Family Medicine Interest Group

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The Ohio State University

Gardening for Health Allison Macerollo, MD

As I write this editorial we are heading into the Memorial Day Holiday weekend and I am trying to wrap up all my responsibilities so I can enjoy my family and friends that are so important to me. I have again been considering the benefits and pitfalls of primary care. A benefit to primary care that with access to primary care patients have improved outcomes and lowered cost. I also feel that as primary care doctors we are motivated to go into depth with our patients and really try to make them better people. Time remains one of the pitfalls. It is well known that primary care doctors struggle with not enough time, but really I think all doctors are feeling the crunch and at times the overwhelming responsibility of caring for patients. I was recently speaking about some of these issues with my extended family as we have been dealing with the health of one of my extended family members as she navigates hospitals and doctors visits. My wonderful sister in law Cassie reminded me recently that one way we can help patients is through gardening. She is not a doctor and does not even play one on TV. In fact she is a mom, a wife and a gardener. She actually gardens for a living as she is in charge of the plantings and grounds of a garden museum in Muncie Indiana and it seems like a lovely job. While most of us and our patients will not be employed as gardeners, the benefits of gardening have been well documented.

An article published in 2007 Health Promotion International Focuses on several community gardens in the Toronto area. This article finds that activity levels increase, especially for senior citizens; people perceived they were eating better with better access to food and improved nutrition and folks had improved mental health. There were really no negatives seen to the health benefits. I guess I would say it is a lot like general exercise advice – even though my patients keep trying I find it very hard to find a reason why exercise is bad for them.

So how can we take such a good thing as a community garden and make it a reality for our patients? I think I am personally going to talk about the benefits of gardening and will have materials on hand at my office when patients are interested. I am going to include my patient care liaison to see if she can find any community resources here in town to give seeds, or plots of land to use. In summary I am going to keep motivating my patients to go the next step to be healthier and hopefully happier. Community gardening will not change my practice, goodness knows I have a terrible brown thumb, but this idea is something to motivate me to continue to delve into my patients needs and be a good family physician.

For the students reading and wondering how they can be involved in change and gardening I found a recent article in Nursing Education March 2012. The article was titled "Reaping the harvest: nursing student service involvement with a campus gardening project" focused on nursing students at University of Toledo here in Ohio making a campus community garden. The project was multidisciplinary and in the end was found to be successful in many different realms. Faculty found it a good way to have non formal discussions of career paths and concerns. Students gained a service learning experience, anecdotally they found it stress relieving and were very fulfilled with the experience that they were working to donate food to a local homeless shelter. I hope we at the OSU College of Medicine will continue to strive for these types of experiences for our students, patients and communities. Creativity and commitment will make health care better in the future and while making a garden may not make a great family doctor it sure can’t hurt. Enjoy summer and get outdoors.

Special points of interest:
• Learn about Dr. Albert Schweitzer from one of your “fellow” peers
• Read about the benefits of community gardening
• Celebrate the accomplishments of this year’s graduating class!

Inside this issue:
OSU Medical Student, FMIG Vice-President Named an Albert Schweitzer Fellow
Concierge medicine: ideal healthcare... if you can afford it
Family Medicine Honors Reception
Family Medicine Graduates 2012
AAFP National Conference
FMIG Officers

I have to be honest. Before entering my first year of medical school I really didn’t know much about the work of Dr. Albert Schweitzer. But after learning about his incredible life and the unique legacy that he left behind, I’ve come to believe that he is nothing short of what can happen when we allow ourselves to live for our true passion and purpose. As a physician-in-training, to be selected as an Albert Schweitzer Fellow and know that Dr. Schweitzer also felt so compelled to serve the underserved was a humbling experience. As one of 16 2012-13 Columbus-Athens Schweitzer Fellows, I’m joining 242 other Schweitzer Fellows nationally this year in creating and carrying out a year-long service project that improves the health and well-being of vulnerable populations. I’m addressing the issues of diabetes and hypertension in underserved and uninsured populations in Central Ohio by partnering with the Columbus Medical Association’s Physicians Care Connection (PCC, formerly the Physicians’ Free Clinic) to develop a sustainable health promotion program that will engage and empower patients to increase healthy eating and physical activity habits in their own lives.

Currently, this is a unique service at the free clinic and the only initiative of its kind among central Ohio free clinics. The hope is that as these new behaviors are put into action, patients will begin to reap better health outcomes later in life. The Passport to Health program will take place over the next twelve months at the PCC, and we hope to be at full implementation by September 2012.

Four years ago, when I walked into the Columbus Medical Association’s Physicians Care Connection as a community volunteer, I had no idea how much of an impact the clinic would have on me. The clinic was ablaze with activity--patients were streaming in, physicians were arriving, and duty and purpose were ripe in the air. I absolutely loved it. And now, years later, I still feel that same adrenaline rush when I go to volunteer there. Having spent so much time at the clinic, I have been able to observe the many different parts and pieces of the organization and at one point even served on the Operations Committee for the clinic. The PCC is an epicenter of health disparity, and being able to participate in so many different roles really helped to lay the foundation for the creation of Passport to Health. Having the support of the clinic and its Executive Director, Isi Ikhareba, has really made all of the difference in terms of brainstorming ideas; setting a strategic vision of what this program will look like; and ensuring that it will meet the varying needs of the PCC’s uninsured and underserved patient population.

This small step towards achieving health equity that I am taking as a Schweitzer Fellow is dwarfed by that of Schweitzer and his work. Before the age of 30, Schweitzer received his Doctorate in Music, Theology, and Philosophy and became an ordained minister, university professor, concert organist, and published author. But he realized that he wanted to live for more–so he decided to study medicine, become a physician, and build a hospital in Lambaréné, Gabon, Africa (then French Equatorial Africa). Schweitzer lived to be 90 years old, and the last 52 years of his life were spent fulfilling what he saw as a mission to serve people in need. It is said that in these last 52 years, Schweitzer fed, housed and treated an average of one thousand people per day. I am so inspired by his tenacity, his commitment, and his lifetime of service to underserved people, and I am thrilled to join the Schweitzer Fellowship’s network of emerging health professionals who seek to follow in his footsteps in our own small way.

To learn more about the Columbus Schweitzer Fellows Program, visit schweitzerfellowship.org/columbus.

“The clinic was ablaze with activity--patients were streaming in, physicians were arriving, and duty and purpose were ripe in the air.” — Dr. Albert Schweitzer
With the spotlight returning to primary care in the wake of healthcare reform, many ideas of what an appropriate healthcare delivery system for this day and age should look like have been proposed. The concept of a patient-centered medical home has surfaced as a means to reestablish doctor-patient relationships, and coordinate care so patients are treated effectively and efficiently. A primary care doctor shortage has been looming on the horizon for some time, and the push for more primary and preventive care means even greater deficits to come. There are many reasons fewer doctors are choosing to enter the world of primary care. The picture people used to have of a family practice doctor was idyllic – working in a private setting with friendly staff, knowing patients’ names and families, whistling a happy tune on the way to work each morning... That image has become tarnished by reality, as physicians now must rush to see as many patients as possible in a day to make a profit, manage care for over 3,000 patients, and battle with insurance companies for adequate compensation. While there are certainly positives and negatives to every field of medicine, it is hard to entice young physicians to enter primary care if they will not be given the time or resources to effectively manage patients’ medical care. The practice of concierge medicine has recently emerged as a model of a patient-centered medical home which of care for those excluded from these practices. It remains to be discovered whether concierge medicine will be a viable solution for primary care.

Dr. Jeffrey Milks runs a concierge practice in New Albany, Ohio and he believes this model could be the key to the future of family practice. Concierge medical practices, also known as retainer practices, have been appearing across the nation since the mid-1990s.1 There are several operational models employed by these practices. About 90 percent of concierge medicine practices charge a retainer fee to be a part of the practice, then accept private insurance to cover routine medical expenses. The other ten percent charges the retainer, but do not accept insurance and charge patients for services rendered.2 Dr. Milks charges a fee of $1,800 per year for adults and $900 per year for children to be part of the practice, then accepts private insurance. Patients that are part of a concierge practice are offered 24-hour access to their physicians, shorter waits for scheduling appointments, prompt returned phone calls, and longer visits with their physicians. All of this is made possible because the retainer fee gives physicians an upfront profit, so they are not pressured to see a certain number of patients a day to make enough money. Also, concierge practices limit the number of patients seen by a physician to between 300 and 600, instead of 2,000 to 3,000 as is typical of regular primary care practices.3 This gives the physician the ability to more closely follow the care of each of his or her patients.

The advantages to patients that are a part of a practice such as Dr. Milk’s are obvious. Patients that are part of a concierge practice have significantly lower hospital stays and emergency rooms visits than people who are part of regular family medicine practices, likely due to the fact that they have 24-hour access to their primary care physician. The healthcare savings by cutting down on trips to emergency rooms and hospital stays contribute to concierge medicine being “the only healthcare delivery system that saves society money,” according to Dr. Milks. By not needing to see as many patients in a day, physicians in a concierge medicine practice are able to devote more time to appointments with their patients. Dr. Milk’s practice sets aside half an hour for routine visits, as opposed to the ten or fifteen minutes budgeted for patients in regular family practices. More time spent with patients is associated with better health outcomes and deeper doctor-patient relationships. Additionally, because insurance does not pay for such things as phone consultations, regular family practice doctors have to ask patients to schedule appointments for simple things that could easily be handled over the phone. Because the retainer fee takes the pressure off physicians to get as much money from insurance companies as possible, concierge practitioners can save patients time by consulting over the phone if needed. Dr. Milks also believes the concierge model makes patients take more responsibility in their healthcare. Paying the retainer fee out of their own pockets may make patients more likely to value healthcare. Also, Dr. Milks’ practice reserves the right to withdraw patients from their clientele for such behaviors as repeatedly missing appointments.

The concierge medicine model also impacts the lives of physicians. Being forced to practice medicine a certain way in order to get enough reimbursement is a burden to many physicians. Dr. Milks worked in a family practice for a number of years, but felt abused by insurance
companies and wanted to quit. He believed that being forced to see five or six patients an hour did not give him enough time to practice the comprehensive medicine he was taught. The concierge model allows to enough time to practice medicine the way he feels it ought to be done. Having the retainer fee offsets the stress of haggling with insurance companies for adequate reimbursement. However, there are challenges to operating in a concierge practice. Patients have 24-hour access to their physicians, which could impact doctor’s private lives. Dr. Milk states that he generally receives about one phone call a night from a patient regarding medical questions, and typically makes a trip to see patients in the office once or twice on the weekends. With the retainer fee comes the promise of shorter waits and efficient care, so calls must be returned and appointments scheduled promptly, which could be a burden to physicians. Starting a concierge practice is risky, because it could take several years before enough of a clientele is established to make a profit.

While the benefits to this sort of patient care seem providential, a number of serious concerns have surfaced pertaining to the concierge model. Concierge practices can only function because of the reduction in the number of patients seen. Regular practice physicians see between 2,000 and 3,000 patients, whereas concierge practice physicians see only 10-20% of that. If a practice converts to the concierge model, that leaves a significant majority of the patients to find new primary care physicians, at a time when few practices are accepting new patients. There is already a primary care physician shortage, and the concierge medicine model exacerbates that deficit. It is not a random selection process of which patients get to stay in the practice, either. Patients who cannot afford to pay the retainer, and patients with Medicare are the first to be dropped from the practices. Medicare patients are often excluded from concierge practices for several reasons. Aside from the abysmally low reimbursement rates, there have been a number of lawsuits raised against concierge practices for “double-dipping” — charging patients for services for which Medicare reimburses physicians. The legal aspect of concierge medicine includes drafting a contract in which the retainer fee covers only that which insurance companies do not pay for, which can be tricky work. The unfortunate result of offering better care to a subset of patients results in an even greater burden on regular primary care practices to see the patients left out of the concierge practice.

Despite these challenges, concierge medicine may have a role in the future of primary care. Approximately 15 percent of patients seen at Dr. Milk’s practice are done without charging – an act of charity that most family practices would not be able to afford. A practice in Boston is currently blending the concierge model and regular family practice model to better outcomes for people of all socioeconomic classes. The Tufts Medical Center services 500 patients in the concierge model, charging a $2,000 fee for all of the aforementioned services. However, the profit from these patients receiving concierge care is not pocketed by physicians, but instead goes toward bettering the care of the

35,000 patients seen in the traditional practice. Dr. Deeb Salem, co-founder of the Tufts retainer practice, acknowledges that "two-tiered" healthcare system, in which the affluent receive benefits while the poor do not, is nothing new. Concierge medicine does offer better care to those who can afford it, but in the Tufts model, the money paid for better care is put towards improving care for the underprivileged. The concept of concierge medicine has sparked heated debate about the effects this model could have on society. Some people see concierge physicians as greedy and out of touch with the needs of society, while others see it as the only way to stay in private practice as a primary care physician. The concierge model certainly offers a better environment to practice medicine, and achieves better health outcomes in patients that are a part of it. The issue of primary care physician shortages, the shrinking number of practices that accept Medicare (and tremendous patient loads at practices that do accept Medicare) is troubling. These issues seem to be exacerbated by a concierge medicine practice, but the Tufts model offers at least a partial solution. Additionally, the idea of a concierge model may entice more young physicians to enter primary care and help relieve the physician shortage. Concierge medicine could be the answer to the major issues in primary care, or it could be a wedge that furthers the healthcare gap between the poor and the wealthy – only time will tell.

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The Family Medicine Honors Reception was held in the Sanders Grand Lounge at The Longaberger Alumni House. Recipients of the FM Chair Awards were announced, the students who participated in the Honors Elective presented their projects, and the Champion of Family Medicine recipient was honored.

<table>
<thead>
<tr>
<th>Department of Family Medicine Chair Award</th>
<th>Award Recipient</th>
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<tbody>
<tr>
<td>Tennyson Williams, MD</td>
<td>Margaret Lee</td>
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<td>Award in Humanism</td>
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<td>Patrick Fahey, MD and Lawrence L. Gabel, PhD</td>
<td>Brock Trejo</td>
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<tr>
<td>Award in Academic Excellence</td>
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<tr>
<td>John Lombardo, MD</td>
<td>Benjamin Christensen</td>
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<tr>
<td>Award in Community Service</td>
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<tr>
<td>Glen Aukenman, MD</td>
<td>Jonathan Bonnet</td>
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<tr>
<td>Award in Leadership</td>
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<tr>
<td>Mary Jo Welker, MD</td>
<td>Vaugh Harris</td>
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<td>Award in Professionalism</td>
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<tr>
<th>Student</th>
<th>Project Title</th>
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<tr>
<td>Akua Ampadu</td>
<td>Lower Lights Christian Health Center Lay Health Advocate Training Program, Instructor and Coordinator</td>
</tr>
<tr>
<td>Buck Bania</td>
<td>Mindful Movement</td>
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<tr>
<td>Jonathan Bonnet</td>
<td>Exercising Patients</td>
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<tr>
<td>Benjamin Christensen</td>
<td>Disadvantaged Youth Mentor</td>
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<tr>
<td>David Cooley</td>
<td>Health And Wellness with IBD</td>
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<tr>
<td>Matthew Gibson</td>
<td>The Patient Centered Medical Home: a Patient’s Guide</td>
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<tr>
<td>Brock Trejo</td>
<td>Health Literacy Research</td>
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## Family Medicine Graduates 2012

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<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Mark Price</td>
<td>University of Utah Affiliated Hospitals</td>
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<tr>
<td>Paul Saridakis</td>
<td>Riverside Methodist Hospital</td>
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<tr>
<td>Trevor Shull</td>
<td>University of Michigan Hospitals</td>
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<tr>
<td>Brock Trejo</td>
<td>Oregon Health &amp; Science University</td>
</tr>
<tr>
<td>Jeremy Wilks</td>
<td>Grant Medical Center</td>
</tr>
<tr>
<td>Alison DeMars</td>
<td>Toledo Hospital</td>
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<tr>
<td>Buck Bania</td>
<td>Mayo School for Graduate Medical Education</td>
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<tr>
<td>Jonathan Bonnet</td>
<td>Duke University Medical Center</td>
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<tr>
<td>Benjamin Christensen</td>
<td>Utah Valley Regional Medical Center</td>
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<tr>
<td>Vaughn Harris</td>
<td>University of Texas Health Science Center</td>
</tr>
<tr>
<td>Margaret Lee</td>
<td>Riverside Methodist Hospital</td>
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<tr>
<td>Qihui Liu</td>
<td>Grant Medical Center</td>
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Welcome to the family of family physicians!

Best of luck in all of your future endeavors!
Funding to attend is available for interested medical students. Please contact Amy.Peters@osumc.edu or Allison.Macerollo@osumc.edu

Our deadline for financial support is June 15.
The Ohio State University

FMIG Newsletter
A333 Starling-Loving
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Columbus, OH

Have any ideas/suggestions for the newsletter?
Email Amy Peters
Amy.Peters@osumc.edu

Thank you!

FMIG appreciates the financial support of the Columbus family medicine residencies:

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Mount Carmel OSU

Thank you!

FMIG appreciates the continued financial support of the Central Ohio Academy of Family Physicians.

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