Case Studies of Patient- and Family-Centered Primary Care Practices

CASE STUDY REPORT
The Polyclinic – Family Medicine Practice

Name and Location of the Practice Site
The Polyclinic – Family Medicine Practice
Medical Dental Building
509 Olive Way, Suite 900
Seattle, WA 98122
206-860-4700
www.polyclinic.com

Project Staff Conducting the Site Visit
The Family Medicine Practice of The Polyclinic is one of 12 primary care practices featured in Commonwealth Fund case studies of patient-centered practices. The site visit was conducted by Dale Shaller.

Key Personnel Interviewed
- Michael Tronolone, M.D., Medical Director
- Robbie Sherman, M.D., Family Practice Leader and Section Chief
- Lisa Ricco, Practice Manager
- Trish Raymer, M.D., Family Practice
- Kevin Hatfield, M.D., Family Practice
- Kelly White, M.D., Family Practice

Overview
The Family Medicine Practice of The Polyclinic is one of 12 primary care practices included in case studies of high-performing, patient-centered primary care practices. Practices were selected from a sample of more than 2,000 sites on the basis of their exceptional patient experience survey scores across multiple domains. The purpose of the case studies is to document models of high-quality, patient-centered care and to extract lessons regarding the organizational factors and specific processes used by these practices to achieve favorable patient experiences.
The Polyclinic

The Polyclinic is a physician-led, multi-specialty group practice located in downtown Seattle. It was established in 1917 and employs 107 physicians, including more than 30 primary care physicians and more than 70 specialists in most areas of medicine. The majority of its physicians are full time, resulting in a full-time equivalent of about 98 doctors. The main campus includes an array of on-site services such as laboratory and X-ray services and outpatient surgery. The Polyclinic has several smaller satellite locations in Seattle, including the Family Practice site, which is the focus of this case study.

The Polyclinic Family Practice site scored above the 95th percentile on the American Medical Group Association (AMGA) patient survey questions related to doctor–patient communication, and in the upper quartile on questions about access and interaction with office staff. Key to the practice's success in achieving these scores is a strong team culture built on a shared set of values and commitment to patient-centered care, acquired by many of the physician leaders during their primary care training. The physician leaders’ values have been reinforced by the Polyclinic’s overall organizational focus on “high-end personalized service” and a deliberate marketing strategy designed to attract and retain a loyal patient base in downtown Seattle.

A remodeled downtown location and the adoption of an “open access” strategy have helped to cement the patient-centered qualities of the practice. Open access is also known as advanced access or same-day scheduling. The transition to open-access scheduling required that the practice leaders work together in new ways and reinforced the team approach to meeting patient needs. The practice is not without challenges, however, which include competitive pressures for market share from other organizations in the downtown market and a need to sustain their patient-centered culture as the demands of expansion lead the practice to add new physicians and support staff.

Characteristics of the Local Market

The Polyclinic is in the heart of Seattle, a major urban center with a concentration of medical care facilities in the downtown area. The main campus is in an area known as “Pill Hill” because of the large number of major medical centers located there, such as the Virginia Mason Medical Center, Swedish Medical Center, Pacific Medical Centers, and the Minor and James Medical primary care group. These organizations comprise The Polyclinic’s major competition in primary care.

The HMO market in Seattle is dominated by the Group Health Cooperative of Puget Sound, which enrolls about 20 to 25 percent of the population and is a major provider of primary care. The other 75 percent of the payer market is controlled largely by Regence Blue Shield and Premera Blue Cross through its preferred provider organization (PPO) products. PacifiCare has a relatively small HMO presence in the market. It is estimated that The Polyclinic controls 2 to 3 percent of the patient share in the greater Seattle market.
**Mission, Structure, and Governance**

The mission of The Polyclinic is “to promote the health of patients by providing high-quality, comprehensive, personalized health care.” According to Michael Tronolone, M.D., who became the clinic’s first full-time medical director in 2003, The Polyclinic aims to aggressively occupy a market niche as the “high-end service provider” in Seattle, based on the “Nordstrom model” of customer service—a reference to the famed department store Nordstrom’s, whose flagship store is in the neighborhood. The high doctor-to-ancillary-staff ratio at the clinic reflects this strategy, as the clinic strives to distinguish itself as a provider with ready access to physician services and with a “one-stop shopping” approach to medical care.

This marketing strategy was developed by senior management in consultation with the physician leaders as a way to distinguish The Polyclinic in the crowded, highly competitive Seattle market. A strategic planning process undertaken in 2003–2004 involved focus groups with patients that revealed a high degree of patient loyalty. According to Dr. Tronolone, senior leadership decided to embark on a strategy of “providing great service to existing patients to get more patients.”

The clinic also launched a marketing and communications campaign targeted at the growing residential and working population in the downtown area, focusing on convenient access, for example during the early morning and lunch hours. [Attachments 1-3: Press Release and Downtown and Checkup Billboard Ads] The recent decision to expand and remodel the downtown Family Practice rather than expand into the suburbs, as other provider groups had recently done, is an integral part of this strategy. Dr. Tronolone attributes the clinic’s recent growth to this combination of a commitment to patient-centered care and savvy in reinforcing and expanding the clinic’s historical downtown niche.

The Polyclinic is governed by a board of physician directors. [Attachment 4: Organization Chart] Physicians are eligible for nomination to shareholder status following a two-year evaluation and performance review process. Once a shareholder, physicians are no longer “at will” employees of the organization but rather full voting partners with an equal say in the governance of the organization. According to several physicians interviewed, this buy-in and “ownership” contributes to strong loyalty to the clinic and its success. All physicians sign on to a “physician compact” that specifies their responsibilities and rewards as members of the organization. [Attachment 5: Physician Compact]

**Payer Mix and Patient Population**

The Polyclinic has the following payer mix:

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<thead>
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<th>Payer Type</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Self Pay</td>
<td>11%</td>
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<tr>
<td>Commercial Fee-for-Service</td>
<td>55%</td>
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<td>Medicare Fee-for-Service</td>
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The practice serves approximately 78,000 patients.
Physical Characteristics of the Family Practice Site

The Family Practice site is 10 blocks from The Polyclinic’s main campus in the heart of the city’s retail and shopping district. It occupies the newly renovated ninth floor of the 20-story historic Medical Dental Building, which is also undergoing a major renovation. [Attachment 6: Medical Dental Building Brochure]

Access to the practice is through a bank of elevators in the building lobby, currently under construction. The elevators open into a large lobby entrance and patient waiting area. A smaller, private waiting area off the main waiting room is designed specifically for children, with age-appropriate furnishings, books, and toys. The entire space has a polished, high-end look and feel, with spot lighting and rich wood and earthy green and beige tones. Large windows provide abundant natural light.

Patients are directed by signage to a bank of three registration windows for family practice. Patient registration for dermatology is located beyond the general registration area for additional patient privacy.

Patients receive a form upon registration that is tailored to the nature of their visit. [Attachment 7: Sample Patient Intake Form] When called for their exam, patients are greeted by a staff member and accompanied through a door into an inner area consisting of two pods or clusters. At the center of each pod is a large square workstation, where the nurses and medical assistants have their desks. Around the perimeter of the square are countertops and spaces for specific tasks such as weighing patients and eye exams. This pod structure was created to enhance both communication and efficiency among staff. An important design element is the “dictation station,” a bank of three booths where doctors stand to enter notes, write orders, and do dictation immediately following a patient visit. The design of these stations encourages interaction between clinicians and ancillary staff, such as impromptu consultations, or follow-up with patients.

Around the perimeter of each pod, on the outside walls of the floor, are patient exam rooms and private doctor offices. There is also a smaller lab, procedure room in dermatology, and larger lab for phlebotomy (blood draws). A lounge area for staff includes a kitchen and several large tables.
Physician Staff

The Family Practice site includes seven Family Medicine physicians. Interviews about what drives patient-centered care in the practice were conducted with four of the seven physicians who were available during the site visit.

Robbie Sherman, M.D.

Dr. Robbie Sherman has been with the practice since 1998 and is currently the practice leader as well as section chief for family medicine. She received her M.D. from the University of Washington and completed her residency at Providence Hospital (which has since been acquired by Swedish Medical Center). Before coming to The Polyclinic, Dr. Sherman was in a small private practice that focused on obstetrical care for low-income women. When discussing her previous positions, she describes a “failed model” of patient care characterized by a hierarchical, centralized administrative approach that stifled physician autonomy, collegiality, and job satisfaction. This experience led her to embrace an alternative approach focused on team building.

According to Dr. Sherman—as well as the practice manager and all of physicians interviewed—a defining moment in the life of the practice was the design and implementation of the open-access model. Open access, also known as advanced access or same-day scheduling, is a method of scheduling in which all patients are able to receive an appointment on the day they call, nearly always with their personal physician. Rather than booking each physician’s time weeks or even months in advance, this model leaves about half of the day open; the other third is booked only with clinically necessary follow-up visits and appointments for patients who chose not to come on the day they called (typically no more than 25 percent of patients).

The idea for open access emerged in 2000 during the World Trade Organization riots that took place in downtown Seattle. During the civil unrest, the practice temporarily moved to the main campus, where an open-access initiative was under way in another service department. Impressed with the efficiency and improvements in patient flow, the family practice doctors decided to try it out after they moved back into their regular space, and hired a local consultant to help them.

Dr. Sherman believes that the process of moving to open access was instrumental in bringing the physicians and staff together to take a “total look” at how the practice functions, including patient flow and physician–staff interaction, and to develop methods for building teamwork. An important example is the regular use of a “huddle” at the end of the day. After the last patient has left, physicians and staff who work in the same pod meet for a five-minute “huddle” to review what went well that day and what did not go well. The outcome of the huddle is to immediately identify strategies for addressing problems that will be put into practice the very next day.

Trish Raymer, M.D.

Dr. Trish Raymer also was trained at the University of Washington School of Medicine and completed her residency at Providence Medical Center. She worked with Dr. Sherman prior to joining The Polyclinic in 1988 and is also committed to a collegial, supportive work environment for both physicians and
staff. She describes the physician group as “very tight.” She also works closely with her nurse, and says their patients notice their high level of teamwork, characterized by an easy and friendly rapport, which is not typical in all medical practices.

Dr. Raymer will make house calls to patients if the situation suggests the need. She also will visit her patients in the hospital and is very positive about the hospitalist program at The Polyclinic, which directly employs three full-time hospitalists who coordinate inpatient care at Swedish Medical Center. Hospitalists help manage patients throughout the continuum of hospital care, often seeing patients in the emergency department and then following them as they progress through their hospital stay and help in their transition to post-hospital care. Because the hospitalists are members of The Polyclinic group practice, they have good relationships with the primary care doctors whose patients they are managing; this connection supports communication between the physicians as well as patient trust. [Attachment 9: Hospitalist Program Brochure]

Kelly White, M.D.
Dr. Kelly White is one of the newest physicians at the clinic, having joined in August 2006. While he trained at the University of Colorado, he did his residency in Seattle at Swedish Medical Center. Dr. White cites “getting the right docs” and the “ownership model” at The Polyclinic, which he believes drive physicians and staff to be service-oriented since they will make or break the business on the basis of their performance. He was previously in a salaried practice, which he believes did not provide incentives to excel in patient care. He also credits the annual all-clinic and family practice retreats with helping to build an informed and committed physician staff.

Kevin Hatfield, M.D.
Dr. Kevin Hatfield received his M.D. from Case Western Reserve University but also did his residency in Seattle at Providence. Along with open access, Dr. Hatfield credits the pairing of nurse/medical assistants with physicians as an important factor driving patient-centered care. The practice originally had one medical assistant assigned to each doctor. They experimented for a year or so with a rotation model, which the doctors did not like because of the lack of continuity among staff and with patients. The practice now has a modified approach, where two doctors are paired with one nurse in a pod, and also have access to a triage nurse.

Support Staff
Lisa Ricco, practice manager, supervises the entire ancillary and support staff of about 25 employees on site, ranging from receptionists to nurses. Ms. Ricco has been with The Polyclinic for 10 years, seven of which have been with the Family Practice. She not only personally performed all of the office functions she now supervises but also helped design many of them. She echoes many of the comments made by the physician staff regarding the cohesiveness of the team, not only among the physicians and staff, but between the physicians and staff. Ms. Ricco’s says the physician staff are all involved in practice decision-making and open to change and innovation, constantly revising and adapting systems and processes to improve care.
**Systems Supporting Patient-Centered Care**

Following are major systems and organizational supports that appear to be key factors in promoting patient-centered care at the Polyclinic Family Medicine practice:

**Open-Access Scheduling**

Although it involved a tough transition and “difficult first year,” the open access system is viewed by staff as key to their success since it encourages teamwork among the doctors and a culture focused on “meeting today’s demand today.” The daily “huddle” is a central feature of the open-access model.

**The Built Environment**

As noted, the entire Family Practice moved into its new office space in October 2006. In the year prior to the move, Ms. Ricco helped organize staff input into the design of the new space, with recommendations based on observation of patient flow and other processes. For example, she and another staff person were personally responsible for the selection of the kid-friendly furniture in the special waiting room for children.

**Patient Input and Feedback**

In addition to the annual AMGA patient survey, the clinic developed its own custom survey in 2005 to determine specific types of services that patients wanted to see on site, as the new space was designed. This survey led them to include the dermatology practice, and also identified the need to eventually add an endocrinologist and allergy specialist. Patient feedback postcards (called “Comments and Commendations”) are located in boxes placed strategically throughout the clinic locations. [Attachment 10: Comments and Commendations Card]

**Information Management System**

The Polyclinic does not have a full-scale electronic health record but does have a sophisticated, information management system called “Misys” that has been in place for about two years. Misys includes three components used extensively at the Family Practice site: 1) “Vision,” an electronic patient scheduling system; 2) “Orders Management,” for entering ancillary, lab, and procedure orders; and 3) “Enabled,” a program for dictation and retrieving lab, image, and test results. All physicians have access to the Enabled system both in their offices and remotely. The system does not include a patient portal. A pilot program is currently under way to test secure e-mail messaging with patients.
Human Resource Policies

The Polyclinic Family Practice follows several important human resource strategies that contribute to a staff culture and work environment supportive of patient-centered care, including:

- **Staff hiring practices:** Ms. Ricco looks for team players and communication skills in potential staff hires. Each potential hire is given a two-day trial period. The retention rate is very high, with turnover usually related to promotions, maternity, or a change in location.

- **Staff involvement and regular meetings:** Ms. Ricco holds regular meetings with staff and works to involve them in planning office systems and procedures. For example, various staff members were consulted in designing the new space on the ninth floor. Ms. Ricco meets monthly with just the physician staff. The Polyclinic holds quarterly meetings for all staff.

- **Staff training:** In addition to on-the-job training unique to each position, The Polyclinic conducts an organization-wide training initiative in June or July of each year based on a particular theme or campaign. The timing of this annual training is designed to precede the annual patient survey conducted by AMGA in September. The training is an all-day event with a professional facilitator, and the campaign is designed to reinforce the training with supportive messages. In 2005, the training campaign focused on customer service for all patients. In 2006, the focus was on internal communications among staff and departments.

- **Staff surveys and feedback:** The HR department at the clinic conducts quarterly employee satisfaction surveys, primarily focused on organization-level issues.

- **Employee recognition and rewards:** A variety of employee rewards are used at both the practice site and clinic level. Ms. Ricco gives out $5 Starbucks gift cards frequently. The clinic sponsors an “employee of the month” award based on nominations, and the Family Practice has had half a dozen of its staff receive this award. There is also a “team of the month” or quarter, and the Family Practice team is currently up for this award. An employee activity committee sponsors events for employees, such as “casino night.” In addition to competitive compensation, the clinic provides tuition reimbursement and recent improvements to the 401-K plan.

Physician Compensation

Physician compensation is based primarily on productivity (approximately 95%). Two years ago, the clinic began to assign 5 percent of compensation on the basis of performance, as measured by a combination of: 1) AMGA patient satisfaction scores, 2) participation in quality initiatives, and 3) clinic “citizenship,” meaning service on committees. The patient survey data is used as a threshold, such that if a physician scores below the 50th percentile, he or she must submit a plan for improvement. Dr. Tronolone noted that some doctors have expressed concern that an annual survey does not give them sufficient information to monitor and improve their own practice.

Bonus payments to physicians are based on a mix of productivity (65%), patient satisfaction (15%), and tenure (20%). A bonus was paid in 2005 but not in 2006.
Conclusions
The Polyclinic Family Practice has achieved high levels of patient-centered care through a strong team culture that builds on a common set of values and commitment to patient-centered care acquired in the primary care training experience of the core physician leaders. These core values have been reinforced by the Polyclinic’s overall organizational focus on “high-end personalized service.” The physician leaders in the practice have built a strong rapport with the administrative and clinical support staff, led by a trusted and competent practice manager. The recent transition to an open access approach to scheduling has contributed further to the practice’s culture of teamwork. Everyone has “bought in” to a strong patient-centered focus, and this is also reflected throughout the practice’s hiring, training, and compensation policies.

This study was based on publicly available information and self-reported data provided by the case study institution/s. The aim of Fund-sponsored case studies of this type is to identify institutions that have achieved results indicating high performance in a particular area of interest, undertaken innovations designed to reach higher performance, or exemplify attributes that can foster high performance. The studies are intended to enable other institutions to draw lessons from the studied institutions’ experience helpful in their own efforts to become high performers. The Commonwealth Fund is not an accreditor of health care organizations or systems, and the inclusion of an institution in the Fund’s case studies series is not an endorsement by the Fund for receipt of health care from the institution.
FOR IMMEDIATE RELEASE

Dec. 8, 2006

Downtown Growth Will Create Demand for In-City Health Care

The Polyclinic triples its size downtown to accommodate future growth

SEATTLE, Wash. — Health care is just another convenience desired by Seattleites moving to Seattle’s urban center.

The Seattle Department of Planning and Development (SDPD) projects that by 2024 Seattle will gain 100,000 new residents and 84,000 new jobs, with much of that growth going to the Center City area, which includes the downtown office area and surrounding nine neighborhoods.

A booming downtown population in Seattle made this an appropriate time for The Polyclinic, to expand its downtown services.

On Oct. 16, The Polyclinic Downtown opened the doors of its new space in the Medical Dental Building, located on the ninth floor at 509 Olive Way. The Polyclinic Downtown has a family practice and a dermatology practice, now totaling 11 doctors. Previously located in a smaller suite on the 16th floor, the office has tripled its size — taking over the entire ninth floor.

“The Polyclinic has grown with Seattle’s population, and we knew it was time to expand our services and downtown made perfect sense,” said Lloyd David, CEO and executive director of The Polyclinic. “There is a need for more doctors in downtown Seattle and we are here to meet that need.”

Seattle is growing at a rate much faster than the United States as a whole and a large part of that growth has occurred in Seattle’s urban center according to the latest 2000 U.S. Census. Young professionals, empty-nesters and even some families are moving to urban Seattle according to the Downtown Seattle Association and the U.S. Census estimates for 2000-2005. As a result of the downtown population boom there is a need for more everyday necessities such as grocery stores, shops and even more doctors.

“I see lots of kids as well as their parents,” said Dr. Michael Tomberg, a Polyclinic family physician. “I have patients who come in on a lunch break from work and they like our location because it is convenient to work. I also have some patients who actually live downtown. People are thrilled to have more doctors in the downtown area.”

-MORE-
The Polyclinic Downtown location hired three dermatologists: Nicola Nylander, MD, Sonja Krejci, MD, and Jill Weinstein, MD. Together they make up the new downtown arm of The Polyclinic dermatology practice.

In addition, Kelly White, MD was added to an already existing family practice comprised of Katherine Brown, MD; Kevin Hatfield, MD; Alice Krebbiel, MD; Trish Raymer, MD; Robbie Sherman, MD; and Michael Tomberg, MD. Seattle Magazine named both Raymer and Sherman among the Seattle Top Doctors for both 2005 and 2006.

The dermatology practice will focus on medical and surgical dermatology as well as cosmetic services. Medical services offered will include: screening for skin cancer and treatment, acne, eczema, childhood rashes, hair and nail disorders, psoriasis and other inflammatory conditions. Cosmetic dermatology services such as lasers, lasers hair removal, Botox®, collagen and Restylane® will also be convenient services for the downtown clientele. The family practice offers most general practice services.

The new facility in the Medical Dental Building has the capacity for up to 15 physicians, hopefully meeting the future needs for SDPD’s projected growth in downtown Seattle.

**About The Polyclinic**
The Polyclinic cares for more than 100,000 patients and is made up of over 100 physicians, including internal medicine, family practice, OB/GYN, pediatrics, and 22 additional medical and surgical specialties. Since its inception in 1917, The Polyclinic’s mission has been to promote the health of its patients through quality, comprehensive and personalized care. For more information, visit [www.polyclinic.com](http://www.polyclinic.com).

###
Checkup
no longer equals sick day.

www.polyclinic.com

Quality physicians. Downtown location. Same day visits.
Physician Compact

Responsibilities

- Take action: support organizational decisions
- Practice within standards
- Use Polyclinic services
- Contribute to governance
- Delegate authority
- Meet performance expectations

Rewards

- Great care for your patients
- Competitive compensation
- Participatory management
- Efficient practice environment
- Adaptable, successful organization
- Equitable treatment: equal rewards and consequences for all partners
# UPPER RESPIRATORY INFECTION

**Name:**

**Age:**

**Date:**

**PATIENT SECTION**

Please circle the complaints you are having today:

- Fever
- Chills
- Sore Throat
- Eye redness/pain/itch
- Wheezing
- Short of Breath
- Painful Breathing
- Fatigue
- Rumy nose:
- Clear colored
- Bloody post nasal drip
- Thin thick

Cough:
- Daytime
- Nighttime
- Dry
- Productive

Nature of mucus coughed up if any:
- Clear
- Yellow/green
- White
- Thick
- Bloody

Check all that apply:
- Do you have any rashes?
- Do you smoke?
- Do you have asthma?
- Any history of bronchitis, pneumonia, sinus infection?

Any other symptoms not yet discussed:

What medicines have you tried?

Allergies to medicine?

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**PROVIDER SECTION**

**HPI:**

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**Meds:**

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**Allergies / NKDA:**

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**EXAM:**

- Well-developed
- Well-nourished
- No acute distress

O:
- Nontoxic
- Toxic
- %O$_2$ Sat
- BP
- RR

Eyes:
- Clear
- Injected
- Purulence

TMs:
- Clear
- Red
- Opaque
- Bulging

Nares:
- Clear
- Congested
- Purulence

Sinuses:
- Blue mucosa

Pharynx:
- Clear
- Red
- Exudate

Neck nodes:
- Nonpalpable
- Palpable/tender

Lungs:
- Clear
- Wheeze
- Rhonchi
- Crackles

Bronchospsm
- Right
- Left
- Upper
- Lower

---

**LABS:**

- Throat culture
- Monospot
- Chest X-ray
- Rapid Flu Test
- Viroculture
- CBC

**PROCEDURE:**

- Ear Lavage
- Nebulizer

Peak Flow/O$_2$ Sat
- Pre Tx
- Post Tx

---

**ASSESSMENT:**

- Acute bronchitis: 466.0
- Acute bronchitis: 466.0
- AECF 491.21
- AECF 491.21
- Allergic rhinitis: 477.9
- Allergic rhinitis: 477.9
- Asthma: 493.90
- Asthma: 493.90
- Cervical impaction: 380.4
- Cervical impaction: 380.4
- Conjunctivitis: 372.00
- Conjunctivitis: 372.00

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**PLAN:**

- OTC Drugs:
  - Acetaminophen: mg QID
  - Dextromethorphan: mg TID
  - Guaiifenesin: mg TID
- Ibuprofen: mg QID TID
- Loratadine: mg QD TID
- Naproxen: mg daily
- Pseudoephedrine: 30 mg 60 mg daily

Prescription Drugs:
- Albuterol: mg MDI Neb q4-6 hr TID QID
- Promethazine/Codine Syrup: oz
- Benzonatate: 200 mg # q8hr
- Guaifenesin: 1 tab BID
- Guaifenesin/Codine Syrup: oz
- Astemizole: 10 mg 2 sprays BID
- Flonase: 1 tab BID QD
- Nasacort AQ: 1 tab q 4-6 hr
- Methylprednic: as directed
- Puffs: 2 sprays QD-BID

**ANTIBIOTICS:**

- Amoxicillin: 500 mg q8hr
- 875 mg BID TID daily
- Solodex: 875 mg daily
- 500 mg 875 mg BID daily
- Azithromycin: 3 or 5 pack
- Doxycycline: 100 mg daily
- TMP-SMX: 1 tab BID daily

**PATIENT EDUCATION**

- MDI/Nebulizer teaching
- Nebulizer teaching
- Nasal saline
- Medication precautions
- Facial steamer
- Saltwater gargle

**FOLLOW-UP**

- pm or 8 AM
- day(s) or week(s)

**Off work or from school from**

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**PHYSICIAN SIGNATURE**

**DATE**

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**THE POLYCLINIC**

509 Olive Way, Suite 1607, Seattle, Washington 98101
## 8. Polyclinic Family Practice Staff

### Polyclinic Family Practice Staff

#### DOCTORS

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<th>Name</th>
<th>Title</th>
<th>Number of ½ Day Sessions</th>
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<td>Kelly White</td>
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#### OTHER PERSONNEL

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<td>PSR</td>
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<td>Noah Ransdell</td>
<td>Lab Asst</td>
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<td>B.A.</td>
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Hospitalist Program

Consistent with our mission to provide high quality, comprehensive, personalized health care,
The Polyclinic is launching a new program featuring the introduction of Hospitalists to our group of specialists. These physicians will spend their time exclusively with patients who have acquired inpatient status at Swedish Medical Center, monitoring their care around the clock while maintaining full communication with the referring primary care doctor.

Contact Information
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James Nedved, MD
David Weidig, MD
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Hospitalist Program

David J. Weidig, MD

Dr. Weidig received his doctorate from Northwestern University in June of 1991. After his internal medicine residency, Dr. Weidig came to Seattle in 1995 where he worked for Virginia Mason doing inpatient and ambulatory care. Following his stay at Virginia Mason, Dr. Weidig became the director of the Pac Med Hospitalist Group, and a clinical instructor for the University of Washington. Dr. Weidig’s Board Certified in Internal Medicine (1995). His interests in medicine lie in treatment of strokes and congestive heart failure.

James F. Nedved, MD

Dr. Nedved, originally from Great Falls, Montana, received his doctorate from the University of Washington in 1996. His internship and residency followed from 1996 to 1999, both at the University of Pittsburgh Medical Center. Before returning to Seattle in 2000, Dr. Nedved worked in Utah, West Virginia, and New Hampshire. His special interests are in critical care and the special needs of the hospitalized patient and their family. He was recently honored with the Award for Teaching Excellence for the internal medicine program at the University of Washington from Swedish Hospital, Providence campus.

Allen Lee Johnson, MD

Dr. Johnson comes to us with a doctorate from the University of Wisconsin-Madison, which he received in 1992. He is a diplomate of both the American Board of Preventive Medicine and the American Board of Internal Medicine. He received his MBA from the University of Washington, and has also earned the University of Washington certificate in medical management. Dr. Johnsr: held residency at Virginia Mason Medical Center from 1993 to 1995, and has been an emergency physician there since 1995. Dr. Johnson also held the assistant medical director position at Premera Blue Cross from 2002 until 2004. His special interests include diving medicine and toxicology.
COMMENTS & COMMENDATIONS

Please take this opportunity to tell us if we have met your expectations, or how we might improve. You may also offer commendations to any member of our staff who has provided exceptional care or service. Thank you for taking the time to share your comments. We will be sure to convey them to our physicians and staff.

Lloyd David,
Polyclinic Executive Director

Please share my comments with these staff members or physicians:

Name

Dept.

Your Name (Optional)

Date Phone Number

Please place this card in the “Comments” boxes (in our First Floor Lobby, near the elevators on the second and third floors), ask a staff member to send it via inter-office mail or mail it through the U.S. Postal Service.