Oral Memoirs

of

Linda Smith

An Interview
Conducted by
Clinton M. Thomson
May 25, 2018

Development of the Tulsa Medical College:
An Oral History Project

Schusterman Library
University of Oklahoma – Tulsa
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Interview History
The recording(s) took place at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma. The recording(s) and transcript(s) were processed at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma.

Interviewer: Clinton M. Thompson

Videographer: Alyssa Peterson

Transcriber: Alyssa Peterson

Editor(s): Alyssa Peterson, John Bayhi

Final Editor: Alyssa Peterson

Collection/Project Detail
The Development of the Tulsa Medical College project was conducted by the Schusterman Library at the University of Oklahoma-Tulsa from January 2016 to June 2018. The project focused on the development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma-Tulsa.

Linda Smith started her career with the University of Oklahoma in Oklahoma City, serving a family medicine clinic in several roles. She then moved to the Tulsa Medical College, first as Systems Administrator in Clinical Affairs, and later as Assistant Clinics Administrator.

Clinton M. Thompson was the first Director of the Tulsa Medical College Library and went on to be Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

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Linda Smith
Oral History Memoir
Interview Number 1

Interviewed by Clinton M. Thompson
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Tulsa, Oklahoma

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THOMPSON: It's May 25, 2018. Would you like to introduce yourself?

SMITH: I'm Linda Smith.

THOMPSON: And then would you like to talk a little bit about your educational background and then move into your career.

SMITH: Okay. I have a bachelor's in music education. You probably didn't know that. And I have a master's in public health in health policy and administration. Both of those are from OU. When I came to work, I started work first in Oklahoma City at the family medicine clinic in Oklahoma City. Interestingly, I had applied a year previously to work at OU and I was told I had no skills that OU could use, which I thought was kind of funny. But then I worked for—as a secretary for an insurance company, and then I decided I wanted to try one more time at OU. And this time I had skills. Now, my insurance was being the secretary and all I did was type proposals. I had nothing to do with managing claim forms or anything else, but that's where I was put. And, uh, when I was put into insurance in family medicine, and I was brought in, there were three of us in the unit. We only had two typewriters, so one of us had to write and the other one could use the typewriter half a day and we switched off. They also took me in to show me where the insurance was to be picked up from the medical records and I thought they were showing me the entire medical records. It was just the medical record with the bill attached to it because it stayed with the chart until we actually did the billing. Within a month they made me the supervisor of insurance and we were a part of the bookkeeping staff, but not really, and I was told that I couldn't go in their office because they didn't like me. I said, "What do you mean they don't like me? They don't even know me. I haven't even started work here yet." And they said, "Well, trust me, they won't like you. They don't like anybody who's doing insurance." So, in a month I'm their supervisor. In another month, they decided I should be the supervisor of bookkeeping as well as insurance. So, one day I'm not allowed in their office, and the next day I am their boss.

So, and probably thanks to my music career education, when they decided to become computerized they decided—they gave us all a test and I won the opportunity to go to IBM and be trained to write code. So, I was—then came back and I devised and designed and then wrote all of the programs to do all of our billing. And we did billing for our clinic, Native American Center, we had started at that time the Shawnee Clinic, no, not the Shawnee, Enid Clinic, so we did the billing for them as well, and we also did the billing for the internal medicine private practice site in Oklahoma City, so I had quite a good business going here. And one day Mike Lapolla and Bonnie Rudy showed up in my office—how they found my office I don't know because I was in a building that was a private home and that's where our computers were set up. The dining room was just one big computer, which now didn't have as much capacity as your PC has, but at the time we thought we were good. So Mike comes down and talks to me about computers and how to get this going with what they were doing in Tulsa. And a couple months later he shows back up with this big meeting with our doctors to tell us that Dr. Thurman had given him the authority to create computer programming to do the billing for all of the family practice clinics in the state of Oklahoma that were under OU. And there was a possibility of there being, supposedly going to be ten of them across the state. And I'm sitting there thinking, hmm, am I not going to have a job? And through some other things going on in the clinic at the time, I started looking around for what other opportunities do I have? And when I called the HR department in Oklahoma City, they said, "Well, interesting enough Tulsa is looking for a systems analyst, and you obviously fit the bill." So, I came over here because they didn't, it was only done here in Tulsa, and all the time I'm thinking—you might not want to put this in—that I was hoping not to meet Mike Lapolla again, but I'm filling out paperwork and he comes through the lobby there and comes over and says, "Do I know you?" And I said, "Unfortunately, yes." And he said, "Come into my office." So, I went into his office and we talked, and within a few months I got the job.

And when I came over here there was two clinics. We had a clinic, family medicine clinic, on North Sheridan, and we had what was called TAPC, which it never had that name, but people called it that, and it was the pediatric clinic, and it was very fairly new. And my first day we went to the Marina site and looked where the Marina Family Medicine Clinic would be. So there were two here when I came, and then we established family medicine. And I got to be part of creating all of the clinics we had up until the Tisdale. So, I had my hand in all of it through sometimes looking for the site that we would have something. When we started internal medicine we actually did something more intelligent than what they did when they did pediatrics in that we involved the hospitals and the people who actually ran their outpatient clinics and talked with them about what was good, what was bad; and also they agreed to give us all their medical records, which we did not have with pediatrics, and we also had funding. We insisted there be funding because when pediatrics was started they did not have it. So, it was a little bit of an effort to get the hospitals to start funding that clinic. Family medicine was never funded by the hospitals here. They had some state funding, and they also had, the residents had Physician

Manpower, and the other residents for the other clinics did not. So it was interesting to see the differences. I think after that we had women's clinic and it was upstairs above the pediatric clinic. At some point—I don't remember exactly the sequence of events—we did the Bartlesville clinic. It was already under construction when we were brought into it and that was because Dr. Thurman insisted that Mike and our office be involved in that. So a lot of things had been already put in place before we even saw the plans, and I think we would have made a few changes, but not substantially. And again, no funding from Bartlesville, and that clinic eventually was closed because there was no funding and we could not get the hospitals to even become a teaching hospital, much less reap the benefits they could have. And then, kind of an interesting aside, then the doctors up there all went, where'd all these poor people come from? Anyway. You get what you wish for.

THOMPSON: That is true.

SMITH: Also, at some point, maybe within a year, within a year of my being here, Mike was made the administrator over the clinics in Oklahoma City as well as—at that point they also had a Shawnee Clinic and Enid, so we were over all of the clinics in Oklahoma under OU. And we never had any more than those. They had started an effort in McAlester, but the physicians there never would buy into having a clinic there. So we didn't pursue it. And that, there may have been others on the plans because we never did get to ten, but it ended with McAlester. What else?

THOMPSON: No, you're fine. Then in Tulsa, were there additional clinics, and I'm assuming coming up toward the actual move to the Sheridan campus because I'm assuming you were involved in that move as well.

SMITH: Yes. I was involved, as I said, in all of the clinics, moving them in—also back to the computers—I was brought here to kind of oversee or design, and Mike's idea had been to buy a system that would work, and there was no system out there that was as good as the one I'd written, but what we did though was take what my plans were, or what I had designed, and we went to another company. Actually, Oklahoma City Teleconferencing, tele—whatever they were—their computer group was supposed to write the computer programs for us, and it was difficult to talk to them even because they couldn't understand what happened in a clinic and they didn't understand the difference between a resident and a faculty and how you can't bill under a resident, you have to bill faculty, and if a faculty is not involved you can't bill it, and it was, and you still needed to keep track of what they did, you needed to keep track of what the students did, but you can't bill those things. So, they eventually, they tried at one point to say it was all my fault, but that didn't fly very long. And then they decided they really just couldn't do it. So we went out and looked for a company that did software and we came up with one that was willing to take theirs and mold it into what we wanted, which is what we did. And, so I went through one in Oklahoma City, four here, of conversions from one computer system to another.

And in the industry it's a, if you can make it through, survive one, you have a gold star. So, I think I did pretty well surviving that many and overseeing all that throughout the years.

THOMPSON: Just as a curiosity, how many clinics in Tulsa, private clinics in Tulsa, were using computerized—

SMITH: When I came, none.

THOMPSON: None. That was the point I was going to get at. I assumed that, but I, yeah.

SMITH: And Oklahoma City didn't have any either when I started there.

THOMPSON: So you really truly were on the—

SMITH: Cutting edge.

THOMPSON: —forefront, cutting edge of doing that. Okay.

SMITH: Yeah, we didn't, even the hospitals didn't have real computer records. In fact, we were in the process of having computerized medical records when the hospitals were starting, and some of them were just doing nothing but copying, scanning what the doctors wrote, I mean, they really weren't true electronic medical records. So here we had six clinics basically through Mike's time. And we had an, when we came over to the Sheridan group we built that clinic and we moved—all of those clinics had already been in existence—so we moved those clinics into that building and we closed down the north clinic and put, moved family medicine into the one. We left Marina as it was, and then had women's clinic, internal medicine, and pediatrics. Later we added the Justice Center, which was for child abuse, and that was a wonderful place, still going on. It's now CAN [Child Abuse Network]. And that was one of the brain childs of, favorite thing for Dr. Block. So we had those and we had family medicine in Oklahoma City, in Bartlesville. And we also still had Enid, and Shawnee. We probably were there in Shawnee maybe a year before we closed it down. And again, we closed it down because there was no interest in Shawnee for maintaining it or using it in any way, so we felt there was good reason just to be done with it.

After Mike left I was the interim for—didn't have the title but—I did the work. And they hired Drew Accardi. He had a PhD, and I think that's why they hired him, but they didn't really look at the fact that he really wasn't a team player. At every job he'd had he was the only person who did anything, and he'd worked for a hospital and he bought hospitals, he didn't manage them. And I also think he was kind of led to believe he was kind of over the chairmen, so he got into a lot of problems, and by the time—I think he was there six years—by the time he left I think the

dean was fed up with hearing from the chairmen about how poorly the clinics were being run, and so he, at that point, gave the clinics, the management of the clinics to the departments. And he decimated clinical affairs, so I was the only one left, the lone last standing. And I kept going what did I do that caused me to be left here, what punishment is this?

And my boss then was Weisz, Dr. Weisz. And so he was my first time I'd really worked with a doctor as my direct boss. In family medicine back in Oklahoma City I considered Dr. Hout(??) my direct boss, even though I had a manager in front of him, but she couldn't answer any of my questions and he could. Okay, so, and during Drew's time, the only thing different that we did is that we ended up with a, we had a mammography unit for a year. And we discovered that even though our patients didn't have the money to go places, they still didn't have money to pay us either. And people with insurance or with, could afford it wanted to go to a place that they chose and didn't want to just come to us, so we ended up scrapping that. It may have gone two years, but I think it was only one. And our relationship with TMEF [Tulsa Medical Education Foundation], which was the funding for the clinics other than family medicine, was so precarious at that point because of—Drew didn't prepare the financials, but I wasn't allowed to go present them, so I had to explain them to him and then let him carry the ball, and he couldn't answer their questions so they finally got very upset. In fact, I was told by Leeland that I needed to start coming so I could take my own lumps. If I made the mistakes I should own up to them. I'm perfectly willing. And we got that back on track.

And about the time that we were getting that on track, that's when the dean decided to change everything. So from that point until the more recent times, the departments had taken care of their own clinics. I was still there, and we, at the time we got rid of, they got rid of Drew and my department, we were hemorrhaging in the clinics. We had no money and we were losing I think around $2,000 a day. And, so the dean asked me to put together a task force, so I brought together the clinic managers and we just got down to brass tacks. We have to do something to turn this ship around. And we did. Within a year we went from deficits, I think around $400,000 to $500,000 deficit, to a $200,000 surplus. And the way we did that was to put our cards—everything out on the table, each manager came in and said this is what I need this week or this month and someone else would say I've got that. And so we didn't spend anything that we didn't have to and we utilized the supplies across the board. We did the same thing with personnel. If someone needed an extra nurse one week and someone didn't, then we shifted people. We didn't shift the funding to go with—we just took care of that. And the dean told me later that we were so successful that we scared the chairmen; that they didn't know what to do with us, we'd become too strong. So, we were, we still met and we brought in the managers from the departments to meet with us so that they weren't blindsided by anything that we were doing. And if I knew something was coming about I shared it with everyone, which again caused the chairmen not to like me very much because they hadn't told their staff, and I thought, well, whose fault is that really? But, at any rate.

And that type of meeting lasted for quite a long time, well, until—who came along after Drew? Dr. Plunket was our—was my boss after Drew. No, Weisz was, and then Weisz only did it about a year and then Plunket stepped in, and he had stepped down from being chair of pediatrics and Dr. Block took over being the chairman, so Plunket was my boss, and he was one of the best ones I've had. It's too bad he's gone. Any way. It's also too bad the way he was fired. Getting a fax isn't the right way to do that. And I got the fax. And I called him up. He was attending, and I said, "Dr. Plunket, I think you need to come back over here to the office." He said, "I'm seeing patients." I said, "When you finish you need to come back over here." He said, "Why?" And I said, "You just need to come back." And he wouldn't let me make him, he said, "You've got to tell me or I'm not coming back." So I said, "Well, you just got fired by fax, and I really didn't want to be the one to tell you that." Anyway.

It's fuzzy after that part. Who came after him? Oh, we were working on—and you know for a while we also, the University had their own insurance. Well, I guess that Mike was still there because Mike and I were made the spokespeople for that and so we got to go around the country, around Oklahoma and do insurance talks. And those were hilarious. People didn't want to be experimented on, they didn't want to come to OU because they didn't want to get experimented on. We don't experiment, first of all. Second of all, you're going to see at least two doctors. Actually that wasn't even true because they only saw the faculty members, which is what I told them. In one place I thought we were going to get killed, but, because they were so upset over one of the insurance companies. We were out in this barn. [A bird runs into the window] Oh my, oh.

THOMPSON: Uh-oh.

SMITH: I don't know what he is. Big wing span. Anyway.

THOMPSON: Must be a sign.

SMITH: Yeah. Oh, we were into cap—capitation—and we were dealing with, again, we had our own Heartland. And a physician in Oklahoma City that was helping Heartland was helping us find a medical director to be, help us with Heartland here in Tulsa, and he did a lot of the interviews with people and then after interviewing all these people he decided he wanted the job, and that was Dr. Crutcher. So, Dr. Crutcher came over, and he was from family medicine and he was supposed to deal with the Heartland capitation things. And then when Plunket was removed, he took over, and he did that until he retired; although, he's come back now, I think. And he also worked with the medical clinic at Williams that we had. So during his time, well, started with Plunket's time, we started—the dean came to me and said, "Is there something we can do to put together a clinic for people who just really can't afford, can't pay?" And he told me what his

vision was and I said, “Yes, we can do that.” And, so we got together a committee to help us formulate how to do this. And I brought up—it doesn’t help to bring people in and tell them you have such-and-such, unless you can give them the medication and they can afford to get the medication, it’s pointless. So, he wanted to do it as a bedlam clinic, and he’d been talking with Dean Allen from OSU, and this was about the time then that Allen quit, so the new dean didn’t have that vision, but it still kept the name bedlam even though OSU never really did anything with it. And I think that was one of the more challenging, but yet fulfilling jobs, of getting doctors in the community to volunteer their time. We housed it in the pediatric clinic because it had a lot of lighting and access. It never—we had students, medical students, and we had, eventually brought in nursing students, so that it was really a clinic run by students, and then we had volunteer faculty there to oversee it and make sure that everything was handled appropriately. And we also had some nursing faculty to help with the nursing staff. And we had pharmacy, we had gone to the pharmacists in town and they had agreed to a formulary and were open so that these people were given a card and said, so this is where you can go and get your meds. And I think we started out with two or three dollars a medication, and eventually went up to five. And we met with the pharmacists quarterly and went over what went well, what did they want to change, so it was a constant evolving situation. And I think it really was—we got a lot of publicity.

And based on that we then had one of the school principals come to Dr. Clancy and asked if we would think about having a clinic in her school. And this is Mark Twain, so he came in and I said, “We’ll see what we can do about that.” So, we started talking to them, figuring out what we needed, and we put a clinic in Mark Twain. We started seeing, and again, my idea was that we can’t see only the kid, we’ve got to see their whole family, otherwise you don’t break that cycle of illness. And the clinic was set up in their space, they were agreeable to letting the parents come, or any siblings, so we had quite a turnaround. John Gaudet could tell you better, maybe if he still has the information, but the kids, I think like 23% fewer days out sick, because before they would be let go they had to come to the clinic first, and our PA or nurse practitioner would say, “Yeah, you’re sick. You need to go home,” or “You’re not sick, get back to class.” We ended up, at one point we had 27 small clinics like that operating around in the schools. We did Roy Clark and Rosa Parks for Union. Those two are still in existence. We did one in Sand Springs. That one may still be in existence, I’m not sure. But we had a lot of success in those.

THOMPSON: Volunteers again, or—

SMITH: No, we paid those.

THOMPSON: You figured out a system by which to fund those.

SMITH: Right. Well, as long as we got the health department, not the health department, DHS to agree to recognize those sites so that people could—who were on Medicaid—could sign up and we could be their provider, so we did it through capitation, and we had a lot of people sign up, and we also worked as a partnership. Those clinics operated totally different from the other clinics because I felt we were a partner with the community, and we had to work around their schedules and do things with and for them. And that even meant that whenever they'd go on break, sometimes the kids wouldn't come back to school because the parents either didn't know, who knows. So, they would go door-to-door, and I let our employees do the same, go with them or go to an apartment area and just tell them—school's back in session, let's go. The dean kept wanting us go get those onto a federally funded program, but we never met the qualifications for it. Mainly because we were a medical school and they'd basically written those so they don't ever qualify. And when Dr. Duffy came back, somehow he got involved in becoming our boss, and he told me one day that we were ripe for take over, and I said, "What do you mean?" And he said, "Well, you've done so well, other people want to start running these clinics." And I said, "They don't know what a headache it is." And kind of a case in point was that, we were having a meeting with him, John, I, and our nurse, and we got notified that one of the kids at Roy Clark had been killed. And a kid had driven over the curb and he was mowing the lawn, and struck him with the car. So John immediately got up to go because the principal had called asking for his presence, and Dr. Duffy said, "You can't go. What are you doing? You're walking out of my meeting?" And I said, "Yes, he's walking out on your meeting. This is more important than your meeting." I think he was really upset with me. And a few months, months later he told me he finally understood and I was right that that was more important. But at the time that we were trying to get our people used to the idea that we're not going to be capitated because they got rid of, we're going to get rid of that system, we had to start really seeing patients because under cap, yes, you want to evaluate them, and yes, you want to take care of their problems before they become major, but you don't really want them in the office, but without it, I want them in the office, and some of our providers didn't really like that, and they went to Dr. Hudson, who had, he was here as a—Dr. Block brought him in to kind of look at his department and see what could be done differently. And everything that he wrote down was stuff we knew, but he didn't give us any solutions as to how to fix them. And somehow he got from one, shuffled from one place to the other and finally ends up in clinical affairs, and so he listens to the complaints of the providers against me and John, and decides that we weren't capable of taking this to the next level, so we were taken out of the picture. And I tell him, "These clinics will die." And they did. It took them a little while, but they did. There's only four left, three or four. So, and it mainly is because, to me the other part of that was they, the family medicine department basically took them over and wanted to run them, and they wanted to run them like they ran their clinics, so it was based on, and that the faculty had to go spend a day or spend time in their clinic, not in the school clinics, so they were bleeding people off and they also made—when we ran it, it was basically, yeah, you could make an appointment, but we're really here to see the kid that gets sick, or the family that needs to come in, and you're going to take care of them whenever they

show up no matter what, and they then went to appointment only, and I'm sitting here doing nothing, but you don't have an appointment, so tough. Hard. The Bedlam Clinic is still going. I think they even still call it Bedlam.

THOMPSON: They do.

SMITH: Although Dr.—Boren didn't really like that term. He thought we were giving too much credit to OSU. But, anyway.

THOMPSON: So then, you weren't involved in the Tisdale Clinic, is that?

SMITH: No.

THOMPSON: Involved in the clinics that were established here on campus?

SMTIH: Oh, yes. When we built this building I was the one who was the coordinator and making sure that, we had one person, her name escapes me right now, she was like a project, she was the project manager. So, she kept track and did all the detail type of stuff and I was there to, I was kind of like the point person, if she needed someone to sign off on something, it was me. And I brought the committees together go work out how things were going to function. And we tried to hire a person to be over those, that building, and that didn't happen. And the lady who helped when we moved in, and helped buy, purchase all of the stuff, I think she may even still be there, and all she really did was walk through and go, no, you can't have that. Although, she did a lot of work though in the beginning and all that, so, don't fault her for that—anything.

THOMPSON: Other comments that you want to make about the clinics?

SMITH: No, I think, well, after Crutcher left, then we went to, supposedly we were under Jonathan Joiner, which was personally nothing. And I was also over the billing until Linda Carter came, and then she was the person over billing, and now it's—I can't remember her name either.

THOMPSON: Okay. Let's go back to when you came. Who were personalities that you remember? Either faculty, students, residents, staff?

SMITH: Well, I remember all of the clinic managers for sure. And Jackie, Shirley Ratcliffe. Emily Shepherd was from Bartlesville. Enid Hulse. Chris McCombs was women's. And Bonnie Rudy. At that time, smoking was everywhere. And Mike Lapolla smoked like a chimney. We had a secretary named Linda who also smoked. I'm sitting in my office trying to breathe. When we would have meetings the air was just thick. And Emily and I became friends because we were the only two that didn't smoke. Gene Harrison was out at Marina. He was a hoot. He was quite a

diagnostician. When his, every time that we took on a doctor's office, we brought in their staff if they were willing to come, and it was always a mistake because they're not used to working like we worked, and they also were used to having total access to their doctor, which you don't have when you're working at the clinic long hours, so they didn't last long. We asked them to bring their medical records, and they were basically like a card, and it had nothing on it but a date, so there was nothing you would know whatever happened. And when we started out, we had a card system too, where they wrote notes. One day, Shirley Ratcliffe called me up and said, "I ran a tape on all our stuff and we're missing about this much money." And I said—she said, "I think they ended up in the trash." I said, "Okay." She says, "Do you want me to quit now?" And I said, "No. You're not quitting until you find every one of those." And I told her how she was going to do that. So we found all of it. And, what's his name, I can picture him I just can't think of his name right now. He was at the family medicine clinic north, and his brother-in-law had changed gender, so he got interested in that and so for a while we had transgender patients sitting in our waiting room and it was funny because they would sit there, usually it was men going to women, and they would talk to the other women and get advice on make-up and hair. Why can't I think of his name? Anyway, he was the medical director out there for quite a while.

THOMPSON: That was early.

SMITH: Yeah, it was. Well, he moved over and they were here at the clinic on Sheridan. So, it started there, but it came to the Sheridan clinic, and we had that clientele up until he left. And I can't remember whether he left and went to another clinic or just, I don't know. Anyway. Dr. Walls was, became the medical director, or the chairman. We had Dr. Good, Rodger Good, the building was, the clinic was named after him after he died. It—he never was in the building I don't think. He helped us with the beginning designs, but he died before. Now, we knew, at that time being small, we probably did know all of the residents, but I couldn't tell you who they were now.

Dr. Duffy was chair of internal medicine. He was quite a character. He's one that took advantage of Dr., of Drew Accardi and got his department to pay virtually nothing for our services. And I was sitting in the meeting going what are you doing? And when Dr. Brooks came as the new dean, Duffy didn't want—I think he didn't want Dr. Brooks to be able to see what all they were really doing, and so he took his billing out to another company. I told him at the time that it was a mistake, but he didn't listen to me, but I did help them in preparing them and looking at the data when it came back, and pointing out the errors that they had. And their collection rate had been in the thirties to forties, and it dropped to eleven. Oh, well, they wouldn't learn. I think they stayed with them a couple years before they decided they really were just losing money hand over fist.

And at one point we also—I told you they took everything—we had the billing, we did our own, each clinic really did their own billing with the computer systems, and then we looked into how we could do things better and we went around, I had another committee, and we went around and looked at what other large clinics were doing, and so we came back with a proposal for a centralized service. And what we wanted was for the clinics to maintain inputting the data because you're right on the ground with the doctors, you can ask questions. And then the centralized service would pick up the backend. The very first one that we needed, because the staff quit, was surgery. And he just said, "I don't have anybody. You're going to have to take it all." So we ended up doing everything at central billing, and not just the backend. And in doing that I discovered that what I really needed to have done first was to centralize contracting, and I did get a contractor, a person in, and I also got a person to do credentialing. The credentialing needed to be handled. They don't do contracting here anymore, it's all handled in Oklahoma City, but I found that Oklahoma City didn't have much of a desire to help us out, and they were dealing with specialists, and we were primary care, so it's a total different mindset. But the credentialing really was a key factor because if you're not credentialed it doesn't matter how much you do, you can't get paid.

But back to the beginning, each of the departments had a private practice, and it was a real small, you know, offices that they had, and they usually operated within the hospital. A month or so after I came—Mike had been over the billing of that, and it got taken away from him, the departments had it. And he was complaining one day, I said, "Wait a minute. They were a lot of trouble to begin with, right?" And he said, "Yeah, they were." And I said, "Are they going to change the money you get?" He said, "No." I said, "So, they took away some of your duties, they didn't change your money, it's better for you, what are you complaining about?" He said, "You're right." But all of that, of course, came back some time later.

Dr. Clingan was another character. He was—the dean put me over his department—his department went into the dean called receivership because they weren't doing so well, and I was physically put in that clinic, and so our collection over the counter went from zero to something while I was there, and when the dean pulled me back out of there it went back down to zero, and what happened with that was that Dr. Clingan figured out that we were asking for money at the front desk and he didn't want that. So, he had his patients go out the backdoor.

And when we first started with the clinics—I'm probably jumping around here—with TMEF, with the hospitals, they did not want us to see patients with insurance, and so one of the things that we had to do was when they would call and ask for an appointment, first thing we asked was, "Do you have insurance?" and if they said yes, we would say, "I'm sorry. We can't see you." We also had to assign them to one of the three hospitals, and so that was another monthly thing we had to do was show them how many people had been assigned to them. Oh my goodness, if one of them had more than the other we heard that one complain, so then kind of

tried to skew it next time. It was a mess. All the hoops we had to go through. And under Duffy we had a health awareness program that was his brainchild. And, so we did diabetic classes, teaching people as adults how to manage their own, I was over that program, too. And we, so I put an ad in the paper. I didn't think two seconds about it. Next day I got called to the dean's office because I was not supposed to be out there advertising that we had anything, especially something that was in competition with the hospitals. Okay, got it loud and clear, sorry.

Also part of the game we played back them with the hospitals was women's clinic was by the two saints, but, so we're not supposed to talk about birth control or anything else like that, family planning. So what they would do is walk down the hallway so that they were physically in internal medicine clinic and would talk to the people about birth control.

THOMPSON: Oh my goodness.

SMITH: Would they have caught us if they had done it in our offices? Maybe.

Krenning. Dr. Krenning. That's who was the doctor in family medicine.

Block was the one who was the most important figure, I guess, in pediatrics. He was the medical director and then became the chairman.

Who else was there? In Bartlesville, the doc was Dr. Farrell I think, but he was a doctor from the community and he quit, went back to doing his own thing. And the one doctor is still there, the one in Ramona. That's a family medicine, that's an OU clinic. Woods. I think his name is Woods. Terry Birch was the medical director up in Bartlesville when it first opened, and Mike Lapolla and I were the ones who talked to him and thought he was, and all he did was complain the first time we met him, and we thought his complaints were legitimate, little did we know. So we encouraged him to apply and he became the medical director up there and all he did was complain. At that point the clinic managers all reported to Mike and me. And one day I was up there and Dr. Birch said, "Could you come in my office? I really have to tell you that I'm going to have to let Emily go." I said, "Oh, boy. Why is that?" "Well, the community thinks that she runs this place." I said, "Well, what have you done to change the community's mind about that?" He said, "Well, what am I supposed to do?" And I said, "Go to meetings. You know? Go to the hospital. Be in the medical society. I mean, I don't know? What else can you do?" "Well, I just, I just can't work with Emily." "All right, not working with her is different than the other, so tell me what's wrong with this?" And he never did come up with anything. I said, "Well, I'm sorry to have to tell you, but you don't have the authority to fire her. The only person who can do that is Mike, and I can do it if Mike tells me I can. So, I'm sorry." Quite a—lots of adventures I guess.

THOMPSON: Personalities in healthcare.

SMITH: With Dr. Birch, one of the meetings we were in we were interviewing, and the lady who we were interviewing, I think she was a nurse, he looks at her and goes, "How do you feel about being overweight?" And she looked at him and said, "The same way you do." You know, I'd already had a conversation with him before because one of his things was to ask, "Are you married? When are you going to get married? You going to have any kids?"

THOMPSON: All of the no-nos.

SMITH: All those things, yes. And I just didn't mention don't talk about what they look like.

THOMPSON: A lesson that many had to learn in the early days. Any other personalities you remember from those days?

SMITH: Well, there was, of course, the dean. Tomsovic. I wasn't there for the first one. And with Dean Tomsovic, you were there too. You know, every year we had a celebration because we'd never had anybody there that long.

THOMPSON: You and I are probably one of the few that can talk about that.

SMITH: He was a really nice guy. We had another project through him. I can't remember now exactly what it was. It didn't last real long, and when it closed, we spent a lot of time getting the medical records—all of the medical records that it had kind of honed down to one concise page or two. It took a lot of effort. Dr. Stewart was involved in that. I think it had to do with HSSM(??)—the HSSM(??) when they came out, when they broke that off. [inaudible]

I remember each year going to Leeland, saying "Do we have funding for this next year? Or do I get to look for a job?" Mike and I had a meeting with the employees from surgery private practice because they were merging them back into the clinics and they want to know if they really wanted to work at OU, truly, or find something else because we were being threatened at that point with that, is it______(??) was going to close the school down. So they want to know, you know, what's the chances that we were going to really be around. You know, I've heard that every year since the time I came, we're still here. I don't see any closure in the future. And we were going to start building over on Sheridan, Leeland was buying up the land and, but Boren didn't like it. We got Schusterman. I don't know who called whom, but that's how we got BP Amoco. So I was involved in moving everything again.

THOMPSON: Now did, in that move, you moved them from the Sheridan campus into the main building, right?

SMITH: Yep.

THOMPSON: Because the clinic building came later, by several years, didn't it?

SMITH: By a few years.

THOMPSON: Yeah.

SMITH: When we were still over there, our offices had moved. And we were at Sheridan, and then we went to that City Plaza whatever that, you know, where Dollar?

THOMPSON: Mm-hm. Yeah!

SMITH: And then that's where the administrative offices were when Brooks was here, and then we came over here. And actually, when I started work, we worked at the same place over on 21st Street.

THOMPSON: You know, there are several people here who don't remember the 21st Street site, which is, because of when I left, that was all, in some respects, I remember other than visiting the other sites, was being at 21st and the Broken Arrow.

SMITH: Yeah. I was sixth floor—I was on the sixth floor. And you guys were on the fifth.

THOMPSON: Mm-hm.

SMITH: Dr. Allen was the psychiatrist. This is just a funny story. One day I was on the elevator, it opened and he had just walked out of the women's bathroom. He said, "I'm so confused." And it just so happened, it seemed like, our offices were always by the bathrooms. And one day in that building, psych was just down the hall from us and Dr. Stanton came running into my office and crawled under my desk. I said, "What are you doing?" And he said, "This woman's husband showed up. He's got a gun." I said, "And you ran down here?" I said, "What'd you do with your staff?"

THOMPSON: Oh, lord.

SMITH: He left poor Nadine to deal with it.

THOMPSON: Probably was the right person to leave to deal with it.

SMITH: It was. I ran into her not long ago, and I told her that story was what I remembered most. And she said that it wasn't the first time.

THOMPSON: Oh, lord. A question that I've asked a lot of people, do you have any comments on the change from healthcare from when you started in 1977 to when you retired recently?

SMITH: Well, obviously it's gotten a lot better. And I think the teaching has gotten better in the simulation labs and the things that they're doing that way. And I think the medical record is a benefit because it's now universal, and you can see what a patient did, and they can follow them to the ER, to the hospital, to wherever, as long as they're our patient. Of course, it doesn't bleed over into others. And there have been initiatives throughout my time with the community trying to put together something what would, but nobody's ever been able to let down their own guard to let that happen. What we were doing with the women's clinic with the community, Planned Parenthood and some others all came together, and we met monthly to talk about what we could to do to help the community. And one of the things we did was set a baby line, and that one I was kind of amused by because nobody wanted to put out blocks of time, or show their appointment books or anything, and finally one day I told our managers, "Show them ours. I don't care. It's not necessarily public, but all they're going to look is what time slots we've got, it's not like they're seeing patient names." And we also talked about, openly, about our funding and if that started the ball rolling with getting that done. And with that we also agreed to not do birth cont— tests for whether a person, pregnancy tests, in our office, but to allow that to be done through a central group in the community. It made it free to the patient. And one day I was in a meeting with Dr. Saltzman, who was the chairman, and he literally was going on because he couldn't get a pregnancy test in his own clinic. This is something to be this upset about? You order it, we'll do it. The idea though was so the patient didn't pay anything. And that that result was available for the baby line so that they could get an appointment wherever. Because we not only opened up the books for women's clinic, but we opened up family medicine as well. So there were slots available for them to just make appointments for us, people we didn't know. We did the same thing with the ER in trying to keep the indigents from flooding them. If they decided that this person, after triage, was not an emergency, then they could give them an appointment to one of our clinics, so all of our clinics were open for that, and we provided them with cards whenever they ran out.

THOMPSON: Now that had to be kind of early for that kind of concept—

SMITH: Yeah.

THOMPSON: —in sharing or working with people.

SMITH: Yeah. That's why I say we were community-based. And speaking of that, during Mike's time, maybe it bled into a little bit more, but we trained the staff of the residents, so if the resident stayed here in Tulsa and he had his own staff, he could bring them to us, take them to the clinic and let them be trained by our staff. We also did the training of the staff for ORU's clinic, In His Image. At some, I even had resident, he had gone out to Arkansas, and he sent his staff to me, we spent two or three days going over what they should be doing and how they should be doing it. So, we were full service. And again, with Mike, and then I took it over, and when Drew did, then they stopped it, but we also did training sessions for the residents for family practice on how to set up their office and how to handle it. As I say, when Drew started teaching it they quit coming.

THOMPSON: That also was very progressive. That's not done, or that service is not available to residents in every medical school that I've been around or been involved with.

SMITH: The first time I went to medical group management association meeting was sometime in the late seventies, early eighties. Mike sent us down to Dallas, it was the closest—it finally was close. And I kept going, there's supposed to be telling you new things? We're already doing this. Where's the new? And it didn't take long though. I think that was my one disappointment was we didn't seem to continue progressing. And I'm not really sure why that happened, but it did. But we still kept up with the times anyway, I guess.

THOMPSON: Any other comments or people that you want to talk about? Or anything you want to say that you think might benefit people in twenty years when they're looking back at the history of the institution?

SMITH: I don't think I have anything of import.

THOMPSON: The one thing I would say is that it appears that you, although there were hiccups, enjoyed your time here. And got to do a lot of interesting things over that period of time, even though there were probably, you've mentioned, some lulls at various times.

SMITH: My title changed maybe three times, but they were all, when I came over I was the Systems Analyst, but Mike told me the very first day, there's not enough work for you to do that, so you're going to be my assistant. So I was and then I eventually got the title Assistant Clinics Administrator. Mike was a good guy to work for, and I played devil's advocate with him most of the time. And other people kind of found that odd. They didn't think anyone could do that with him, but I thought that was my role. He told the managers when he spoke, it was as if I spoke, and when I was speaking, it was him. So, from the beginning I had great backup. And I thought he was good because he would also, if I said something, I told him what I did, he'd say, you

know, I think we should think about that in a different light. And he would tell me what I could have done differently, and then he let me go fix it. So, he was a good boss.

THOMPSON: Good learning experience.

SMITH: Definitely.

THOMPSON: I think those early days was a good learning experience for a lot of us at this institution.

SMITH: And he taught me Excel. We were the first department to have PCs, and we had Macs.

THOMPSON: That's right.

SMITH: And it was because of him. And then when they went to IBM, well, we eventually changed over.

THOMPSON: I have one other question, just because you mentioned it, and I'm going, now that seems like a stretch to me. Why from a BS in music to a public health degree? What happened in there that made you make that jump?

SMITH: Okay, first of all, I never wanted to be a music teacher. I wanted to be a lawyer, and my parents were pretty set in their ways, and I was told there's only two professions a woman can have: they can be a nurse or they can be a teacher. And I didn't like blood. Okay, I'll be a teacher. So I said, "I want to be a history teacher." And my mother said, "No, because history is taught by coaches." Okay. Then I got to English, and she said, "Why don't you think about music because you have a talent, and you will get paid more." Well, I never found that to be true. So, I get a degree in music education, and it was vocal music. And that's what I started out was just vocal, but do you know the trilling of your R is a hereditary thing? And I don't—can't do it. So, my music career as a vocalist was dead in the water if I wanted to do opera or anything like that, so okay. Scratch that. Let's go to education. And when I got out, baby boomer, lots of people in the market. Segregation was beginning, and I applied for, and actually was hired by, a high school in Oklahoma City, and they were segregating the teachers, not the school, so I was going to be one of their token whites. And I didn't hear from them again after I signed the contract. Call them up one day and say, "When are we supposed to report to work?" "Oh, we forgot to tell you. We found somebody that had some experience." So, I didn't have a job, and I didn't realize that I had a signed contract and I could have held them to it, but my mother didn't even want me to go there because it was a black school. So she didn't tell me, but she told me to call up where she graduated in central, and see their placement options and see what they had. And they said, "Well, we do have a music teacher job open in Leedey, Oklahoma." I said,

“Where is that?” “And it’s in western Oklahoma between, north of Elk City—” and somewhere, I don’t remember where. Anyway, I call them up. This is a Friday, and they’re going to start school on Monday, and they do not have a music teacher. They hired me on the phone. I went up there on Saturday and looked the place over. They had someone meet me there that they had a house that I could rent that was across the street from the school. Big mistake. Did not have an oven or a stove because the man who had lived there before me was the science teacher and he didn’t know how to cook, so the person who owned the house just took the stove out. Anyway. I promised myself I’d stay one year. And I had all 12 grades. We went to contests, which we won. I was the first teacher—music teacher, they had that could play the piano. Everyone from that school was inbred. They were from that area. We had 15 buses that went to 3 counties to bring the kids in, but it was state of the art science labs. Music? Nothing. They made a big deal about giving me my own record player. I had no records. I met the book mobile every weekend with my list of things I wanted and returned back the things that I was through with. And, of course, I had to go wherever in the country it was, literally in the country. And I drove to Elk City periodicall—just about every night to eat something because I didn’t have anything to cook with. But at the end of the—and I did the junior play, I was the junior sponsor, and did the banquet and all that stuff. It was fun. And maybe if I hadn’t promised myself at the beginning I might have stayed, but there really wasn’t much reason to. And because I was, I guess, new to the area, some of the kids thought they could harass me, so one of them left a squirrel, a dead squirrel, on my doorstep. I had a bird put in my house. Just stupid things. Kids being stupid. So, then I decided I would go back to Oklahoma City and I started taking some classes, and that’s why I think they, when I applied at OU, they thought I wouldn’t stay because I didn’t stay at teaching. And I had no skills, according to them, so I got a job with this insurance company, and the guy there hired me on the spot. In fact, he left, he was based out of San Antonio, and he called me from the airport and told I answered the phone wrong, and I said, “Sorry, I couldn’t read backwards,” because I was trying to read the sign on the door. I took their filing system and redid it and he liked it so well he put it in all of their branches. So, anyway. It was kind of a boring job and after a year I decided I need to find something. I’m not going to sit here being an insurance secretary forever. So I went back to OU and applied and this time, since I had skills.

THOMPSON: So you did your master’s in public health while you were working at family medicine?

SMITH: No, I came here and then I worked here, and then when Mike left they decided that whoever took his place had to have a master’s degree. And I told Dr. Tomsovic and Leeland that I felt that they did that intentionally so I couldn’t get the job. So I was told that no, that wasn’t it. But that they would interview me, and they did a point system, and even without the degree I still was within a few points of Drew, and I decided then that I needed to get my degree. So I did it at night and weekends while I was working.

THOMPSON: Very good. Well I couldn't figure out where the jump came and why you made the jump. Now I understand. Okay.

SMITH: And you know, seeing this as a career, I would never told you this is what I wanted to do, it just fell in my lap.

THOMPSON: But it sounds like you're like a lot of other people that I knew in my age range, you adapted quickly to the computer.

SMITH: Yes.

THOMPSON: Because you said you went to IBM, came back, started coding and building packages, that was, that took a certain kind of mind. And there are people who have that and the rest of us didn't have that, so.

SMITH: To me, the interesting thing about computers, especially then, was you had to first of all run a program that just initiated the computer. It just said, hey, wake up, you are, and you tell it, really, the program just said, really, you are an IBM whatever and this is what you've got in peripherals and it goes out and says, yeah that me, and then straight to work.

THOMPSON: Yeah, I remember going to the computer center at OU while I was in grad school. Well, that's interesting. Well, any final comments?

SMITH: I guess not.

THOMPSON: Well, we appreciate you coming. You've given us a whole line of thoughts that we've not seen yet, so it's been a really valuable session. And we appreciate you spending your time. So.

SMITH: Well, I did everything in the clinics except being a nurse, and I didn't have the skills for that.

THOMPSON: And you didn't like blood.

SMITH: That's right.

THOMPSON: You said that and I thought, what an interesting thing because you ended up in one of those places where there is typically is a lot of that, so.

SMITH: Not where I was.

THOMPSON: Oh goodness, when you said that I sent, hmmm. Well, we do appreciate it. Thank you very much.

SMITH: I hope it was helpful.

THOMPSON: Oh, it was, it was. No doubt about that.

End of interview.