



In Sickness and in Health: Physicians as Captains of the Ship

Joshua Sharfstein, M.D.
Secretary, Maryland Department of Health and Mental Hygiene

Nearly 15 years have passed, but I still remember sitting, tired and post-call at my kitchen table and answering a page from Leo's mother. She told me that Leo, a bright school-age boy, had a bad cough and a new left shoulder pain.

The cough was no surprise during flu season, but the shoulder pain? I was perplexed. Leo's mom regularly paged me with news about Leo and his brother. But this time, something was different.

I wondered whether the symptoms could reflect referred pain.

I advised a trip right away to the Emergency Department for an x-ray. The film showed a mediastinal mass, and by the morning, Leo was on his way to Children's Hospital to receive radiation therapy to prevent a catastrophic airway obstruction.

It was, without question, the best save I made during my pediatric residency. I look back and think about all the steps that made it possible — my close relationship with the family (made possible by my ability to converse with them in Spanish), my willingness to share my beeper number, my ability to refer to care quickly, and strong support from specialists and subspecialists who later saved Leo's life from acute lymphoblastic lymphoma.

All physicians have similar stories to tell, featuring grateful patients who make it possible to bear the hassles of medical practice. Yet many physicians wonder whether changes afoot make it more likely, or less, for them to do right by their patients.

I wonder too. When families call late at night and get a triage line, are the protocols strong enough to notice the little catch in a mother's voice in describing her worry for her son? Would an insurer require pre-approval for a late-night x-ray, without a routine indication for why it

was necessary? How easy would it be to cut through red tape for a child in desperate need of advanced oncologic care?

Many shifts in the health care system are yielding tremendous advantages for

Physicians have much to bring to the table in developing these initiatives, including their sense of what patients need to stay healthy, the ability to lead a team, a comfort level with data and evaluation, and the moral authority to advocate for the patient's needs first.

patients. Advanced health information technology puts the patient's history and data at the doctor's fingertips at the point of care. Nurses, social workers, pharmacists and others play critical roles helping patients gain control over their illnesses. And measurement of quality and outcomes makes it possible for systems to improve over time.

But as things change, what stays the same? Or put another way: what protects the unique relationship between doctor and patient?

Some physicians have sought out "boutique practices" as a path that allows them the time for a real connection with their patients. Good news, perhaps, for the patients who can afford to buy in; bad news for those receiving a note saying they no longer have a doctor.

Other physicians are reaching for new opportunities in today's health care system — opportunities that provide enhanced autonomy to those willing to share responsibility for their patients' overall experiences and outcomes.

For example, many primary care doctors are embracing "medical home" models, which provide extra resources to practices that coordinate care among specialists and hospitals. When the patient's care is handled effectively and efficiently, the

primary care doctor shares the credit. If it works, such a role can further the "triple aim"—a better experience of care for the patient, lower costs, and better outcomes.

In the hospital, specialists are taking advantage of "bundled" rates to redesign the care of patients with specified conditions. A data-driven assessment of where complications or other problems emerge can lead to important process changes. New payment approaches

incentivize finding creative ways to reduce readmissions and repeat surgeries.

Between hospital and community, there is a role for community-oriented physicians to identify places where collaborative efforts can fill gaps. Recently, Maryland's Health Care Quality and Cost Council heard an enthusiastic presentation from Dr. Patricia Czapp of the Anne Arundel Medical System. She spoke about efforts to connect patients in the health care system to local resources so that they can remain healthy at home.

Doctors seizing such opportunities are embracing the role of captain of the ship, eager to steer patients to a healthier port—and ready to receive the rewards of a system that increasingly pays for value.

Physicians have much to bring to the table in developing these initiatives, including their sense of what patients need to stay healthy, the ability to lead a team, a comfort level with data and evaluation, and the moral authority to advocate for the patient's needs first.

At the Maryland Department of Health and Mental Hygiene, we will use the Medicaid program to support some of these innovations. We are hiring a physician as chief medical officer to lead this effort.

Will every new opportunity deliver on its promise? I don't think that's something we can take for granted. In Maryland, we will be taking stock of these efforts through a new health delivery reform subcommittee of the health care reform coordinating council. We will create a new website for this effort and link to it from www.dhmh.state.md.us.

Of special interest to me is that as the health care system evolves, practicing doctors will have new reason to be creative about prevention, support effective behavioral change to address common risk factors like smoking and obesity, and monitor outcomes across a panel of patients. In other words, new leaders in medicine will increasingly cross into the territory of public health.

Thinking of Leo makes me miss the time I cared for patients. I am planning to start some clinical work again, as a volunteer. I need to be ready to catch the next catastrophic diagnosis. But I also look forward to keeping my patients healthy.

Dr. Sharfstein is the Secretary of the Maryland Department of Health and Mental Hygiene. His email address is JSharfstein@dhmh.state.md.us and you can follow him on twitter @DrJoshS.

Find A Job.
Fill A Position.

MedChi
The Maryland State Medical Society

Many job seekers and employers are discovering the advantages of searching online for industry jobs and for qualified candidates to fill them. But when it comes to finding medical professionals, the mass market approach of the mega job boards may not be the best way to find what you're looking for. The **Maryland State Medical Society (MedChi)** has created the **MedChi Career Center Headquarters** to give employers and job seeking professionals a better way to find one another and make that perfect career fit.

Employers: Target your recruiting to reach qualified professionals quickly and easily. Search the resume database to contact candidates, and get automatic email notifications whenever a candidate matches your criteria.

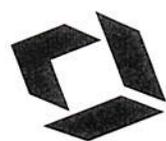
Job Seekers: Get your resume noticed by the people in your field who matter most. Whether you're looking for a new job, or ready to take the next step in your career, we'll help you find the opportunity that you've been looking for.

Visit <http://careers.medchi.org> today to post your resume.

Your career success starts at <http://careers.medchi.org>!

Supporting MedChi in providing your on-line store and offering the best promotional products at a reduced rate.

Go to www.traypml.com/medchistore

 **Tray**
printing • mailing • logistics

Paul Gillespie

681 Hollins Ferry Road | Suite A | Glen Burnie, MD 21061

p: 866.872.9249 x1706 (toll-free) | 410.689.0706 (direct) | f: 410.689.0744 | c: 410.852.9353

pgillespie@traypml.com | www.traypml.com