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Summary

Over 35 years of diverse and progressively more complex administrative experience in a wide range of academic departments and inpatient, ambulatory care, long term care, surgical, and community-based clinical programs. While highly varied, professional experiences have emphasized program management, evaluation, and redesign, finance, data-based decision-making, strategic planning, clinical operations management, adaptation to the dynamic health care environment, capital projects, continuous quality improvement, and development of mutually beneficial relationships with constituencies.

Professional Experience

University of Washington – Vice Chair, Finance & Administration 2004-Present Orthopaedic Surgery & Sports Medicine

Report jointly to the Department Chair and the School of Medicine's Director of Finance and Systems. Serve as the business manager and senior administrative support representative for the Department, with corresponding roles including, but not limited to, supervision of financial planning and management, budget development, human resources, faculty affairs, information technology, grant and contract management, and special project support. The Department includes more than 75 M.D. and research faculty, 44 residents, interns and fellows, 50 clinical faculty, and 50 research and administrative staff. The Department operates on a budget of over \$65 million, consisting of primarily of clinical, State, WWAMI (a residency training network across Washington, Wyoming, Alaska, Montana, and Idaho), grant, contract, gift and endowment funding sources.

- Cultivated new business opportunities and realigned the delivery of clinical services (specifically, podiatric surgery and bone and joint care) in ways consistent with Accountable Care Organization principles, and in partnership with a community-based hospital acquired in recent years. This Orthopaedics venture was, in many respects, the first of its type attempted by UW Medicine following the hospital's acquisition.
- Implemented new clinical practice monitoring tools and designed highly specialized analyses for purposes of benchmarking, understanding the nuances of local clinical practices, assessing value in the use of physician extenders, and creating accountability for production targets.
- Redesigned workflow and job duties among Departmental administrative staff across three sites to optimize performance and reduce expense. Reduced core administrative expenses in recent years despite increases in work volumes.
- Coordinated efforts with colleagues at departmental and Dean's Office levels to commence the
 process of more synchronously comparing similar administrative functions within departments,
 gauging productivity expectations, identifying best practices, and pursuing opportunities for
 shared services (or centralized services) where practical. Assumed a key role in this process
 as chair of the steering committee for the departmental directors' largest forum within the
 School, chair of a task force to collect and analyze School-wide production and staffing data,
 and as a manager who has cultivated partnerships with other departments in the provision of
 IT services.

- Served on a task force to assess the operational and financial feasibility of transferring formal
 ownership of the Department's multidisciplinary sports medicine clinic to the University Medical
 Center. Subsequently served on the leadership team that effected the transition, requiring
 substantial redesign of workflow and significant impacts on faculty affiliations, clinical funds
 flow, ownership of capital assets, clinic governance, and labor relations.
- Contributed to a variety of UW Medicine practice plan work groups and committees, comprising payor relations, practice plan performance management and management compensation, clinical information systems development and management, and billing compliance, auditing, and education.

University of Washington - Administrator, Department of Neurology

1999 - 2004

Served as the business manager and senior support representative for the Department. Responsible for the Department's financial planning and development, budget formulation, supervision of classified and professional staff, management of personnel, payroll, and purchasing operations, grants management, and various other administrative projects and activities. Functioned as an advisor to the Chair and various Departmental constituencies, providing financial guidance and management advice. Maintained a role as primary working-level interface with the Dean's Office and other departments in the management of administrative issues.

- Managed considerable Departmental growth during tenure with only incremental increases in core administrative staffing costs. Re-engineered various administrative positions to more closely reflect new responsibilities, resulting in deployment of additional FTE at minimal additional expense. Developed partnerships with other departments to maximally utilize computer support staff while collectively sharing cost burden. Systematically canvassed faculty to ensure that core administrative operations were consistently responsive to their needs.
- Performed thorough review of core fiscal operations, including purchasing, grants management, payroll, gift processing, and petty cash to determine compliance with state and University regulations. Initiated adjustments to fiscal operations as necessary to improve compliance.
 Department was subsequently formally audited for the first time by an external entity since its inception, and received a highly favorable evaluation with no significant recommendations for improvement.
- Coordinated a major expansion of the Department's neurogenetics program following the
 recruitment of a prominent faculty member. Preparations included the evacuation and renovation
 of 2500 square feet of space, relocation/recruitment of approximately 30 staff, and the
 management of a sudden, permanent influx of fiscally related workload (i.e., an increase of over
 25% in the volume of purchase orders and Departmental gifts). Adjustments were accomplished
 without any major disruptions to the laboratory or fiscal operations.
- Established a new performance evaluation system and review cycle for all core administrative staff. Developed a tool for administrative staff to evaluate the administrator by anonymous means. Achieved consistently high scores from staff on every supervisory performance element included in the assessment.
- Developed mechanisms for comparisons of faculty productivity to various national benchmarks.
 Instituted a "shadow" system for monitoring the practice plan's effectiveness in capturing physician inpatient workload. This system compared physicians' clinical encounters, as self-reported on index cards, with charge data from practice plan data sources. Concurrently established a

feedback system for coders to meet with physicians, review medical documentation while on attending service, and recommend opportunities for improvement.

- Served as the Medical School's representative to the University's Group 4 Health and Safety
 Committee. Collaborated with representatives from Facilities and Environmental Health and
 Safety to review all Health Science Accident/Incident Reports, determine appropriateness and
 completeness of follow-up actions, and develop recommendations for improvement as necessary.
- Appointed as Interim Administrator, Department of Obstetrics and Gynecology. Provided
 assistance to the Department for approximately six months, primarily in the areas of finance,
 grants and personnel management, and faculty affairs in the absence of both a permanent
 administrator and departmental chair. Maintained the continuity of core administrative functions
 despite numerous staff vacancies. Monitored departmental cash flow and provided monthly
 presentations to various faculty committees. Served as a mentor for the new administrator.

VA Pittsburgh Heathcare System (VAPHS) - Pittsburgh, Pennsylvania 1997 - 1999

The Surgical Specialty Care Service Line (SSCSL) in the VAPHS encompassed a full range of surgical inpatient, ambulatory care, and operating room functions (including anesthesia), as well as sterile supply processing and distribution, across three facilities. The SSCSL maintained services at all three divisions of the VAPHS, which consists of a long-term care facility, neuropsychiatric facility, and general medical and surgical hospital. The SSCSL provided surgical services in 15 subspecialty areas, including liver transplant, with an operating budget of \$16 million annually. The Service Line was composed of approximately 125 employees and medical staff, including approximately 25 physician Full-Time Equivalents (FTEs), nurses, and administrative and supply processing staff.

Business Manager, Surgical Specialty Care Service Line

Functioned as the business manager and financial advisor to the Service Line's clinical chief, with separate and direct lines of responsibility to the VAPHS Chief of Staff and Chief Executive Officer. Responsible for the management of staff, budgets, information systems, space/construction, and medical equipment. Collaborated with University of Pittsburgh academic departments on physician staffing levels and pay rates, development of clinical service contracts, and program structure. Participated with senior management on strategic planning task forces and in associated initiatives.

- Developed business partnerships with non-federal health care providers to expand the range of services available to veteran constituents.
- Established performance standards for administrative support functions and created viable monitoring systems for determining performance improvement.
- Assisted the central fiscal operations office in the implementation and refinement of a decision support software program designed to quantify cost per unit of clinical output.
- Performed analyses of liver transplant program data to establish comprehensive cost accounting methods and gauge clinical outcomes versus national benchmarks.

Highland Drive VA Medical Center (VAMC) - Pittsburgh, Pennsylvania 1992 - 1997

The VAMC Highland Drive was a 450-bed neuropsychiatric facility that generated over 120,000 outpatient visits and supported approximately \$1 million in research activity annually. The facility

served both acute and chronic populations, and included a number of intermediate medical units, a skilled nursing facility, clinical laboratory, and inpatient and outpatient addictive disorder programs. Prior to its integration into the VA Pittsburgh Health Care System, the VAMC Highland Drive maintained an independent, complete senior management structure consisting of a Director, Associate Director, and Chief of Staff.

Health System Specialist - Office of the Chief of Staff

Functioned as the advisor and administrative coordinator to the Chief of Staff. Supervised the facility's physician credentialing and privileging program, and assigned responsibility for ensuring that the medical staff bylaws were current and consistent with applicable Joint Commission on the Accreditation of Healthcare Organization (JCAHO) standards. Served as primary clinical representative for capital projects and strategic planning initiatives, and primary liaison for all personnel issues involving clinical staff.

- Contributed to the efforts of several task forces chartered to coordinate service-line focused organizational restructuring, facilitate the integration of three local VA facilities into the VA Pittsburgh Healthcare System, and develop community-based service initiatives.
- Formally recognized for quality improvement contributions in the areas of committee restructuring, ambulatory care performance measures, and medical staff monitors.

VA Medical Center (VAMC) - Buffalo, New York

1987-1992

The VAMC Buffalo was an affiliated, 600-bed general medical, surgical and psychiatric facility that generated approximately 200,000 outpatient visits annually. The Medical Center featured a number of specialized programs and services, including cardiac transplant, cancer care, and Positron Emission Tomography.

Health System Specialist - Office of the Associate Director

Functioned as the advisor and administrative coordinator to the Chief Operating Officer. Served as the senior executive liaison for all projects involving space allocation and capital projects. Performed financial analyses to evaluate the cost effectiveness of various clinical programs. Participated on task forces and standing committees for purposes of strategic planning at the facility and state-wide district levels.

- Jointly authored an issue paper discussing inequities in the relative values assigned to various Diagnosis Related Groups (DRGs) in the agency's former resource allocation methodology. The paper was forwarded to VA Central Office and cited by the office in later field guidance.
- Served as the Medical Center representative in the creation of the Facility Development Plan, the
 product of an intensive, joint facility/Central Office exercise to assess and quantify a facility's
 capital needs over a 10-year period.
- Coordinated an expedited project to review and complete credentialing and privileging files on approximately 400 physicians to ensure compliance with JCAHO and agency standards.
- Appointed as senior management liaison to Engineering Service to ensure facility compliance with JCAHO's Plant, Technology and Safety Management standards.

Education

University of Michigan

Ann Arbor, Michigan

Master of Public Health

Community Health, Health Planning & Administration

University of Michigan Bachelor of Arts

Ann Arbor, Michigan

Major: Psychology

Professional Affiliations

Member, Academic Orthopaedics Consortium (AOC)
Past Member, Medical Group Management Association
Past Member, American Public Health Association

Mentorship/Community Roles

- -Mentor panelist, University of Michigan School of Public Health Graduate Student Mentorship Program
- -Mentor, advisor, and presenter, Making Connections Program, Women's Center, University of Washington