



# SOUTHWIND NEWS

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## SOUTHWIND HONORS PHYSICIAN LEADERS

Dear Colleague:

During the past eight years at Southwind, we have been privileged to work with many outstanding physician leaders across the country. Because effective physician leadership is so critical to the success of any physician organization, we thought it appropriate to recognize just a few of the outstanding physician leaders with whom we have been honored to work.

In this edition of *Southwind News*, Jenna Henderson profiles five physician leaders from representative clients, exploring how their careers evolved to take them from the practice of medicine to the practice of management and caring for organizations. These stories have common elements that make up the quintessential physician leader:

- **An attitude of servant leadership** – each of our selected physician leaders spoke to their role as a servant leader, adding value in their work by serving both physicians and the organizations that employ them;
- **Bi-lingual communication** – the unique ability to listen and speak both to physicians as well as non-physician executives;
- **Managing complexity** – the environments within which physician leaders operate has become increasingly complex, requiring the physician leader to juggle a large number of issues simultaneously;
- **Integrating good medicine with good business principles** – every selected physician leader is focused on applying good business principles while also enhancing the quality of health care delivered;
- **Focus on innovation** – physician leaders are the cornerstone of innovation within the organizations they serve.

The opportunity to work with effective physician leaders is one of the great pleasures of being in the physician practice management business. We are delighted to take this opportunity to lift up these examples of great physician leaders working in the American health care system.

Thank you for your continued support of Southwind. If we can be of service, please do not hesitate to contact us.

With warm regards,

John A. Deane  
Chief Executive Officer  
Southwind Health Partners



### LETTER FROM THE SOUTHWIND CEO

*John A. Deane, CEO,  
Southwind Health Partners*



# ATLANTA-BASED PHYSICIAN LEADER FOCUSES ON QUALITY THROUGH MANAGED CARE CONTRACTING

**Dr. Ray Fernandez, Executive VP, Physician Practice Services, Piedmont Healthcare, Atlanta, Georgia**

*Dr. Ray Fernandez is a nationally recognized physician leader who has written and spoken extensively on the role of physicians and physician executives in today's health care environment. He is known for bringing empathy, sympathy and humor to the task of the physician leadership.*

**A** native of Louisiana and a third generation physician, Dr. Fernandez attended Tulane University for undergraduate and medical school and finished first in the medical school class of 1968. He is board certified in Internal Medicine and Infectious Disease and began practicing as an Infectious Disease Specialist at the Nalle Clinic in Charlotte, North Carolina in 1975.

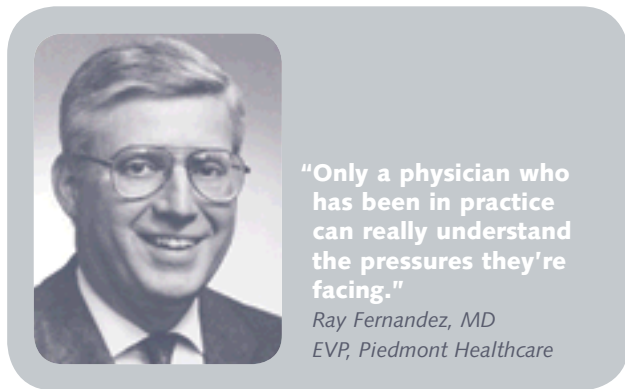
## **Never Intended to Become a Physician Administrator**

While it was never his intention to become an administrator, in 1980 Dr. Fernandez was elected by his peers to the position of Medical Director of Nalle Clinic, then a 50+ physician group. Dr. Fernandez describes the transition from clinical practice to the business side of medicine as a tough process: "You've invested all that time and energy into creating an identity as a physician. Now you're becoming a businessman? It's kind of a shock, and it takes a while to get comfortable with the new identity."

Under Dr. Fernandez's leadership, the clinic grew into a 140-physician multi-specialty group. By 1985, he had become Chief Executive Officer of Nalle Clinic, eventually responsible for supervision of 450 employees and an annual operating budget of \$100 million. Also while at Nalle he was instrumental in bringing managed care to the community, leading the Clinic to affiliate with a national HMO chain in 1985.

## **Transition to Health System Sponsored Physician Organization**

In 1999, Dr. Fernandez moved to Atlanta to become the CEO of the Piedmont Clinic, a 480-physician multi-specialty physician hospital organization (PHO) sponsored by Piedmont Healthcare, an Atlanta, Georgia based multi-hospital health system. In 2002 his responsibilities expanded to



**"Only a physician who has been in practice can really understand the pressures they're facing."**

*Ray Fernandez, MD  
EVP, Piedmont Healthcare*

Executive Vice President for Physician Practice Services for Piedmont Healthcare. His work at Piedmont includes overseeing physician employment for 70+ employed primary care physicians and 40+ employed specialists, and managed care contracting for another 400 physicians associated with the PHO, under contract through managed care arrangements in collaboration with Piedmont owned hospitals.

## **Focus on Managed Care Risk Contracting & Quality**

One of Dr. Fernandez's biggest challenges, and successes, to date was remaking Piedmont Clinic's model for risk contracting. When he originally arrived, "integrated health care" was the buzzword and Piedmont was operating under an umbrella organization which encompassed five large hospital systems in Atlanta. The decision to separate from the umbrella organization left him in charge of creating a new structure which would allow physicians to bargain collectively with third party payors and function together for other purposes, like quality improvement and credentialing.

"We came together and decided to focus on quality development, on giving something back to the community," says Dr. Fernandez, on meeting the challenge of coming forward as a group. Getting 500 – 600 doctors to function together was another hurdle. He attributes the introduction of electronic records, and negotiating contracts that put a percentage of revenues at risk, as two important steps in the process.

## Secret to Working with Physicians is Empowerment

In addition to successful managed care contracting, the physician employment operation has flourished under Dr. Fernandez's direction. He has found that empowering physicians is crucial if the employment model is to succeed. "There are no big secrets," he explains. "You empower the doctors, include them on the governing body and get them to make their own decisions. Then they have ownership and buy-in."

Dr. Fernandez believes that health care organizations are better served when physicians are in leadership roles. "We need physicians on the executive leadership team because they understand patient care," he states. "And, the fact is that physicians want another physician to do the work I'm doing. They want someone who's been in the trenches, who understands the changes from the 'golden days' of

medicine and all the other challenges doctors face today. Only a physician who has been in practice can really understand the pressures they're facing."

## Role of Physician Leader is Primarily Communication

When asked to sum up his contribution as a physician leader, Dr. Fernandez's response is simple: "communication." "I often describe my role as that of an interpreter," he adds. "I need to explain to administration how doctors see things. When I meet with the doctors it's my job to explain why administration did something. The most fun I have is when a doctor storms into my office, upset about something the administration did. I get to educate him about why the decision was made. An interface has to take place, and I'm the person who speaks both languages." ■



# EARLY APTITUDE FOR BUSINESS SERVES ACADEMIC MEDICAL CENTER LEADER WELL

## Robert Phillips, M.D., Ph.D., FACC, FAHA, Medical Director, Heart and Vascular Center of Excellence, Worcester, Massachusetts

*Dr. Robert Phillips has maintained his research and academic career in addition to becoming a physician leader. He has been in senior leadership administrative roles for the past six years, meanwhile serving as Professor of Medicine at UMASS Medical School, Associate Editor for the Archives of Internal Medicine and leader of several ongoing research studies.*

**A** 1980 graduate of Mount Sinai School of Medicine in New York, Dr. Phillips earned a Ph.D. in Molecular Biology from Mount Sinai the same year. He describes his interest in the business of medicine as "submerged" during medical school. "My family ran a successful business, but I was expected to be an academic," Dr. Phillips remembers. "I had an aptitude for business that started to emerge as soon as I finished fellowship training."

Early administrative roles included serving as Chair of the cardiology finance committee at Mt. Sinai Medical Center. He went on to serve in many other management positions, such as Associate Director of the General Clinical Research Center at Mount Sinai School of Medicine and Chairman of the Department of Medicine at Lenox Hill Hospital in New York.

Dr. Phillips is currently the Medical Director of the Heart



and Vascular Center of Excellence at UMASS Memorial Medical Center in Worcester, Massachusetts. He is responsible for all clinical, operational, quality and financial issues related to heart and vascular services, including cardiac surgery, vascular surgery, cardiology and cardiac imaging (shared with the Chair of Radiology). He oversees 40 employed physicians in 2 specialties, practicing in 2 hospital sites, with revenue of over 130 million in 2006.

When he took the position in late 2005, the combined heart and vascular center did not yet exist. It was his job

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# “SERVANT LEADERSHIP IS THE KEY TO TEAM BUILDING” SAYS ANESTHESIOLOGIST TURNED PHYSICIAN CEO

**Lee Hammerling, M.D., Chief Medical Officer, ProMedica Healthcare, Toledo, Ohio**

*“He has a very tough job, which he does extremely well” says Dick Wright, Southwind Senior Partner, of Dr. Lee Hammerling. Dr. Hammerling is a thoughtful and effective physician leader who has shaped a 200-doctor physician enterprise into a key strategic asset for the health system.*

## The Accidental CMO

According to Dr. Hammerling, his path from anesthesiology to full-time physician leader was completely unintentional. He refers to himself as “the accidental CMO” since a career in administration was not in his plans when he was studying at the University of Chicago Medical School. After earning a medical degree in 1980, he completed an internship and residency and joined an anesthesiology group at Toledo Hospital in 1983, where he practiced anesthesiology and critical care medicine until 1998.

Almost from the start, Dr. Hammerling was drawn to leadership roles. As one of the youngest members of the anesthesiology group, he was involved in the day-to-day running of the practice. He was selected Medical Director for Intensive Care Units at Toledo Hospital in 1988. After being elected and serving as Chairman of the Department of Anesthesiology, he became Chief of Staff of Toledo Hospital.

When Dr. Hammerling accepted the position of Senior Vice President of Medical Affairs for Toledo Hospital, he was given a year to consider becoming a full-time physician administrator. “I was in a quandary,” Dr. Hammerling remembers. “I enjoyed practicing. I still miss the patients.” Given the stresses and strains of private practice, he looks back now with gratitude. “I feel that I was fortunate to be given the opportunity to do what I’m doing now, and lucky enough to have been accepted.”

He is currently the Chief Medical Officer and President, ProMedica Physician Corporation, for the ProMedica Health System. As Chief Medical Officer, he is accountable for the development and implementation of the system quality plan, physician contracting and compliance, support of the strategic plan, joint ventures and new strategic relationships. As President of ProMedica Physician Corporation, he manages 200 employed physicians and oversees recruitment, retention and operations for 60 physician practices



**“My goal is to make the people around me successful... I have the best management team in the country.”**

*Lee Hammerling, MD  
Chief Medical Officer,  
ProMedica Healthcare*

(comprising 28 specialties) in 24 locations spread in a 130 mile radius.

## Helping Physicians and Health System Cooperate

One of the more significant challenges Dr. Hammerling has faced at ProMedica was to advocate for a new physician employment model. “In 1999 ProMedica was still using a compensation model that was not tightly linked to productivity,” he explains. “We had 100 doctors in a model that was typical of the early 1990s. Salaries were not consistent with productivity.” Dr. Hammerling led the implementation of a new model in 1999 which integrated doctors with health system strategy, retaining 92% of contracts while negotiating new compensation and implementing bonuses linked to quality and service performance.

The subsequent growth came from expanding the type of specialties in the group, expanding existing groups and forming new groups mainly in small town America, a challenge in itself. “We did it by finding the right people for the jobs and providing plenty of support,” says Dr. Hammerling. “We realized that we could not approach recruitment for rural areas the same way as metro areas. We modified our contracting models to support recruitment of physicians to provide local access to physicians in smaller communities.”

Under his leadership, ProMedica has continued to remain supple and responsive to the changing dynamics of health care. Their strategy has included expanded product lines, joint ventures, and new revenue streams such as diag-



nostics and imaging. He constantly asks the question, how can physicians and health systems cooperate to improve patient care and avoid duplication of services? “The answer is to always put patient care first, find common solutions and jointly develop new revenue streams.”

### Servant Leadership: Key to Team Building

Dr. Hammerling faces additional challenges shared by many of the other physician leaders we spoke to: implementing electronic record systems and managing financial performance in a climate of ever-tightening budgets. Unique to his situation is the challenge of building cohesiveness amongst physicians spread across a broad geographical area. No matter what the problem, Dr. Hammerling believes in the servant leadership model. “My goal is to make the people around me successful,” he says. “As the leader, I take the blame for the mistakes and I give away the credit for the success. I have the best management team in the country.”

When asked about how he developed his leadership skills, he credits years working in his parents’ restaurant where teamwork was essential. Training in specific admin-

istrative skills came through the American College of Physician Executives (ACPE), especially helpful in transcending the language barriers. “As physicians we’re trained to digest complex information,” Hammerling explains. “As physician executives we often need additional training in the vocabulary of accountants and lawyers.”

### Bringing the Physician Perspective to Bear

Dr. Hammerling believes the most valuable contribution he makes at ProMedica is his ability to bring the physician perspective to bear on executive level decisions. “There is often a difference between how physicians approach a situation and how management approaches it,” he says. “I bring the ability to implement a strategy that will bring the physicians on board.” Part of that ability comes from the respect and understanding shared by physicians. “There’s just no getting around the fact that physicians have a shared background, a shared knowledge base, that allows them to build relationships with one another,” Hammerling adds. “There’s a different level of interaction when I meet with physicians. Successful organizations embrace physician leaders because they know they bring that interface.” ■



## DR. ROBERT PHILLIPS

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to persuade all parties to buy into the concept of working together in a unified group. Six months into his tenure, construction had already begun on the new facility and the integrative process was succeeding. “Now we’re seen as one, a unified Heart and Vascular Center, with common clinical protocols and a shared financial bottom line,” says Dr. Phillips. “We’ve broken down the silos and created trust.”

### Changing Paradigm of Medical Practice

Dr. Phillips’ number one responsibility is to assure first rate, high quality, cutting edge cardiovascular care in an ever-changing environment. “UMASS Memorial is in the same position as all health care institutions at the moment,” says Dr. Phillips. “We face ever greater fiscal and financial challenges in the midst of a changing paradigm of how medicine is practiced.”

For Dr. Phillips, watching the new paradigm unfold is something to celebrate. “The practice of medicine is transitioning toward evidence-based clinical practice that works within a business model, in which we’re accountable for financial success and held to a high level of quality,” he comments. “It’s a disruptive time because we weren’t held to this standard before. I find it extremely challenging, and exciting.”

### Bringing the Skills of Research to Leadership

Dr. Phillips’ prolific academic and medical research back-

ground gives him a perspective he sees as immediately relevant to administrative work. “My management work is really much like research,” he says. “In both you’re trying to understand the process going on in front of you, testing hypotheses and getting to the answer of what works.” In fact, Dr. Phillips says that what makes him successful as an administrator is the same thing he needs as a researcher: “The constant willingness to challenge data, even my own. Applying that openness to administrative tasks enables me and my team to focus on providing the highest level of care possible.”

### Fair and Transparent Leadership

Dr. Phillips has had a number of mentors along the way, people who taught him important lessons about leadership. Two practices they all shared were an emphasis on understanding the business side of medicine and a commitment to fairness. “All my mentors were consistently fair to their employees and took genuine interest in their lives,” Dr. Phillips remembers. “Like them, I strive to be fair, to gather information from all partners, to take all partners’ issues into account. Then when you make a decision, people know you’ve gathered all the data and made a thoroughly informed choice.” He is known as a leader without a “hidden agenda,” whose transparency adds to his effectiveness.

Another important leadership principle he strives to embody is “servant leadership”. “I believe everyone wants to succeed, and my job is to provide the talented people around me with the resources, mentoring and empowerment they need to do their work well,” says Dr. Phillips. ■



# GROWING INDEPENDENT MEDICAL GROUP FROM 45 TO 120 PHYSICIANS HEIGHTENS COMPLEXITY FOR PHYSICIAN CEO

**Kevin Sweeny, M.D., CEO, Rockwood Clinic, P.S., Spokane, Washington**

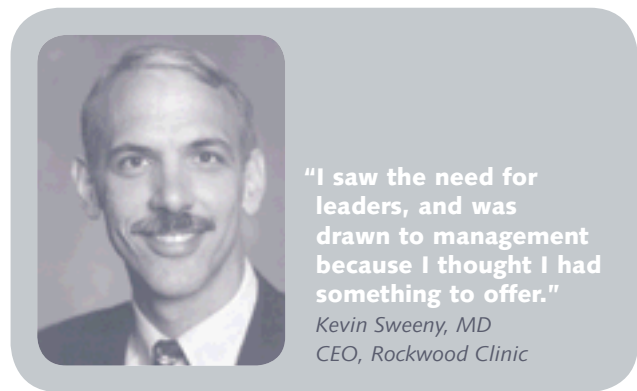
*Dr. Kevin Sweeny is a physician leader who, for many years, balanced administrative responsibilities with a thriving family practice. Three years ago his management responsibilities expanded when he became CEO of Rockwood Clinic in Spokane, Washington, a thriving 76-year-old medical and health care company.*

**A**lmost from the beginning of his medical career Dr. Sweeny was involved in administration. "I saw the need for physician leaders," says Dr. Sweeny, "and was drawn to management because I thought I had something to offer." He studied medicine at the University of Washington, graduated in 1982 and started practicing family medicine in Northern California. Some of his first administrative roles included serving as Medical Director of the Alzheimer's Disease Care Unit at Hillhaven Convalescent Hospital in Modesto, California, and serving on the Board of an IPA.

When Dr. Sweeny joined Rockwood Clinic in 1990, his interest in management and managed care was well established. He practiced family medicine at Valley Rockwood Clinic until 2004, meanwhile serving as Managed Care Medical Director and a member of the Board of Directors for the Clinic. In 2000, he was appointed Interim CEO and in 2001 he was elected Board President. In 2004, Dr. Sweeny became CEO and President of the Board of Directors for the Clinic.

## **Unique Challenges of Running a Physician-Owned Organization**

Rockwood Clinic is a regional multi-specialty health care provider that functions in six primary clinic locations and several other specialty care locations throughout Spokane and Coeur d'Alene, Idaho. The organization provides primary, urgent and specialist care to approximately 130,000 patients. Dr. Sweeny is responsible for administrative management, leading the Board and representing the Clinic in the community. He spends a great deal of time overseeing the business, working closely with Board leadership, recruiting new doctors and leading strategic planning. Most of the 120 physicians at the Clinic are owners and shareholders in the company.



**"I saw the need for leaders, and was drawn to management because I thought I had something to offer."**

*Kevin Sweeny, MD  
CEO, Rockwood Clinic*

As the leader of an independent physician group, Dr. Sweeny is familiar with the unique challenges facing physician-owned organizations. "Being clearly physician-driven often gives us a different agenda," Dr. Sweeny explains. "While that independence can be good to keep us focused on what we think is most important, it brings huge financial and logistical challenges that have the potential to create a different financial reality. We can't absorb or recover quickly from significant revenue shifts."

## **Balancing Patient Care and the Bottom Line**

Rockwood Clinic has experienced substantial growth since Dr. Sweeny joined the organization. Initially operating with 45 physicians and \$40 million in gross charges, they now have 120 physicians and 70 ancillaries, many more departments and sites and gross charges have almost quadrupled. These changes have brought complexity. For Dr. Sweeny, the main challenge is to "manage the physician practice and attend to the business of medicine while maintaining a sense of professional and personal care to patients." Maintaining a balance can be tricky: "It's more difficult to take care of patients and make the business end of things viable," he says, "especially with revenue reductions and shifting payor and Medicare reimbursement. It's very eye-opening."

Dr. Sweeny counts improved recruitment and retention

among his many accomplishments at the Clinic. "We've been very successful in those areas," he says. "Also, the new business system we installed in 2003, particularly the new revenue cycle, has had excellent results."

Margaret Hoban, Southwind Executive Vice President, worked closely with Dr. Sweeny on the revenue cycle: "Kevin's ability to communicate and secure buy-in from all levels of staff was what made that engagement such a success." One of Dr. Sweeny's current challenges is to implement an electronic health record, a tool he believes will be critical to future success.

For Dr. Sweeny, the transition from physician to physician executive required tapping into innate leadership skills and availing himself of opportunities to refine his skills through training. He believes professional groups like the ACPE and AMGA have helped hone his abilities as a leader. Mentors, networking and experience also play their part: "I learned from CEOs who came before me, and I learn every day from the physician shareholders and the Board. They give me counsel, guidance and direction," he adds. "Being an executive has taught me a tremendous amount about administration and other issues in medicine." ■



## PHYSICIAN LEADS NEW HMO-SPONSORED PRIMARY CARE CLINIC STRATEGY DEDICATED TO MEDICARE ADVANTAGE PATIENTS

### **Jim Geraughty, M.D., Corporate Medical Director, HealthSpring, Nashville, Tennessee**

*Trained as a family physician, Dr. Jim Geraughty currently champions the most innovative elements of HMO strategy. Bright and energetic, he is taking the Health Maintenance Organization (HMO) he works for, HealthSpring, forward as a catalyst for positive change in healthcare.*

**D**r. Geraughty's interest in healthcare management was already present when he was studying at the University of Missouri, Kansas City medical school. He entered an accelerated, combined B.S./M.D. program there when he was only 17 years old and earned his medical degree by age 23. He began practicing family medicine in Birmingham, Alabama in 1982.

#### **Desire to Influence the Big Picture**

After several years of medical practice, Dr. Geraughty realized that to be happy in his career he needed to have influence at the macro level. He began making decisions to take him that direction, accepting an academic medical position and enrolling in a Masters Degree program in Public Health and Policy. In 1991, he moved to Nashville to work with Aetna, where he held various positions including Director responsible for the Tennessee market. He was the first physician to have market-level responsibility in the history of the company. "I was very lucky, when I left my



**"We're proving it's possible to manage expenses while improving clinical results and patient satisfaction"**  
*Jim Geraughty, MD  
Corporate Medical Director,  
HealthSpring*

practice, to move to such a progressive organization," says Dr. Geraughty. "Aetna was anxious to develop physician leadership and they invested in me."

After four successful years with Aetna, Dr. Geraughty transitioned to Vanderbilt University, where he served as Associate Vice Chancellor at the Medical Center for five years with academic, clinical and business responsibilities. His next step would take him in a new direction.

In 2001, he had the opportunity to become involved with a new HMO called HealthSpring, at that time a growing health plan serving primarily Medicare Advantage patients in Middle Tennessee. Since joining HealthSpring, the HMO has experienced rapid growth. "Managing

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## DR. JIM GERAUGHTY

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growth is one of our biggest challenges," says Dr. Geraughty. "It's a blessing and a curse. Over the course of only 5 years we've become a \$1.6 billion company serving 120,000 patients in 6 states."

As HealthSpring's Corporate Medical Director, Dr. Geraughty is responsible for strategy and business development. He is intent on staying on task, focusing on what they are doing well and continuously improving it. One of the most innovative efforts underway at HealthSpring - the culmination of what they are doing well - is called LivingWell Health Centers.

### Not a Typical HMO

The idea started 3 years ago when HealthSpring launched an aggressive initiative at Sumner Medical Center in Gallatin, Tennessee. They introduced a pay-for-performance model that achieved remarkable results. Quality and financial performance were greatly improved and growth was phenomenal: patient volume increased from 1,200 to 25,000 while affiliated physicians grew from 15 to 100 as the program was expanded beyond the initial group. "We built an environment where outcomes were rewarded," says Dr. Geraughty. "Then we wrapped in customer service elements."

The success at Sumner paved the way for imagining a new model of healthcare delivery. With Southwind's help, HealthSpring has created a primary health center concept focusing exclusively on HealthSpring Medicare Advantage members called LivingWell. LivingWell provides Medicare patients with customer service patterned after the Ritz Carlton service model. It marries this elevated customer service with superb clinical quality. "It's an experiment in many ways," says Dr. Geraughty. "LivingWell is the result

of out-of-the-box thinking from a great many people. You could say we are aiming to be a true health-care company, not only an insurance company."

Dr. Geraughty sees a bright future for the model they're perfecting. "We've got a chance to provide at least a partial solution to some of the big issues plaguing healthcare in this country," says Dr. Geraughty. "We're proving it's possible to manage expenses while improving clinical results and patient satisfaction. Hopefully, this can serve as a step toward providing a solution to a societal problem."

### Why We Need Physician Executives

While Dr. Geraughty will say that "thinking big" is one of the most important traits he brings to HealthSpring, he sees his background as a physician as even more valuable. "Many business people don't understand the physician side of things," Dr. Geraughty remarks. "I've spent equivalent time in both worlds now and I can effectively manage communication both ways because of my career track."

Unsurprisingly, the physicians we talked to agreed that organizations are well-served by having physicians in executive roles. However, Dr. Geraughty pointed out that it takes a unique physician to do the job well: "I've seen plenty of failures. Those who are successful are those who bring balance by continuing to honor the profession of medicine as they make business decisions."

According to Dr. Geraughty, successful physician leaders have the potential to bring solutions to the problems that plague healthcare in America. "There's a huge clinical quality gap in terms of what *is* happening, and what *should* happen," he says. "There are between 100,000 and 250,000 unnecessary deaths in hospitals every year. It's an extremely complex problem with connections to the way we finance healthcare. The people who run hospitals and health plans and account for the business side can't start to close that gap without understanding and articulating the needs of physicians, because they are an important part of the solution." ■

## SOUTHWIND NEWS

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