health care work-force issues at the Health Lawyers' national convention in February. Petrie recently talked with *Business Courier* reporter **Jon Newberry** about why they matter. Excerpts follow:

### **Q: How did the book come about?**

I had an opportunity to work in a hospital handling work-force, human resources, personnel and labor relations ... to leave my law office and actually be in a hospital. It was an important experience because it showed me the practical day-in and day-out of decision-making and how that leads to the quality of patient care. I read that Americans will have an average of seven surgeries in their lifetimes, so all of us in one way or another interface with the health care system.

The national debate has been focused on insurance rather than the quality of care and the work force. To me, what it comes down to so centrally is a work force of roughly 14 million people who have to deliver all this intricate knowledge and know-how to the patient.

I started thinking about how can we improve the quality of decision-making. The book focuses on how to organize and sys-

### **Q&A: BRUCE PETRIE JR.**

Petrie is Graydon Head & Ritchey's external affairs partner and has been a member of the firm's executive committee since 2000. He graduated from Brown University and Northwestern University Law School and served a federal judicial clerkship in Chicago before returning to his hometown.



tematize some of the decision-making to help quality outcomes.

### **Q: The issues you address, are they different in the health care system than in, say, consumer products?**

I think they really are because of the nature of health care. There are three big megatrends that make decision-making different.

The first is, we're facing a shortage of skilled workers in health care. The American Hospital Association did a study, called Workforce 2015 – the prediction is that there will be a shortage of 109,000 doctors in 2020 and 260,000 nurses in 2025.

The second thing is that if you're going to treat the human mind and body, the education curve is a long one. You can't correct this problem overnight. And that trend is happening at a time when the demand for services is increasing. So you have a shortage, a long education curve to correct the shortage, and then increasing demand.

The third thing that makes it different is what doctors are now seeing as the complexity of know-how management. There's a wonderful book written by a doctor named Atul Gawande called "The Checklist Manifesto." He points out that one of the major challenges is that science has delivered all this know-how to health care, yet the ability to manage and deliver it safely and reliably and correctly is a huge challenge.

And (another) piece is a quality-of-care

challenge. Because if you have workplace shortages, increased demand and science delivering this complex knowledge that needs to be managed, ultimately it comes down to quality of patient care, and that impacts every American.

### **Q: The current political debate about health care, is it addressing those issues?**

No. I call it the "work-force factor;" I think it's the forgotten factor. The focus is on insurance and coverage, and to me the issue is, how are these mega-trends going to be addressed? Here's the irony about it – we tend to think of jobs rather than health care; how about health-care jobs? Why aren't we talking about jobs in the context of health care?

I'll give you an example. There's a lot of debate about what Ohio ought to be doing to reduce high unemployment and this transition from manufacturing to a service economy. To me there's a great opportunity for Ohio to step up and be a player. Higher education is one of the biggest resources Ohio has. We have 125 colleges and universities, six medical schools and 68 nursing programs in Ohio. So Ohio could help provide the health care work force for the future.

### **Q: Isn't health care one of Cincinnati's biggest industries?**

It's a huge industry. If we started to focus on solutions here, a huge piece of this is the teaching hospital, and we have a tremendous academic medical center in University Hospital. I don't think there's ever been a greater need for teaching hospitals to thrive. Because in order to train the work force, health care training is very hands-on. Residents need to work on patients. Nurses need to be trained through hands-on experience. We have the resources to be part of this training. We are poised to really have an impact nationally.