

2022: THE YEAR WE START ANEW

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CONTENTS

4 FROM THE PUBLISHER
by Marlene J. Wüst-Smith, MD

9 HOPE AND OPTIMISM
by Dael Waxman, MD

10 THE SELF CARE DOCTOR
by Robyn Tiger, MD

11 WHAT IS SOMEDOCS?
by Marlene Wüst-Smith, MD

13 NARRATIVE MEDICINE: WHY STORIES
MATTER IN HEALTHCARE
by Eve Makoff, MD

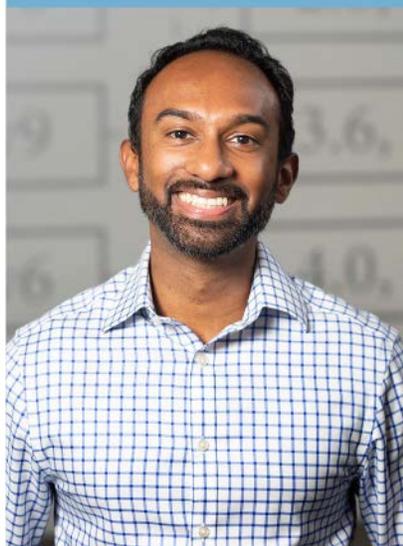
16 WHAT IT MEANS TO BE A LEADER IN
HEALTHCARE TODAY
by Marion Spears Karr, MA, FACHE

“

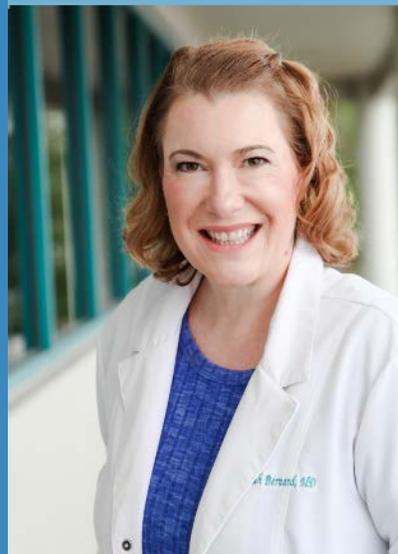
I realized, during my clinical years that even though I could see the impact I was making on my patients lives and enjoyed working at the bedside, I realized that a portion of what drove me was being able to have a broad positive impact on health care. That is difficult to have just on individual one-on-one patient care.

Dr. Desh Mohan

MD
COACHES



NATIONAL
PHYSICIANS' WEEK



NATIONAL
PHYSICIANS' WEEK

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One of the really important experiences of my life was growing up with a mother who had very serious mental illness. I watched her go through different treatments in a rural area with very limited access to healthcare. So that was a big part of my decision to want to work in an underserved area.

Dr. Rebekah Bernard

MD
COACHES

18 HEALTHCARE LEADERS OF THE YEAR
Interviews conducted by Elizabeth Egan

24 ALYSSA S. JENKINS, RN

26 ERIC DANIEL ZIMMERMAN, A+ FACHT

28 BARRY MURPHY

30 CARL C. SCHUESSLER, JR.

32 MARION MASS, MD

36 RICK SATAVA, MD

39 THE DAY THAT SCIENCE DIED
by Amy Zellers, DO

40 SPOTLIGHT ON DANA CORRIEL, MD
by Marlene Wüst-Smith, MD

46 THE INNOVATOR
by Cheng Ruan, MD

FROM THE PUBLISHER

March 25-31

HAPPY NATIONAL PHYSICIANS WEEK

CELEBRATING ALL PHYSICIANS

March is a month full of days to celebrate for those in medicine. For all of us "science nerds" we have National Pi Day on March 14th every year, and as we look forward to April and signs of Spring, we have an **ENTIRE seven days**, from **March 25- March 31** to "pat ourselves on the back."

And pat we should, because, honestly...we deserve it. It took us many years of hard work and dedication to get through college, medical school, internship, residency, and for some of us, through one or more fellowships. Our profession is truly a calling, one in which we commit to life-long learning, teaching and to the service of others.

We are members of a "Secret Society" of sorts. a highly selective fraternal organization known as the House of Medicine. Becoming a physician requires that we "pledge" to an institution that is well known for large time commitments, frequent tests, costly fees and tacit submission to traditions which include a form of hazing, hierarchical gerontocracy, and a tremendous amount of sacrifice.

Is it worth it? ABSOLUTELY.

A TIMELESS HONOR AND A PRIVILEGE

Graduating from medical school to become a physician (a "real" doctor) is a true privilege. Many aspire to achieve this high honor, but very few are able to rise to the occasion. On an airplane, the pilot is the "captain of the ship," and in a restaurant, the chef is the "head honcho." In healthcare, the "House of Medicine" naturally belongs to physicians, and although we shouldn't need a day or a week to remind us of our role and position, it IS nice to feel appreciated from time-to-time.

WAIT, I THOUGHT WE ONLY GOT A DAY?

This is actually the SEVENTH anniversary of the celebration of National Physician's Week. March 30th is the date that most hospital systems and healthcare administrators have traditionally recognized as the day to celebrate physicians. Doctors' Day was first conceived of in the 1930's and was unofficially observed for several decades before it became a legal holiday. On March 30 of 1958 the US House of Representatives adopted a resolution commemorating Doctors' Day, and on October 30 of 1990, President

George W. Bush signed the legislation into law after both the House and the Senate approved it.



PHYSICIANS WORKING TOGETHER

A quarter-of-a-century later, in 2015, Dr. Kimberly Jackson, founded one of my favorite grass-roots organizations, Physicians Working Together. PWT is a bipartisan, gender-inclusive group of over 9,000 doctors who share similar values. Alarmed by the mass-exodus of veteran physicians

from medicine (and recognizing that we need to actively participate in the education of medical students to build a sustainable healthcare system) Dr. Jackson came up with the idea of National Physicians Week to boost the morale of physicians.

PWT (which is a 501 C-3 non-profit organization) connects, collaborates and cares for physicians, medical students and ALL of the communities we serve. Tax-deductible contributions are used to help support medical students as they strive to become physicians.

IT'S REALLY NOT ABOUT US

The reason physicians exist is to expertly care for our patients. We can't do what we do without a supportive team around us, which includes both clinical and non-clinical staff.

Make sure to mark these important days, weeks and months on YOUR personal calendars so that you can plan ahead and celebrate YOUR team!

In this spirit *Physician Outlook Magazine* and the *American College of Healthcare Trustees* collaborated to jointly recognize colleagues who have gone above and beyond as "Healthcare Leaders of the Year."

DOCTORS ON SOCIAL MEDIA

Physician Outlook has also teamed up with "SoMeDocs" to showcase a platform that makes EVERY physician shine as the experts we are. "Founded by Dr. Dana Corriel, a physician herself, SoMeDocs is a classy, edgy 'online curated directory' that truly puts ALL physicians front and center. She has created a unique, affordable and transparent way for physicians to display what THEY want the world to know about them.

As physicians, we need to "own" our own brand, our own identities, our publications, and our outside interests. We should be able to control what a "Google" search reveals about ourselves.

Retired physicians use their SoMeDocs DataBank profiles to create a "living legacy" that tells their own unique stories, a self-created page that leaves an accurate "forever footprint" in the digital world. We shouldn't have to wait to read an obituary to catch up with the lives and careers of old professors or physician colleagues.

For medical students, SoMeDocs is a place to highlight their educational journeys and present themselves to training programs via a curated social media site that residency and fellowship directors use for background research. Having a publicly-facing "dynamic bio" that encourages young medical professionals to display and be proud of their accomplishments will help them to retain their autonomy throughout their careers.

For physicians who are already established "doctorpreneurs" the SoMeDocs platform facilitates amplification and collaboration so that physician leaders and

influencers can create larger communities and followers, sell books, promote training courses, podcasts and mentor other physicians interested in creating passive income streams.

And for the many physicians who are "just" practicing clinical medicine, SoMeDocs offers a publicly searchable "Curriculum Vitae" that the individual physician controls the content of. YOU decide what picture appears on your profile (no more dorky "white coat" pictures taken for your hospital badge). Your SoMeDocs portfolio can serve as a patient resource site, where you can provide lists of your favorite podcasts, books, newsletters, YouTube videos and other educational resources and "life-hacks" that will inevitably make your day-to-day practicing career more efficient and enjoyable.

It is no secret that we physicians are losing our voices and our identities in a healthcare system that essentially "uses" us for billing, supervision of non-physician providers and as a shield against liability.

I encourage EVERY medical student and physician, whether practicing or not to claim their free "Data Bank" profile at www.DoctorsOnSocialMedia.com.

Established entrepreneurs should choose the NETWORK level membership (which costs less than \$100/month) and for those who are just dipping their toes into the water of a life outside of clinical medicine there is an option for a PORTFOLIO membership that costs less than \$200 per year. 



doctorsonsocialmedia.com

Written by Marlene J. Wüst-Smith, MD



A VETERAN WHO APPRECIATED "REAL" DOCTORS

Soon after my husband and I were married, my father-in-law Bob would sweetly send me a card every March 30th, wishing me a "Happy Doctor's Day." In 2016, when I told him that my physician friends had submitted the necessary paperwork to be recognized for an entire week, he remarked **"Well, its about time,"** and proceeded to call me EVERY day during the last week of March to congratulate me and tell me how much he appreciated me and the other physicians in his life.

He was very sweet and had an inimitable "Archie Bunker" style of communication, gruff and sometimes painfully direct. He had a great appreciation for nurses (his wife was a nurse, as is his daughter), but he had the utmost respect for doctors (his son is a military-trained DO). A veteran who used the V.A. System for the majority of his healthcare, Bob had many chronic health issues and needed to seek healthcare frequently. He often would complain to me (after months of waiting for a specialist appointment) that he had not gotten to see a "real" doctor. He would have nice things to say about the 'NURSE' (practitioner) or (physician) 'ASSISTANT' (even when corrected he would stubbornly 'forget' to use their full title) who had seen him in terms of their personality or their bedside manner, but he would insist on being given another full appointment to see the "real" doctor after each visit scheduled with a non-physician provider.

The Administrative staff at each VA System eventually got to know Bob by name, and learned in time that they were better off scheduling him for a full appointment directly with a specialist, or approving him to be seen by a community specialist if the VA doctor was not available. He was a man who had the utmost respect for ALL members of the healthcare team, but he understood that there was a difference between doctors and non-physician providers. He died in 2019, and I miss him and his unadulterated love and respect for our profession. It is in his honor and with the intensity of his respect that I am using this opportunity to wish all of my fellow physicians a Happy National Physicians Week.

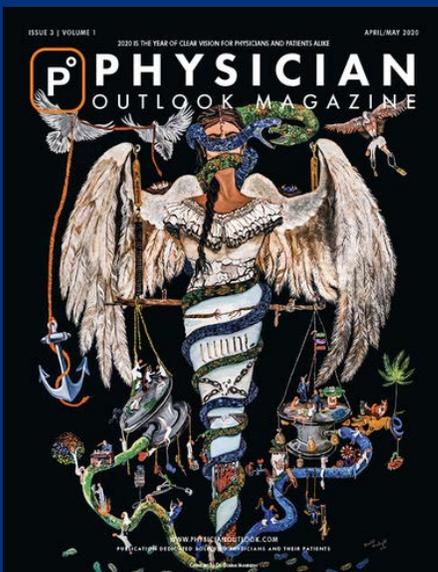


2022

DO NO HARM

HEALTHCARE EVENTS CALENDAR

January 12 National Pharmacist Day	January 23-29 CDNA Week	January 25 RN Nurse Day	February 1-7 National Patient Recognition Week <small>(first week of February)</small>	February 3 National Women Physicians Day	February 18 National Caregivers Day <small>(first Friday in February)</small>	March 1-31 National Social Work Month
March 6-12 Dental Assistants Recognition Week	March 9 National Registered Dietitian Nutritionist Day <small>(second Tuesday in March)</small>	March 14-18 Healthcare Human Resources week	March 19 Certified Nurses Day	March 25-31 National Physicians Week	March 30 National Doctor's Day	April 1-30 Occupational Therapy Month
April 3-9 Patient Access Week	April 4-10 National Public Health Week <small>(first week in April)</small>	April 17-23 National Healthcare Volunteer Week <small>(first week in April)</small>	April 22-28 Health Information Professionals Week	April 24-30 Medical Lab Professionals Week	April 26-30 Patient Experience Week	April 27 Administrative Professionals Day
April 28 World Day for Safety and Health at Work	May 1-31 National Nurses Month	May 6 National Nurses Day	May 6-12 National Nurses Week	May 8 Student Nurse Day	May 8-14 National Hospital Week	May 8-14 National Nursing Home Week
May 15-21 EMR Week	May 15-22 Healthcare Technology Management Week	May 18 Spanish Language Pathologists Day	June 16 National Career Nursing Assistant's Day	June 16-22 National Nursing Assistant Week -CNA Week	August 7-13 Health Center Week	August 23 Health Unit Coordinators Day
September 8 World Physical Therapy Day	September 11-17 Healthcare Environmental Services Week National Assisted Living Week	October 1-31 Medical Ultrasound Awareness Month	October 2-8 Malware Week	October 3-7 Pediatric Nurses Week	October 6 National Physician Assistant Day	October 6-12 National Physician Assistant Week
October 7-11 Healthcare Food Service Workers Week	October 8 World Hospice and Palliative Care Day	October 9-15 Cost Management week Emergency Nurses Week Healthcare Safety and Security Week	October 17-21 Medical Assistants Recognition Week	October 18-24 National Healthcare Quality Week	October 19 Medical Assistants Recognition Day	October 23-29 National Respiratory Care Week
October 24-30 National Healthcare Facilities and Engineering Week	November 1-30 Homes Care and Hospice Month	November 6-12 National Radiology Technology Week Mental Health Professionals Week	November 13-19 Nurse Practitioner Week Perinatal Nurse Week	November 14 OR Nurse Day	November 17 National Rural Health Day	December 13 Pick a Pathologist Fall Day



PAST DUE

FINAL NOTICE



#EndVetMedDebt

www.LETSRETHINKTHIS.com
Art by Vic Guiza



Physicians Working Together

CONNECT | COLLABORATE | CARE

Our mission at PWT is to Connect, Collaborate, and Care for physicians, medical students, and the communities that we serve. Our initiatives provide physician support, access to tools and resources, and annual medical student scholarships.

Dr. Kimberly F. Jackson
Physicians Working Together
President and Founder

PWT is a 501 (C) (3) Non-Profit Organization



We are the founders of National Physicians Week (March 25-31). Since 2019, we have awarded 4 medical students with scholarships. Our goal is to dramatically increase our ability to support more medical students through our non-profit program. We can get there with your support! We are a team of physicians giving back today to impact the future of healthcare. Visit our website to learn more about how you can volunteer or contribute to our organization.

www.physiciansworkingtogether.org
www.best2gether.org

Ways to give:



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HOPE AND OPTIMISM

FOR OUR PROFESSION IN THE TIME OF COVID

A Physician Coach from MD Coaches, by Dael Waxman, MD

THE medical and lay press is replete with articles about the overbearing burden that healthcare workers are experiencing during the pandemic.

COLLEAGUES are working in settings which are over capacity, understaffed, and caring for patients with the same condition which, in far too many cases, results in a poor outcome. Appropriately, the authors of these pieces articulate that these stresses are leading to physical and emotional exhaustion, mental strain, and burnout.

COMPANION articles discuss the “great resignation” in healthcare as an outcome of these demands and predict further shortages due to difficulty in attracting workers to our field—largely because the public has been witness to the excess pressure put on healthcare professionals during the pandemic.

ONE could easily conclude that we are in for significant doom and gloom in healthcare in the coming years. I certainly did as I read these pieces.

WITH this pessimistic mindset in mind, I had the occasion to have an entire class of second-year Family Medicine residents at my home for their annual outdoor well-being day (a required part of our curriculum) at the peak of Delta and just prior to the Omicron waves.

TO put their lives in perspective up to that point:

1) They graduated from medical school in May, 2020—meaning there probably was no real ceremony to mark that accomplishment.

2) They entered residency just as the pandemic was picking up steam in our region. During their internship,

many were called on to do the unspeakable (e.g. holding phones so that loved ones could say goodbye, experience the piercing dilemma of not allowing visitors but knowing that a family’s loved one was dying, dealing with daily onslaughts from family members stating that they were withholding drugs that could help their loved ones, etc.).

3) In the hospital setting, they only know one another and everyone else



by their eyes because they have been wearing masks and PPE their entire training period.

4) They have largely been cut off from their support persons since July of 2020—a time period when this is the most important.

5) Finally, they have experienced a deeper layer of exhaustion, moral injury, and questioning than first-year residents have, as a group, ever experienced.

AND, with all that, I concluded the day inspired by each of them.

WE spent the time hiking, reflecting, meditating and focusing on what brings meaning to our work.

WE shared laughter, relationship building, and meaningful and authentic conversation. As opposed to experiencing them as downtrodden and exhausted, they were energetic, connected, resilient, and able to see the absurdities and realities of our work while not taking it personally or as a red flag that they chose the wrong profession.

IT was a refreshing day and, to me, an experiential antidote to the articles referenced above. Not to be Pollyannaish—those pieces present some acute realities. Professionals really are burnt out and really are leaving.

PERHAPS, for these residents, their resilience and hardiness exhibited that day is due to their newness to the profession. Or, perhaps the day afforded an opportunity to pause and be in community with others going through the same challenges—something others working in a hospital cannot afford to do.

WHATEVER the reason for their positive energy, if these residents—who were less professionally prepared, who dealt with the stresses of being a new doctor and the sudden jump in responsibilities it entails, and who performed creditably while maintaining humanity can laugh and sing and support and be committed to the welfare of their patients and each other, well, I have a good amount of hope for our profession. I do. 🌿

Rx for Success
PODCAST



Dr. Waxman can be found on his website dwaxmancoaching.com and follow him on DoctorsonSocialMedia.com and MyMDCoaches.com

THE SELF-CARE DOCTOR

A Physician Coach with MD Coaches, by Robyn Tiger, MD

In the 3rd grade, my teacher rolled out a life-sized skeleton and I had a major aha moment. I realized for the very first time that skeletons are not just for Halloween costumes and decorations, but actually are the infrastructure that supports our bodies and at that very moment, I decided I wanted to become a physician.

Fast forward...I spent 15 years practicing Diagnostic Radiology. Not a day would go by that I wasn't completely fascinated by what that technology provided. I felt privileged to "peer inside" my patients' bodies and search for the etiologies behind their symptoms and illnesses. But over time, I felt incredibly stressed, anxious, imbalanced and overwhelmed and I developed many symptoms and illnesses of my own. I consulted with several of my medical colleagues, took many medications, had negative imaging studies, and was even in therapy in an effort to improve my mental health.... and....I only got worse. I came off all medications seeking another avenue to health.

I had been hearing and reading more and more about yoga & meditation and, being a gym rat, had always thought that was for people who twisted their bodies into shapes that I thought from my understanding of anatomy shouldn't be possible. A local studio was offering a "Yoga 101" course so I made a New Year's resolution with a friend to give it a try and found that my preconceived notions were all incorrect. After the very first class, I felt an unbelievable shift. I experienced a sense of calm and peace that was palpable. People around me began to notice this shift as well. Over time, my symptoms and "illnesses" all resolved. Every last one.

My scientifically trained mind needed to unwrap the mystifying impact of yoga & meditation practices at a deeper, fact-based level. I dove into the medical literature and learned that these practices diminish the side effects and improve outcomes for many medical conditions. In addition, they significantly decrease stress levels which enhance well-being, and even increase longevity!

Next up: mindset. In working with life coaches, I learned how to manage my mind. I came to understand that our thoughts, not our circumstances, determine our feelings, actions & ultimately the results that we create. So, looking back...



WHAT WAS MY DIAGNOSIS?

*A severe case of
CHRONIC STRESS.*

WHAT WAS THE CURE?

Self Care.

I felt this newfound knowledge was too important to keep all to myself. I became certified in yoga therapy, meditation and life coaching with specialty certification in trauma. With physician stress, anxiety, depression and burnout on the rise, and having personally lost 3 medical colleagues to suicide, I am deeply passionate about sharing what I have learned with as many physicians as I can. I am here to support you so that you too can relieve your stress, elevate your calm and live your best life! 🌿

Dr. Tiger can be found on her website StressFreeMD.net and follow her on DoctorsonSocialMedia.com and MyMDCoaches.com

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What is "SoMeDocs"



Doctors on Social Media

resources for growth & networking in health innovation

A COMMUNITY OF LIKE-MINDED PHYSICIANS

...and why I think ALL doctors need to become members

"Doctors on Social Media" is a physician-created company that is on a mission to help ALL physicians truly represent (and if they so choose to, effectively "market") themselves in the increasingly important online digital world.

If you are reading this article in the print version of **Physician Outlook** and are of a certain age or social-media hesitant background, you may hear yourself internally scoffing and saying "I don't need nor want to be part of that wasteland known as the 'online' world."

The truth, however, is that as physicians—like it or not—we are ALL already part of the digital world. Because we have NPI numbers, and because the American Medical Association has sold our data, we are easily searchable, and there are many private-equity backed charlatans who are using OUR data (without our explicit permission) to profit from.

"Google" any physician's name and you will find all sorts of information about them (sometimes with "Yelp-style" ratings that could be maligning to a reputation). The information is often outdated, and sometimes contains personal information such as a private cell phone number or

home address. I am talking about "well-respected" companies such as Doximity, WebMD, ZocDoc, USNews, and many others that make their money by using our information to build their directories.

One of the reasons that **Physician Outlook Magazine** was created is to help amplify the message and mission of physician-led initiatives such as "SoMeDocs," (the nickname for Dr. Corriel's business model and website). SoMeDocs showcases us as physician experts in a unique way, helping us build connections with one another across Healthcare Networks in an affordable, transparent, and unique way.

THE ART OF NETWORKING

SoMeDocs has built an influential presence in every major social media platform over the past few years. The website showcases members regularly and shares professional development resources that facilitate growth.

It costs nothing for verified physicians (and pre-medical students) to set up a profile on SoMeDocs. For those who are just starting out I recommend purchasing a PORTFOLIO membership which allows you access to the portal which interests you the most (speaking, podcasting,

writing, coaching).

FOR HEALTH EXPERTS

For health experts who are looking to grow or amplify their voice, brand, or side business, I highly recommend purchasing a full NETWORK membership, which allows access to all four portals, as well as unique "MEMBERS ONLY" perks.

SoMeDocs does all of the heavy lifting and promotion work for NETWORK level members.

SoMeDocs is a combination of a personal talent agency for physicians with a public relations firm, and a media company that values transparency in healthcare.

By Marlene J. Wüst-Smith, MD



We're Building The Health Expert Hub.

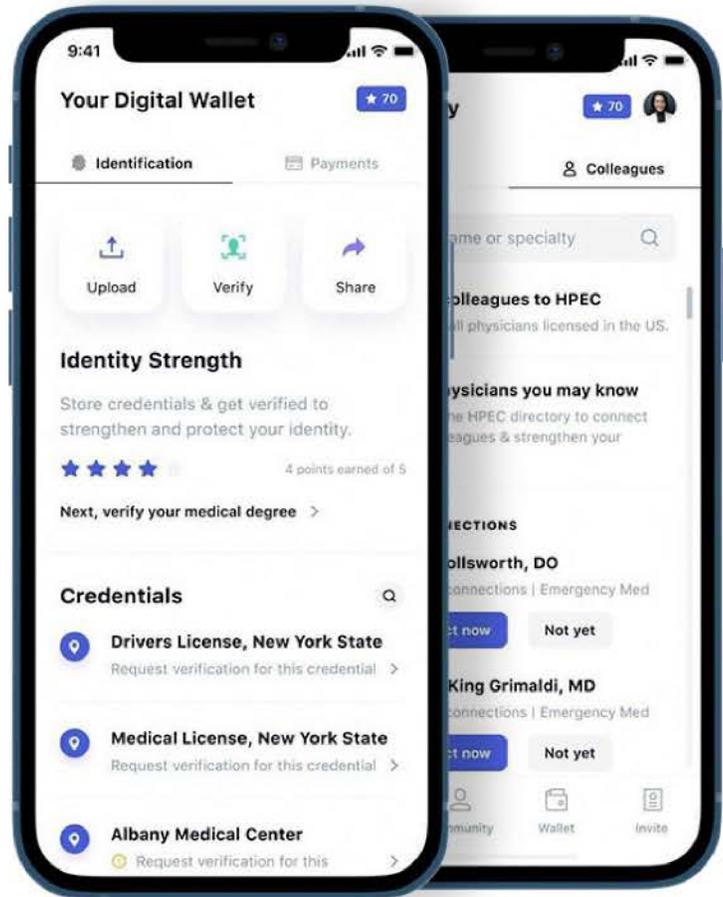


PUTTING PHYSICIANS BACK IN CONTROL

PROTECT YOUR PROFESSIONAL BRAND
PROTECT YOUR PATIENTS PRIVACY

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We believe that physicians should own their right to work and move freely.



We create this possibility by giving physicians control over their professional digital identity. Our wallet stores your verifiable medical credentials and connects you to a secure and private referral network of other credentialed physicians. We do so through our secure standards based open-sourced technology.

Why HPEC?

Our patients deserve privacy, and as the practice of medicine becomes more digitized it is clear that it is the physician's responsibility to adopt secure solutions for communication and identity verification in order to restore that privacy. This is why we are building HPEC.



Empower Your Health Decisions | Empower Your Physician

[#PatientPrivacy](#) [#PhysicianAutonomy](#) [#OwnYourData](#) [@HPECid](#) | [www.HPEC.io](#)

NARRATIVE MEDICINE: Why Stories Matter in Healthcare

By Eve Makoff, MD, Internal Medicine Specialist and Palliative Care Specialist

There was a low rumble in the room. I couldn't hear what anyone was saying above the din, but I feel the excitement in my body even now as my memory-neurons fire.

This new batch of future doctors was about to enter terrain more daunting than the fundamentals of pharmacology: They would read a poem and write a reflection about being a medical student.

Years ago, in my first weeks of medical school, I moved into a small apartment in Providence above a hair salon with my friend Lynn and her wiener dog Zoey. It was the 90s. I kissed a straight-laced but cute boy named Tal and learned the gummy smell of Formaldehyde that lived in the anatomy lab and clung to our clothing. The medical education I would receive was based on a fairly conventional doctor-patient relationship model: patient describes symptoms, doctor examines patient, along with history and vitals, then provides diagnosis and communicates treatment options.

Twenty-five years later I was a "seasoned" doctor, awkwardly sitting in a

low rotating chair among students at USC's Keck School of Medicine, observing. They were about to join a revolution in healthcare—the practice of narrative medicine.

Traditional medical education involves eighteen months to two years in a classroom to learn basic science, and two years in the hospital and clinic doing rotations to immerse students in each of the medical specialties. They study surgery, internal medicine, pediatrics,

ready to answer my litany of prescribed "history of present illness" and "review of systems" questions. He had made-up answers pulled from a script.

I felt a flutter in my chest, a recognition of just how much things were changing in my beloved field. I looked at the young people around me. This was the generation that could change medicine by honing the art of deep listening and self-awareness, skills I only recognized were crucial after decades in healthcare. They will never know the practice of medicine without them.

The session title—"Stories Matter: Listening with Humility"—is nothing like I would have seen in my early training. At the podium was Pamela Schaff, who holds not only an MD, but a PhD in Literature and Creative Writing, joined by English PhD professor

Erika Wright. The two of them proceeded to delicately subvert tradition by introducing med students to a revolution in the doctor-patient relationship: narrative medicine.

"I am so excited to be here with you today," Dr. Schaff began. This was also new. She was not trying to intimidate; she was connecting. My



OB/GYN, and all of the super-specialties within each discipline.

When I went to medical school, we were lucky to have one course focusing on communication and the physician-patient relationship. I remember walking into an exam room as a third-year student and finding a thirty-ish male actor sitting on the exam table looking healthy and fit,

mind flashed to the supervising physician for my third-year surgery rotation, a gray tuft of hair who walked five feet in front of me as he “pimped” me with hard questions about obscure surgical facts.

“We are here to help you blend the art and science of medicine. By integrating the humanities into your curriculum, we aim to nurture your imagination, curiosity, and ethical decision-making as physicians. Attending to the same aspects utilized in the study of literature—point of view, tone, diction, syntax, temporality and setting—we will teach you close reading and narrative humility to enhance your clinical practice and your professional development.”

The Association of American Medical Colleges, a body that works to optimize and transform healthcare, published the FRAHME (the Fundamental Role of the Arts and Humanities in Medical Education) report in 2020, laying out the argument and evidence for integrating art and medicine: to enhance the patient experience, improve population health, reduce costs, and promote clinician well-being.

Professional growth and transformation occur when we adopt the perspective of others through acts of sustained attention so we can represent and reflect on what we see, hear, or read, as well as when we develop the ability to think criti-

cally and compassionately about human dilemmas. (This) . . . leads to the ability to integrate one’s deep fund of knowledge, ethical sensibilities, and emotional intelligence to know how to do the right thing in this circumstance, with this patient.

But talking about honing the softer skills of medicine to benefit patients and physicians can only go so far. By the end of the lecture, it was still theoretical, and probably intangible, to the new students in the lecture hall. It was time to practice them in the same way every other competency is acquired in medical education. This time it started in small groups, reading a poem and writing about the experience.



WHAT THE DOCTOR SAID
narrative poem by
Raymond Carver

Despite my full-time job as a medical director, I had enrolled in the remote narrative medicine certificate program through Columbia University. By the time I sat in that room, I had completed my first course in close reading. We read poems, short stories, and excerpts from books. We listened to songs and viewed artwork, then we were given writing prompts or discussion points to address in groups.

Each time we were asked to comment on the pieces, or on our colleagues' writing, we were given the same five questions to help us to closely attend to the piece at hand:

*Where does it take place?
When does it take place?
What do you see?
What do you hear?
What do you feel?*

The field of narrative medicine and the pedagogy of close reading that underpins it was created in the year 2000 by Dr. Rita Charon, also bearing an MD and a PhD in literature. Combining medicine, literary criticism anthropology, oral history, phenomenology, consciousness studies, a medicine aesthetic theory among others, she has systematized a way to teach healthcare providers how to garner a kind of self-awareness that clears the path for deep and therapeutic engagement with patients.

She urges doctors to engage in "radical listening," letting patients tell the story of their illness as they see it, going beyond symptoms to include emotions, thoughts, and events. Charon then encourages the physician to write a brief narrative of what they hear, what she calls a "parallel chart" alongside the medical records to inform both future interactions and treatment, a process that closely resembles literary analysis. It's one way to integrate the humanities into medicine to achieve the aims laid out by FRAHME.

Studies of the practice have shown a greater likelihood of patients to follow instructions from a physician who has engaged in the narrative approach. It can

also reduce unconscious bias in the physician, especially for patients in marginalized communities. "Radical listening is the effort to be present, to bear witness, and to listen without your biases and assumptions. It's about curiosity, not judgment," Charon says.

Narrative medicine provides a teachable set of skills that promise to put the human connection back into the increasingly quantitative and automated practice of medicine.

I sat still in my chair as the bodies rose around me, grasping book bags, whispering with new friends. Were they excited? Anxious? Both? They filed up the aisles to my right, rushing to their assigned rooms, to begin a journey I too had once taken, but with an orienting framework that was so very different. I would not join them for the intimate sessions following the group gathering. A safe space was needed, without outsiders like myself, to optimize the environment and to encourage students to share their thoughts and their writing.

The crowd headed off to read "What the Doctor Said" by Raymond Carver, a poem describing one of the most wrenching interactions these students would face—giving devastating news to a patient:

... he said are you a religious man do you kneel down in forest groves and let yourself ask for help when you come to a waterfall mist blowing against your face and arms do you stop and ask for understanding at those moments I said not yet but I intend to start today he said I'm real sorry he said I wish I had some other kind of news to give you In my car, I thought about the students bowing their heads, reading those beautiful words—being encouraged to feel, to connect to a devastating human story, at the outset of their careers. And as tears streamed down my face, I felt hope for the first time in a long while for the future of medicine. 

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WHAT IT MEANS TO BE A LEADER IN HEALTHCARE TODAY

By Marion Spears Karr, MA, FACHE
Managing Director - Healthcare & Life Sciences Practice

Over the past two years across the globe healthcare workers and leaders have been thrust onto center-stage. The pandemic that started nonchalantly with “15 days to slow the spread” has exposed not only how little we knew about Covid, but also gaps in our healthcare delivery systems, supply chains, workforce, and leadership.

Burnout, stress, anxiety, and fear have placed burdens on caregivers, physicians, nurses, and staff, in an industry that was already taxed by rising costs, higher acuity patients, a rapidly expanding elderly population, and social determinants of health impacted high-risk populations. Yet, there has also been good that has come from this ongoing experience.

Many healthcare leaders have taken a hard look at themselves in the mirror and have risen to the occasion in dramatic and inspiring fashion.

As I think about the best healthcare executives I have worked with over my 31 years in the industry as an

executive search professional, and especially those that are excelling today, I am reminded of the work of Erich Fromm, the German American social psychologist. In his 1947 published book, *Man for Himself: An Inquiry Into the Psychology of Ethics*, Fromm introduced the concept that genuine love for others is demonstrated through action and he called it “productive love.”

The four attributes of this productive love model he argues are Care, Responsibility, Respect, and Knowledge.

Over my career working with healthcare leaders across the country I believe that the best ones, the ones that have and are making the biggest impact on the lives of the patients and the organizations they serve live these four characteristics as core values.

Let us unpack these four attributes a bit further. Leaders who care for their team do so through purposeful and intentional action. It is not enough to espouse that they are

supportive of those they intend to lead. They must put on the mantle of the servant leader, be present in the moment, and as Michael Maccoby, author of *The Leaders We Need: And What Makes Us Follow*, puts it, they must lead with the head, the body, and the heart.

Responsibility is the cornerstone of any successful healthcare leader but what does that mean in today’s challenges?

From my observations of those executives who embrace their role as being fully mission-centric and centered on accountability, for themselves and others, they are the ones that make the most significant positive difference through the work they do. Aligned with a personal sense of purpose, privilege, and honor, the responsible executive thrives in serving the stakeholders of the organization in which he or she leads.

Respect is a word that sometimes loses its meaning in today’s vernacular. In a time where diversity and

1. They provide CARE for their team, staff, providers, and stakeholders in such a way that the people these organizations serve are better because they do so.
2. They take their RESPONSIBILITIES not only as a requirement of the job but as a privilege and honor and manifest those beliefs consistently.
3. They demonstrate RESPECT to everyone who walks through the doors of their facilities no matter from what socio-economic, race, religion, or background from which they come.
4. They constantly expand their KNOWLEDGE and understanding of the complexities facing their organizations, the people they serve, and the ever-changing landscape of healthcare, and encourage and support their subordinate leadership teams to do so as well.



inclusion can be buzzwords that are thrown around but are not supported with behavior change within organizations, true respect can be absent as well. Fromm points out that the word, "respect" comes from Old French respect and directly from Latin respectus "regard, a looking at," literally "act of looking back (or often) at another person."

The key here is in the "regarding" and "looking back at", or considering the other person often. Seeing the person or group of people from their perspective, point of view, and needs, and evaluating how you as a leader respond to them. Great leaders embody respect as a manifested behavior and not simply as a catch phrase.

The best healthcare leaders today are ones who see the continuous development of knowledge and understanding as paramount to their ability to guide their organizations through the travails and storms that they face. This knowledge, however, cannot be simply for their own benefit but must be shared with others

in an environment where there is a positive discourse, a shared learning experience, and then acted upon.

The 20th century management thought leader, Peter Drucker, once said, "Knowledge has to be improved, challenged, and increased constantly, or it vanishes." I would add that it also must be used for the greater good.

Care.

Responsibility.

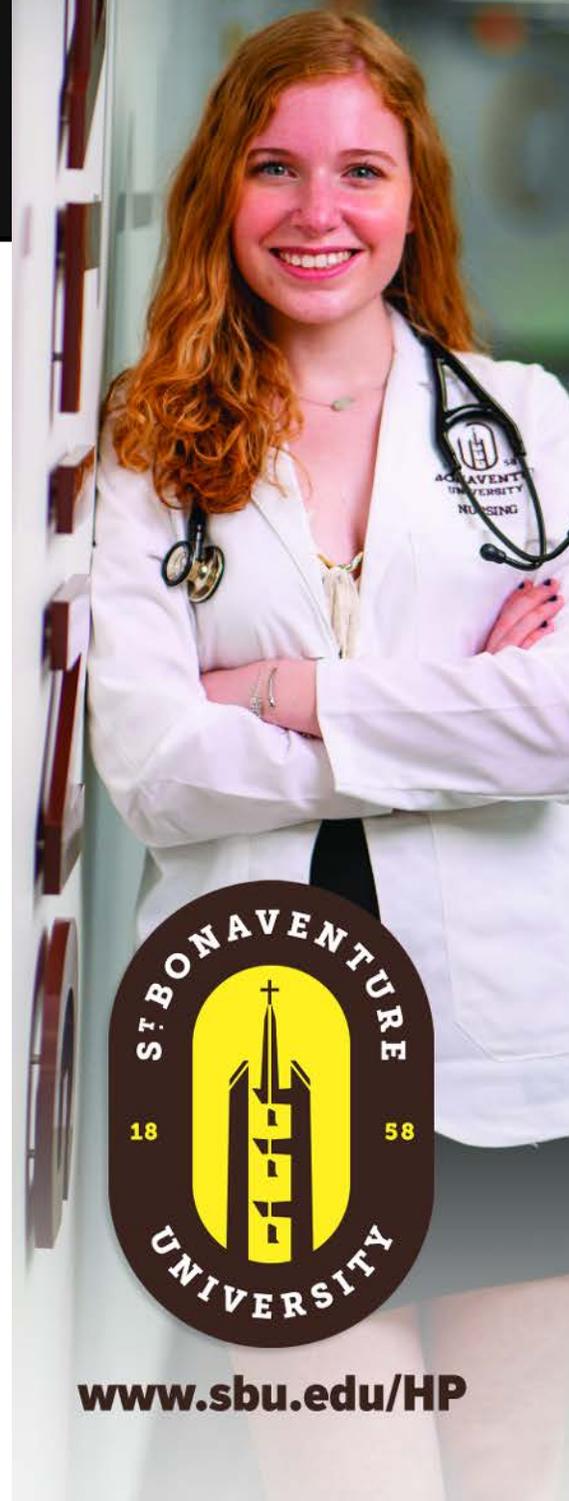
Respect.

Knowledge.

These four attributes of Fromm's "Productive Love" model are hallmarks of the greatest leaders in healthcare today and a framework for future generations of leaders to emulate.

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BOARD MEMBER LEADER OF THE YEAR

Biju Thomas, MD



The American College of Healthcare Trustees was created to promote good governance and leadership in the healthcare sector. By providing continuing education, resources, and opportunities for networking, the ACHT allows healthcare leaders and trustees to govern more effectively. "Biju has an extraordinary dedication to the organization's mission and fulfilling all fiduciary duties of a board member."

Nominated by The American College of Healthcare Trustees

Kim Jackson, MD



"Dr. Jackson founded Physicians Working Together, a non-profit organization that connects, collaborates, and cares for physicians, medical students, and the communities they serve. She is passionate about educating the world on the importance of investing in the future of medicine. Future doctors need assurance, and medical students need support. PWT provides medical students with scholarships and connects them with practicing physicians as mentors. Dr. Jackson led the movement to make sure that physicians are honored for an entire week (March 25-31) annually instead of the traditional "Doctors Day" which is celebrated every March 30. Working collaboratively with Dr. Marion Mass and Dr. Christina Lang, they submitted the necessary paperwork to make this happen."

Nominated by a fellow physician and member of PWT.org

PHYSICIAN HEALTHCARE LEADER

Marion Mass, MD



"Dr. Mass is a mother, a pediatrician, a community volunteer, a writer, and an advocate for a high-quality, sustainable healthcare system in America that will continue to attract bright hardworking minds in the future. Marion has a passion for making the world of healthcare better for patients and doctors alike. She understands how to effectively bring together politicians and practicing physicians from both sides of the aisle. The way she shares her experiences through stories and images makes it easy for everyone to understand what is going on in the world of medicine."

Nominated by a fellow physician and grass-roots advocate

Rick Satava, MD, FACS, FACHT



"Dr. Satava has a deep commitment to ethics and compliance with broad executive experience in discernment process, capital budgeting, conflict resolution, disaster planning for rural hospitals, and integrative medicine. He has played a major role in conference planning and ethics education."

Nominated by the American College of Healthcare Trustees

Dana Corriel, MD



"Dr. Corriel left the practice of medicine to devote herself full-time to developing a safe space on social media that democratically amplifies the voices of ALL physicians (those who are new to the social media space as well as SoMe veterans). In a world of autocratic megalomaniac physicians who create social media spaces for "everyone" (but who are really only about promoting themselves), it is refreshing to work with Dr. Corriel who is a true leader."

Nominated by a SoMeDocs Physician

EXECUTIVE HEALTHCARE LEADER

Philip D. Cooke

Philip Cooke is the Associate Executive Director of Public Affairs at NYC Health + Hospitals. He was nominated by a physician at Harlem Hospital who had this to say: "Philip is a pleasure to work with—he is responsive, an excellent communicator, and very thorough. He works toward the goal of ensuring the client—internal or external—is satisfied, and won't rest until that is the case."

Nominated by a physician at Harlem Hospital



Carl Middleton

"Carl, Chief Operating Officer and Senior Vice President of Ethics for the American College of Healthcare Trustees has a passion for working with physicians on ethical challenges, interacting with them in regular monthly online discussions. His years of healthcare experience have allowed him to be a leader in organizational ethics."

Nominated by Dr. David Levien, MD



Lynn E. Webb, PhD

Dr. Lynn Webb is the Assistant Dean for the Vanderbilt School of Medicine and Assistant Professor of Medical Education and Administration at Vanderbilt University Medical Center, in Nashville, TN. He leads the Center's Coworker Observation Reporting System (where a collegial cup of coffee helps to address potential conflicts before they occur). He coordinates the teaching of communication skills in the medical school curriculum and provides individual coaching to practicing physicians who want to improve their communication skills with patients and colleagues.

Nominated by a VUMC physician



Barry M. Murphy, CLU, ChFC

"When I started my business 14 years ago, I approached Barry for a Group Health Insurance policy, even though the number of participants I brought to the table initially was small when compared to his normal client list. Barry gave us the same level of service that his largest clients receive. In addition to providing insurance, he is now a trusted adviser on many fronts for my business and family."

Nominated by Mitigate Partners



Carl C. Schuessler, Jr., DHP, DIA, GBDS

"Carl is passionate about making healthcare affordable and accessible for employer health plans and patients. His FairCo\$t Health Plan can be a game changer for employers and their employees, they save money AND get better care! But it does not stop there, Carl mentors and aggregates advisors through Mitigate Partners so that his solutions can be distributed nationally. Watch out cartel!"

Nominated by David Balat, Free2Care.org



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FRONTLINE NURSE LEADER

Alyssa Jenkins, RN



A front-line ER nurse who reminds us of the importance of approaching EVERY patient with an open mind, and a fresh perspective. "Love is real. Love is powerful. And there is still hope at Door 5. Because hope lives in us."—**St. Vincent's Hospital in Indiana.**

"Alyssa is one of our exceptional nurses. Door 5 is the entrance to our EMERGENCY ROOM. This is a great and at times tragic look at any given day in our ER."—**Dr. Lou Proffetta, ER Physician.**

Nominated by Physician Outlook staff

Kathy Shoaf, RN



Kathy Smith Shoaf, RN is a Travel Expert with 20+ years of clinical and management experience in geriatric, rehabilitation, and senior housing as an RN and ATP. She realized after years of counseling with families that the QUEST to enjoy life "should never have to stop." Her ability to overcome fear and anxiety about travel . . . makes "dreams come true." She is uniquely qualified to understand travel challenges and create rational solutions. Her passion is to deliver "amazing memories," even when accessibility challenges and clinical issues exist.

Nominated by a fellow Physician

NURSE LEADER

Olga Rodriguez, RN



"Olga Rodriguez, a retired US Army Colonel and field nurse, continues a very active career as a Nurse Leader. She recently was granted her Doctorate as a Nurse Practitioner at Florida Southern College, where she mentors nurses in all stages of their careers. She is a polished communicator who builds rapport easily and is trusted by physician leadership in making major decisions that support a health organization's mission."

Nominated by David Balat, Free2Care.org

Patricia Davidson, PhD, MED, RN



"Board Member, Emeritus, American College of Healthcare Trustees. Professor Patricia M. Davidson joined the University of Wollongong as Vice-Chancellor in May 2021. Prior to her current role, Professor Davidson was dean of the Johns Hopkins School of Nursing in Baltimore in the United States. In 2021 she was the recipient of the Consortium of Universities for Global Health (CUGH) Distinguished Leader Award. This honour celebrates her exceptional contributions to the advancement of global health worldwide."

Nominated by a Physician

Evan Martin, RN



"Evan was my primary nurse during my chemotherapy treatment at Memorial Sloan Kettering Cancer Center, and her constant hard work and friendliness helped me get through my year-long battle. My memories during treatment are hazy, but I remember Evan told me lots of stories and always made me laugh, and I felt like she was more of a friend than my nurse. She made me feel as comfortable as possible during chemotherapy, and anyone who can do that is most certainly a leader."

Nominated by a Patient

RESIDENCY PROGRAM DIRECTOR LEADER

Susan Bostwick, MD, MBA

Dr. Susan Bostwick, a pediatrician, academic leader, and educator at Weill-Cornell Medicine, is now the Associate Dean of Affiliations for Cornell. She has previously served as the Executive Vice Chair for Administration and Faculty as well as the Division Chief of General Academic Pediatrics, it was her role as the Director of the Pediatric Graduate Medical Education program that earned her numerous teaching awards. She is taking her talents to the national stage as the co-director of the Academic Pediatric Associations Advancing Pediatric Leaders program, an 18-month leadership development program for mid-career faculty members.



Nominated by a Physician Colleague.

Tom Whalen, MD, MMM, FACS

"Tom Whalen was Residency Program Director at Cooper Hospital in Camden for years. He was also Past President of the Association of Program Directors in Surgery. Tom chaired The Surgery Residency Review Committee of the Accreditation Council for Graduate Medical Education. Both are VERY influential organizations in residency education. When I sent my residents to Tom to be trained in Pediatric Surgery, they came back raving about his teaching."



Nominated by a fellow Physician

CLERKSHIP DIRECTOR LEADER

Biju Thomas, MD

Director of Patient Safety and Quality at The MetroHealth System in Cleveland, OH. Assistant Professor of Neonatology and staff neonatologist at Case Western Reserve University. Physician Executive and Entrepreneur with diverse healthcare leadership and entrepreneurial experience in technology, operations, safety & quality, and finance. A strategic leader with a passion for building high performing teams, and an innovative leader with integrity and commitment to superior customer service.



Nominated by a fellow Physician

ESSENTIAL SUPPORT STAFF LEADER

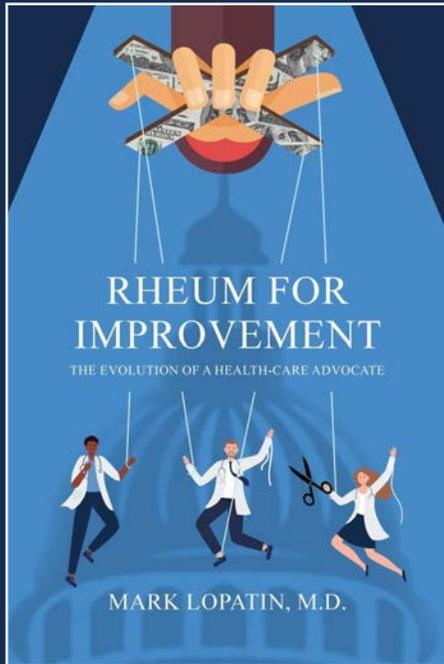
Eric Zimmerman

"Eric D. Zimmerman is Founder and Technical Director of The Buddy Project, and should know about technology's ability to unlock some of the everyday barriers faced by the special-needs community: from working with Best Buddies International, he grew to recognize that, unlike him, many of the disabled have little to no access to such commonplace household technologies as even their own email account. Eric lectures nationally and internationally about the autism spectrum and his buddy project makes computers available to people who would not otherwise have access."



Nominated by the American College of Healthcare Trustees

ARE YOU A PHYSICIAN WHO IS IN THE BUSINESS OF MEDICINE?



Rheum for Improvement is a physician's account of how corporate medicine has transformed health care from a human interaction between a patient and their physician into a business transaction between a consumer and a provider. It is also a personal story of how frivolous legal action triggered that physician to become an outspoken advocate for health-care reform. It will be of interest to anyone who interacts with our health-care system, but especially physicians, who must navigate bureaucratic obstacles on a daily basis.

AS A PATIENT, HAVE YOU EVER:

Had your health insurance deny a test or procedure that your doctor recommended by saying that it was not medically necessary?

Been told that you had to try one medicine before you could take the medicine that your doctor actually prescribed?

Had a procedure done that was covered by your insurer, only to receive a separate bill afterwards that you were not expecting?

Felt that your doctor has their nose buried in a computer instead of paying attention to you?

DR. MARK LOPATIN, MD, FACP, FACR, FCPP

Rheumatologist, Trustee for the Pennsylvania Medical Society Board of Directors, Health Care Advocate, and Author of *Rheum for Improvement*

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We're making health care transparent, personal, affordable, and accessible.

OUR GOALS

Strengthening the physician/patient relationship drives *everything* we do. Period.

Openness. Competition. Transparency.

Unmask the twisted economics of the American health care system.

Price discovery — prior to care — allows patients to shop for care in a competitive market. It empowers them with the information they need to reduce their healthcare costs. And it encourages providers and insurers to compete for their business.



Physician-Led Care

Eliminate the middlemen.

Insurers, hospital systems, and regulators have a stranglehold on our system — preventing employers and patients from getting the care they need, when they need it, and at a price they can afford.

We're out to end that.

A sensible safety net.

Educate and elevate the forgotten.

Our impoverished and uninsured neighbors — especially those who are in desperate need of treatment for mental illness and those in our rural communities — deserve freedom from the fear of pre-existing conditions and help navigating our complex, poorly-performing system.

This is critical to our growth as a nation and is consistent with the physician's Hippocratic Oath.



A more direct path forward.

Remove burdensome obstacles.

There's no shortage of wasteful organizations extracting resources from our health care system — and providing little value to doctors or patients.

Legacy groups that merely claim to advocate for physicians — coupled with the growing number of corporate entities intent on interfering in the doctor-patient relationship — have a new adversary in the ongoing war against the practice of medicine.

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ALYSSA S. JENKINS, RN

**FRONTLINE EMERGENCY ROOM NURSE
HEALTHCARE LEADER OF THE YEAR**

How long have you been in health-care?

I have been a Registered Nurse since June, 2012. I spent one year doing inpatient nursing and almost 9 years now of Emergency Room Nursing.

Where did you go to school?

I graduated from the University of Saint Francis Nursing program in Indiana in 2012.



Where have you worked?

I worked at Lutheran Hospital in Fort Wayne for 1 year, then Saint Francis Indianapolis Emergency Department for 1 year, and have been an Emergency Room RN with Ascension Saint Vincent for 8 years, this June.

Can you give us an example of one moment in your healthcare career that let you know you were on the right path? Was there one specific moment or person who shaped your idea of healthcare?

It's difficult to pinpoint one single moment or person who confirmed that I was on the right path. I am very grateful and humbled to say that I get frequent reminders that I am living my calling. From the patients or families that impact your heart and mind in such a way that breaks you down and makes you want to continually fight harder, do better, to the victories and moments of joy and compassion I'm given a chance to experience every single day. If I had to be honest, the moment that impacted me the most as not only a nurse, but as a mother,

wasn't even in the hospital. It was at a State Park. It was a pediatric cardiac arrest. It was the longest 43 minutes of my life. It reshaped my heart and mind and my perspective on life. My ability to appreciate every moment we are given. My acceptance of the fragility that human life brings. And my gratitude for the chance to work in a hospital every day, that has the clinical knowledge, the advanced education, the top quality supplies and tests, and the absolute grit and passion to fight for every human life. I have grown more amazed every day at the lengths that our healthcare frontline staff are able and willing to go to, in the name of saving lives.

Do you have someone in the healthcare field that you look up to?

This past July, I was given the humbling opportunity to accept a Clinical Supervisor's position in the Emergency Department. These people are my family. I can say, with every ounce of my being, I look up to each and every emergency medical frontline warrior I work with. From the doctors, the nurses, the respiratory therapists, the EVS staff, the ancillary staff, and the EMS and PD frontline staff who continue to show up, every single day, and give everything they have, to serve our community. Being asked to lead an incredible group like this is an honor I will fight to earn every single day. I work with the best of the best. And I look up to each one of them.

What is your definition of a leader?

My favorite quote when I pursued this leadership position is from a well known movie, "Remember the Titans." "Attitude reflects leadership." To me, a leader is only as valuable and effective as the staff that they



claim to lead. A quick look at the attitudes around you, will quickly put the effectiveness of your leadership into perspective. I see my role as that of support. Being a resource, an encourager, a motivator and a fighter.

Follow-up: which of those qualities are strongest in your own abilities, and are there any you want to improve on for yourself?

I strongly value being a listening ear, a judgment free zone, and a resource with endless compassion. And when someone feels like they just can't succeed at the task in front of them, I will step in, right next to them, because no one fights alone. And together, we will be victorious.

I want to improve my ability to see the little successes. I want to continue to get better at seeing the small victories, and not just the unaccomplished end goal. Rome wasn't built in a day. And the battle zone we clock into every day isn't a 1 day war. Giving up is not an option.

What is your favorite and least favorite part of your career?

My favorite part is the constant motion. Constant change. Continual chances to learn something new, and improve skills, to fight with every worldly resource possible to improve someone's quality of life. My least favorite part is something that goes hand in hand with this. My

Interviewed by Elizabeth Egan

least favorite part is the fact that sometimes, no matter the effort and skill brought to the table, the outcome isn't always in our control. The things that we see, experience, and do every day are things that most people will never be able to comprehend. We signed up to do this job. We chose to fight this fight. And we are willing to see these things. But it can isolate you. It's a heavy burden to carry, especially when words can't accurately depict the weight this can put in our very souls. The nightmares we wake up to, the tears we cry silently once we leave the room, the small adjustments we make, subconsciously in our daily lives, because of the cruel way that we have seen life play out for someone else. And now, as a mentor, it brings a new level of passion into my job. I am defensive of my people. I am dedicated to making sure that each of my brand new nurses know that they can't do this alone. And that I just absolutely won't let them carry this weight on their own.

If someone wanted to walk in your shoes, what should they do?

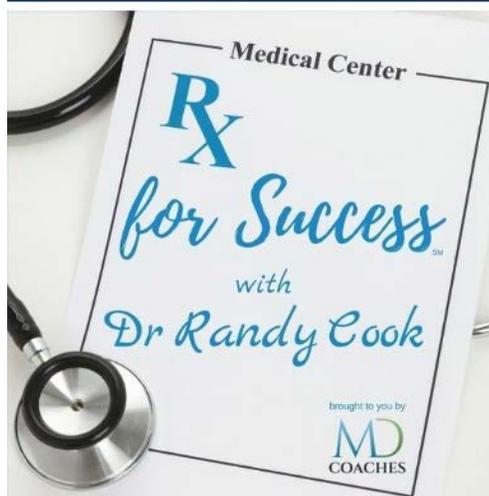
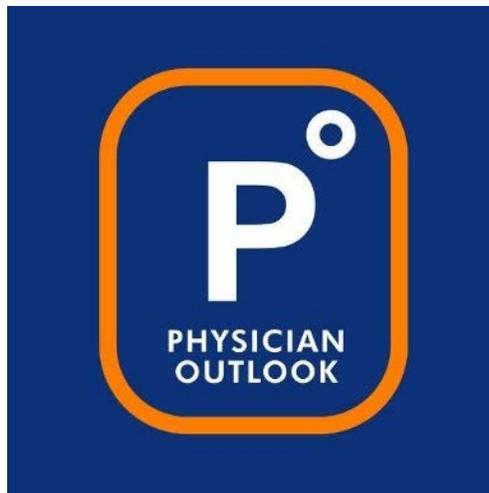
Get prepared to be humbled daily. Realize that you have never learned everything there is to learn. Buckle up, because it's going to be a whole lot harder, on your mind, body, and heart than you ever thought it would be when you set out. But at the end of the day, it's pretty simple. Easy no, but simple? Yes. Love people. All people. Give the very best you have, every day, to your co-worker, your patient, their family. Commit to seeing value in every task, every person, every interaction. Smile at someone. Each day, make sure one single person feels valued, seen and loved. If you accomplish that, you will make a difference.

If you could change one thing about the current state of US Healthcare what would that be?

I would fight to close the gap that has been created between the general public, and the reality of what the inside of our hospitals have looked like for the last 2 years. I have only had 10 years of experience. I have seen more than I ever thought I would in my 29 years of life. I know that I still have much more to learn. However, I value and respect the perspective I have been able to receive from those who have worked much longer than I have. I am incredibly lucky to work with nurses and doctors who have been fighting this fight for 30 years or more. And the knowledge they have to bring is invaluable. Even they say that these last 2 years are unprecedented. Compassion fatigue is real. Physical fatigue is rampant. And resources and encouragement for those still showing up to fight this fight are few to none right now. It's life altering and shattering our healthcare workers across the nation.

How do you feel about the current COVID-19 pandemic, and the leaders in healthcare and government who are handling it?

I believe that we were not prepared. We were blindsided by how difficult this pandemic would be. On staff, on resources, and most of all on the general health of the populations we serve. The message I hope to share is this: It's not over yet. It's been 2 long years. The advances, changes, and improvements we have made at a rapid pace to the treatment and care of COVID-19 patients, and all patients during this critical surge in hospital populations have been INCREDIBLE. The fear of showing up to work, and not knowing how to intervene or help is dissipating. We have an action plan. And it's working. But it's not over. We still gown up every day for a battle that so few see. And we still need help and support. Because we aren't giving up. But we can't do it alone. 



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ERIC DANIEL ZIMMERMAN, A+ FACHT

ESSENTIAL SUPPORT STAFF LEADER HEALTHCARE LEADER OF THE YEAR

EDUCATION

My schooling. I went to Frederick County Career and Technology Center, Frederick High School and some college education at Hood College in Frederick, MD.

HISTORY IN HEALTHCARE

I have been working in Healthcare since 2011, The Buddy Project since 2007.

I have worked at St. Agnes Healthcare in Baltimore, Maryland in the Emergency Department and in the Sterile Processing/ Perioperative Services. I have over 500 Volunteer hours at St. Agnes, not including the time that I worked as a patient escort. I was paid for that job, but the commute between Frederick and Baltimore ate that up quickly. It was more for fun and to help out. At first, patient escort was not fun because I had to learn some things about maneuvering stretchers and beds in an old building but I quickly mastered the task. I was also put into some awkward positions. I stayed there from 2011 to 2016.

The Operating Room is where I really wanted to be at. I finally got there not long before I left St. Agnes. Why I left is an interesting story. I would love to tell sometime. I worked briefly as an Operating Room Assistant at GBMC for a while. I ended up at Meritus in 2018 working in Biomed/ Clinical engineering, as I am a Computer Technician. From there I went to work as an Operating Room Assistant Volunteer. It was through the help of the American College of Healthcare Trustees and the chief nursing officer that I was able to land this role. They want me as a paid staff member, but I cannot take calls due to my other commitments.

I enjoy working in healthcare for a few reasons. I am fascinated with the Art and Science of Surgery and

there have been many times where I was told that I should consider Medical School. I guess because of my organization, The Buddy Project, and my disability, I am afraid of venturing into a place where I would not have money to support myself and have to put in a lot of hours just to understand college level coursework. I have autism and I am a little slower, but when I grasp something I take off.

I enjoyed working with patients in the emergency department as, they are oftentimes going through tough and uncertain circumstances. I was able to be a companion to some and make them feel like they matter. Surgery is a passion of mine, but I worked in the Emergency Department as they needed help, and I enjoyed the hustle and bustle of the happenings there. I have made a difference several times with people who were in bad spots and needed some company and or advice. I would also advocate for patients when needed.

MENTORS

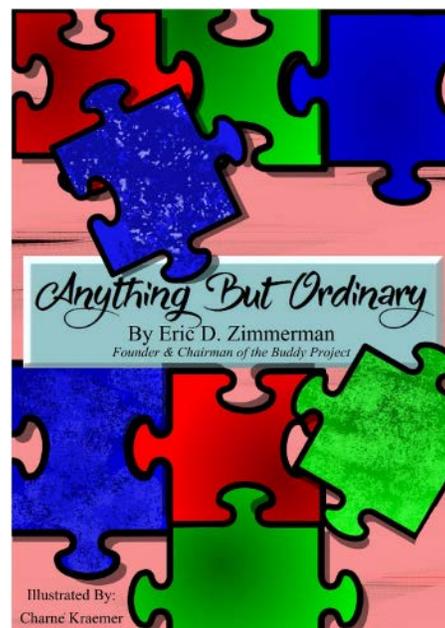
I really look up to Dr. David Levien. He really cares about the patient and will do anything he can to help the patient. With ACHT, he has really made an organization that involves everyone to help make patient outcomes better. Where can a hospital or healthcare institution do better? Where can mistakes be caught? How can healthcare be more affordable through the elimination of waste? I met Dr. Levien when I was a patient of his and a volunteer at St. Agnes. He was chairman of surgery and he retired in 2012.

I also look up to Dr. Adam Mecinski. He runs a great Surgical practice in Frederick.

COVID 19? I have a lot to say about it. I am not for vaccine mandates as

it does not take into account natural immunity. It is also not a "one size fits all" approach. It has caused a lot of division in our country. Also, misinformation needs to be handled better. I feel that a lot of patients who had lingering issues and comorbidities are the ones, especially recently that are being hospitalized and dying. That being said, the healthcare system was already understaffed before COVID. You add that surge of patients and it was a disaster. 

Interviewed by Elizabeth Egan





MEDICINE
IS OUR HOUSE,
AND WE ARE
TAKING IT BACK!

BARRY MURPHY

CO-AWARDEE EXECUTIVE HEALTHCARE LEADER HEALTHCARE LEADER OF THE YEAR

Interviewed by Elizabeth Egan

What is your current position?

Murphy: Same as I always have been. I'm a self-employed benefits consultant and advisor. It's important to point out that historically, health insurance has been provided by people known as brokers. Their job is to broker an agreement between a service provider and a customer. We like to say they call them brokers, because you're "broker" after they get done with you. Carl Schuessler and I stepped away from performing the functions of a broker and moved into an advisory role about 10 years ago. We do not represent any service provider but are hired on a fee basis to give advice to our clients. We are not beholden to any of the major players in the insurance industry.

What is your favorite part about your job?

Murphy: We deal with high level of clients. My current client has a 60 million dollar budget for their health spending. I think my favorite part is being able to influence decisions at this high level and having the ability to utilize persuasive skills to resolve issues, calm people down, and get problems resolved.

What is your least favorite part of the job?

Murphy: Occasionally clients will ask you for advice and then will routinely ignore your input. I have to remind myself that it is their health plan not mine, and that they have the right to their own opinion and the right to make mistakes. I don't think there are any mistakes that can be made that I wouldn't be able to fix on the back end.

What are some of the most common pieces of advice you give that people tend to ignore?

Murphy: My approach in problem resolution with a claim has never been to be forceful or belligerent, but rather to try to coax and seek cooperation to solve problems. Sometimes clients want to be a little heavy handed. They think they are the be all end all and don't realize everyone has their own life, and that it is easier to get someone to help you than it is to get them to comply with something.

Has there been one specific moment in your career that has shaped your idea of healthcare?

Murphy: I am not sure you could pin it down to a specific moment. It has really been more of an evolution, a journey of discovery. As you dig deeper into the healthcare industry, you realize how dysfunctional it is. I have a saying: people say that the health care system is broken, but the fact of the matter is it's built that way on purpose. It is a combination of different parties each seeking their own highest return. Without a cohesive core, everybody has been allowed to put their snout in the trough. This drives up cost and creates inappropriate synergies between parties.

I think it is important to say that doctors are not the bad guys. They are scientists. However, they have been forced by the insurance industry to engage in activities to cover their overhead. In the beginning insurance was intended as a risk mitigation tool. It protected against the infrequent, unforeseen, financially catastrophic event. Now, it has become pre-paid healthcare. It gives insurance companies the ability to push their weight around and tell doctors how to practice and hospitals what they can and can't do.

It's the middleman that is causing

the problem. What Schuessler and I facilitate is a direct communication relationship between our clients and service providers. It always works for the betterment of everyone involved.

What has been the most significant moment or event in your career that affirmed you were on the right path?

Murphy: In the early 2000s I was the head of an insurance company based health firm that I had created in 1983. I had discovered some insurance company algorithms that would have allowed us to save our clients about 20% on insurance by lowering their out of pocket costs. I went to the partners and they said if we did that, it would cost us a lot of money because lower premiums meant lower income. A light bulb went off in my head that this system was corrupt. Within 6 months I left and started my own concierge practice. I wished I had done it 20 years earlier. I took a mathematical financial look at the construction of insurance in a way not many people ever looked at it before. This was the driving force in 2005-2014 when Schuessler and I went on a broader version of discovery and found all of the inefficiencies and improprieties that were going on in the healthcare delivery system.

What were some of those inefficiencies?

Murphy: Hospitals have to play financial games to protect their bottom lines, and in the process, the insurance companies come in and take advantage of it. The typical employer, to make a healthcare plan, hires Blue Cross Blue Shield who makes all the decisions and rules, and at the end of the year comes back and says they need 12% more. Our clients have to be willing to pay

closer attention. I can't do anything that a company's current broker can't, but if you want to actively manage your costs, that is where Mitigate Partners can help. We are an independent collaboration of like-minded entrepreneurs. I run my own shop. If I find a way to save money, I don't need anyone to tell me it is okay to do it.

If you could change one thing about the US healthcare system what would it be?

Murphy: I think at the heat of it has to be bringing healthcare back to the local level and making it between purchasers and providers of services. We need to regulate the insurance companies back to assuming the risk for infrequent, unpredictable, unbudgetable, financially catastrophic events.

How do you feel about the current state of the Covid-19 pandemic and how do you feel leaders in both

health care and government have handled it?

Murphy: That's a loaded question. I don't think the government at the federal level has done particularly good job. I see both sides with masks and vaccines. I find it interesting we have all been vaccinated for polio and measles but all of a sudden this vaccine is seen as a bad thing. I am double vaccinated with the booster and I have had COVID twice. I don't think the vaccine should have been sold as a way to prevent the virus but rather to mitigate the impact of it.

I also think anytime you throw money at something you pervert peoples' better instincts. I think the doctors and hospitals who are on the front lines are heroes. I can't say the same thing for hospital administrators, and certainly not the government. Unfortunately, they are the ones that typically direct the efforts

of the people on the front lines.

What is your definition of a leader?

Murphy: I think a leader is someone who has a wealth of experience and has an approach that seeks cooperation and synergy as opposed to being didactic and heavy handed. A servant leader.

Anything else?

Murphy: I am honored to have been picked for something like this and appreciative of *Physician Outlook* and what you are trying to do. 

*Responses edited for length and clarity.



Giving Control Back to You



MITIGATE+

PARTNERS

CARL C. SCHUESSLER, JR.

CO-AWARDEE EXECUTIVE HEALTHCARE LEADER HEALTHCARE LEADER OF THE YEAR

Interviewed by Elizabeth Egan

What is your current position and how long have you worked there?

Schuessler: I am the Co-Founder and Managing Principal of Mitigate Partners. I co-founded the company with Barry Murphy.

How does it feel winning the award together?

Schuessler: It's an honor because he mentored me out of college and the joke was the last 5-10 years I mentored him. We came up with the ideas to start Mitigate Partners. Barry has always been great counsel throughout my career.

What is your favorite part about your job?

Schuessler: I enjoy making difference for employers with our proprietary, FairCoSt Health Plan seamlessly integrated with a High-Performance Healthcare Solutions platform that provides best-in-class benefits at substantially lower costs while improving clinical and financial outcomes for the health plans and their members. My ultimate goal is to try to change this healthcare system to the way it ought to be - a patient-centric system.

What is your least favorite part of what you do?

Schuessler: Dealing with cartel. That's generally Blue Cross, United, Sigma, and Eccma. We don't necessarily deal with them but we call on employers that do and we have to extrapolate data from them which is always a pain. That is always the biggest frustration.

Has there been a specific moment in your career that has shaped your idea of healthcare?

Schuessler: I would say growing up the son of a physician. I got to see what medicine was about in its good

ole days. I got to see more of that and watch it change right about the time I went to college. When HMOs and PPOs made their way to Georgia, my dad was not going to participate in any those networks. This meant insurance plans would not cover his treatments. It was in the late 80's, and I will never forget. Patients had been seeing him for 20 years told him they would not be able to go see him anymore because he was not in their network. My doctor my choice was gone. Back then, it was healthcare. Today it is health insurance. There is a difference.

What has been the most significant moment in your career or a moment that affirmed to you that you were on the right path?

Schuessler: Probably when I got hurt coaching my son's middle school baseball team back in February of 2013. I had an epiphany in 2013 while reading the *Time Magazine* article, America's Bitter Pill by Steven Brill (at printing, the longest article ever published in *Time Magazine*). It was showing what was happening with hospitals and insurance companies and prices. Things like how hospitals pay \$2 for a bag of saline but charge \$200. I always thought something was wrong. I was so frustrated with the healthcare system and how outlandish it was and frustrated that within the traditional industry framework I couldn't make a difference for my clients. FairCoSt started 7 years ago, and we have gotten tremendous results from a number of clients. I knew at that point that it was worth it.

If there is one thing you could change about the US healthcare system, what would it be?

Schuessler: Remove the misaligned incentives. Eliminate the middlemen.

That's the only way you could really fix it. Getting everything in 100% alignment. Many say our health delivery system is broken. We say it is not broken...it has evolved this way on purpose, and all for the benefit of those that feed from the trough fraught with embedded conflicts of interest and misaligned incentives. Healthcare is local, not national, or regional. We relocalize care and get the money off Wall Street and put it back on Main Street.

What are your thoughts on the current state of the US healthcare system and how leaders in both healthcare and government have handled it?

Schuessler: I think it is a political hot potato right now in my opinion and it shouldn't be. This is a non-partisan issue. It's the wild west out there. It has become a game similar to the movie, The Big Short - hospitals are often charging artificially inflated prices for tests and making money, insurance companies have made more money than ever—billions off this, and PBM's profiting – and the list goes on. Here we go again with misaligned incentives, everyone is getting rich off the backs of the healthcare workers while bankrupting middle class America. My daughter is a nurse who started her career in August. You couldn't have picked a worse time to begin your nursing career. Many hospitals are making a lot of money and not providing enough support/resources to their frontline healthcare clinicians which is resulting in burnout and loss of workforce.

As far as leadership in the country, I think they have done a horrible job. The biggest problem right now, peoples' mental states. Peoples' brains are fried. The mental health in

this country is off the chain, and there are only so few people available to help. They have ruined peoples' lives with making this so political.

What is your definition of a leader?

Schuessler: Someone that is a servant leader who wouldn't ask anything of people that they wouldn't do themselves. They must always be open to advice including criticism. Learn from everyone, smart people learn from their mistakes; wise people learn from the mistakes of others. Someone who always pays it forward and stays convicted, committed, and never gives up. They should be passionate in their purpose always remembering to never let failure be your judge, let it be your teacher.

Anything else?

Schuessler: This article is about a healthcare leader, I am honored, but there is a team of Mitigate Partners walking with me who deserve the credit. Most importantly, my family is huge part of this. I want to thank my wife and my children for their unwavering support. That's what you do all this for. My goal is to change healthcare and leave it better than where it was when I started. It's all done for your family. Pretty much everything I do isn't about me, but helping the Mitigate Partners to grow, learn and eventually to unclip their wings so they can fly. 

Answers edited for length and clarity



Want to contain the costs of your healthcare plan?

We can show you how. Employers everywhere are frustrated with the astronomical costs of healthcare, and rightfully so. Many accept annual rate increases in defeat. But there is a better way.

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MITIGATE+
PARTNERS

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Let us "UBER" your health plan
before it gets "KODAKED".

MARION MASS, MD

PHYSICIAN HEALTHCARE LEADER
HEALTHCARE LEADER OF THE YEAR

Interviewed by Elizabeth Egan



What is your current position?

Mass: I work for a children's hospital in the Philadelphia region. Over the course of my career I have worked in the nursery, ER, pediatric urgent care, and private practice.

What is some of the advocacy work that you do?

Mass: I co-founded Practicing Physicians of America in 2017. We are a nonpartisan group that advocates for the ability of the physician to practice as they were trained, for the benefit of the patient. PPA is still going strong today and is made up of several thousand physicians. The advocacy I am involved in is to uncover the costs.

In 2019 I was one of the two co-authors on the paper, *Reducing Cost and Waste in American Medicine*. The paper served as the basis for the *Free 2 Care* paper, a bipartisan coalition of 34 member groups. We represent 70,000 physicians and 8 million citizens. In the paper, we took a center position on healthcare. It appeared to us that everyone was either saying Medicare For All or repeal the ACA, both of which I believe are nonstarters.

PPA wants physicians to be able to

practice as we were trained instead of following corporations. The paper attempted to expose corporate control and how we can allow for a more independent mindset of physicians. Physicians can start to own their own practice and speak not for corporations, but for their medical training.

What is your favorite part about your career?

Mass: It's the quiet moments when you close the exam room door. The moments you have with families and patients when you are trying to determine how you can best impact their health in a positive manner. I am a big believer in prevention over cure. Moments where you get to make a real positive health change in the patients lives are the real wins.

What is your least favorite part about your career?

Mass: Trying to explain to or having to tell a patient that we can't give them what they need. I think that is the crux of a lot of the problems in medicine. People use the term burnout but there is another term I think is more appropriate, moral injury.

As physicians we feel as though we spend a hard four years in undergrad, a hard four years in medical school, and 3-10 years of residency. You do all of that then discover you cannot prescribe the medication that you want because it's not on the formulary. You discover that you cannot order the CT scan because the insurance company isn't approving it. The simple fact of trying to get into a specialist can take months.

As a physician, when you know what a patient needs and you can't get it, it makes you pause. The people making the decisions are the people in suits. It is the people wearing scrubs who actually know what the patient needs. It is an embarrassment that despite many years of training, often, we are unable to help those we swore to serve.

What has been a moment in your career that has defined healthcare for you?

Mass: It was when I couldn't help my own mother get the care that she needed. I was already an advocate, but when this happened it absolutely shocked me. As physicians we know how to work the system. We know what to say to be able to advocate

for a loved one. When I couldn't, it made me realize how it must be a thousand times worse for anyone who doesn't have the underlying knowledge of someone intimate with the healthcare system.

When you are looking at someone that you love being hurt by a system you are a part of . . . that is a seismic turning point. That's when I realized someone had to take this on not just at the level of the individual

patient but at the systemic level. If it was bad for my mother who had good coverage, in a good hospital, with the ability to pay for her care, and a knowledgeable loved one who could advocate for her, how must it be for someone in a lesser hospital, with no insurance, and who doesn't have the same knowledge base. This is a story that is playing out all over the country.

What has been the most significant

moment of your career or a moment that affirmed for you that you were on the right path?

Mass: In advocacy or in medicine?

We can do both.

Mass: I guess I would say in medicine, a time where someone comes forward and tells you they trusted you enough to change their life. Sometimes it's a long term preventative change and sometimes it's



something small and simple.

For advocacy I think my biggest moment was when I was asked to go to President Trump's September 2020 healthcare meeting. There were some things that the president did policy-wise in terms of transparency and middlemen that I supported so I went.

I was given word that he was going to do something that I didn't agree with on surprise medical billing. I was supposed to be on the stage supporting transparency and a push against pharmaceutical middlemen. I found out there was going to be executive order on surprise medical billing that would have put more power with the corporations. I left the stage and convinced four other people to come off of the stage with me. It caused an uproar and they ended up pulling the executive order on at the final hour.

That was a shining moment in advocacy. What I would like to say about that is: what if I had said no and I hadn't gone to that event? I personally didn't like some of the ways in which the former president spoke, but I went to support a policy not a party or a president. When I found out there was bad policy, I left. If I had not gone we might have ended up with a really terrible executive order that would have done damage to our patients.

The lesson here is that we need to think about who we can speak for first and to make sure that we utilize our connections. You don't know what will come out of the connections you make and the opportunities you are given.

People that have big voices have the protection of that big voice. It is the people who decide to step up without the big voices that are the real heroes.

What is one thing you could change about the US healthcare system right now what would it be?

Mass: More patient awareness about where the money is going. It has to come from the patients. They need to understand how the system works. It is obvious to everyone that healthcare is too expensive. Until we figure out why, we shouldn't be trusting the people profiting. Unfortunately the way it works in America is that the people who have enough money lying around to throw at politicians are able to tell the politicians those convenient untruths. When you have armies of lobbyists at your disposal you can make anything sound nice.

What are your thoughts on the COVID-19 pandemic and how leaders both in healthcare and government have handled it?

Mass: I think overall it's been really tough for everyone because we have such ready access to information on our phones. We can read so many things to try and explain what is happening but in reality any information is changing all the time because it is still new. At the very beginning of this pandemic one of the most important things to say would have been, this is going to change day to day.

All of the issues of distrust were already present in our healthcare system so it is even easier if you want

to have a big voice to push on that distrust and further tribalize people. Instead of being angry when people don't make the decision that we want, I wish we would double down on civility and grace, and to understand that our medical system was already broken.

The people that I tend to listen to are the ones that are willing to say "I don't know." The ones who say "I'm not really sure about this." Years from now we will know more. For now what we have to try and do is to make sure that we are being clear and honest. I don't like to say too much about COVID because there is a lot I don't know.

What is your definition of a leader?

Mass: Someone that inspires other people to take up a just cause and has them believe that they too can be leaders. 

*Responses edited for length and clarity.

Some of Mass's work includes:

A doctor's perspective: Who stands for patients in the health-care debate? (www.inquirer.com/philly/)

6 medical breakdowns in my mother's care. And 1 close call. (kevinmd.com)

Op-Ed: Who should lead on the path to 'Utopia' in American healthcare? (goerie.com)

"If I can do this, anyone can... I am a recovering soccer mom and a community organizer with an M.D. We can and should take back the stewardship of medicine for the sake of our patients and the future!"



Marion Mass, MD





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Our impoverished and uninsured neighbors — especially those who are in desperate need of treatment for mental illness and those in our rural communities — deserve freedom from the fear of pre-existing conditions and help navigating our complex, poorly-performing system.

This is critical to our growth as a nation and is consistent with the physician's Hippocratic Oath.



A more direct path forward.

Remove burdensome obstacles.

There's no shortage of wasteful organizations extracting resources from our health care system — and providing little value to doctors or patients.

Legacy groups that merely claim to advocate for physicians — coupled with the growing number of corporate entities intent on interfering in the doctor-patient relationship — have a new adversary in the ongoing war against the practice of medicine.

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RICK SATAVA, MD

PHYSICIAN HEALTHCARE LEADER HEALTHCARE LEADER OF THE YEAR

Interviewed by Elizabeth Egan

What is your current position?

Satava: I am Professor Emeritus of Surgery at the University of Washington Medical Center in Seattle, Washington.

What is your favorite and least favorite part about your career?

Satava: Teaching is my favorite, and regulatory paperwork is my least favorite. What has happened recently is that the amount of data you have to generate to send back to somebody, the amount of work to create the data (paperwork) that will allow them to improve things as a whole has become overwhelming. The same information is repeated over, and over, and over, and over . . .

What has been the most significant moment of your career or a moment that affirmed for you that you were on the right path?

Satava: Surprisingly, I cannot remember a time when I didn't know that I wanted to be a surgeon—confirmed when I was accepted to medical school. My college counselor (a Nobel Laureate) was my biggest influence. I had come from a small city in the Florida Everglades in a class of 35 students.

I chose what I thought was going to be the courses that would get me to my goal of becoming a surgeon. The college counselor took one look at that list and said, "you came to the university to learn what you're going to be." After a discussion, he tore up the suggested schedule, and built a new schedule because when you get to medical school you will never have the time to take all of the extra courses that you have on your list.

So, my undergrad degree was archi-



tecture, to create a well-rounded, well-informed individual. This fundamentally changed my approach to healthcare, giving me the people skills that were much needed to be a success.

If someone wanted to walk in your shoes, what should they do?

Satava: Choose something you are passionate about and NEVER give up—Failure is NOT an option. The

government (including the military), private charities, scholarships, etc have various forms of financial aid, but it is imperative to keep focused and work hard.

The reward is serving the community, families and individuals on the large scale, and you can make a major impact on our nation as a whole. You have to be willing to put your patients' welfare first.

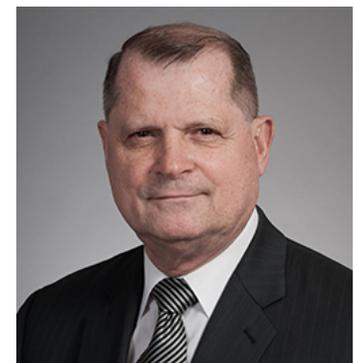


the conspiracy theorists, anti-vaxxers, etc), including too much sensationalism from nearly all media. Perhaps a bit better communication (explaining) by policymakers would have helped; however, so much misinformation and distrust spread over social media was overwhelming for everyone involved.

What is your definition of a leader?

Satava: A person who inspires their students, colleagues, and others to achieve their best. The best for themselves, the best for the community and the passion to do what is best for the patient. You need to do everything with passion! Life is too short to just go ahead and tinker with things you aren't interested in. 

*Responses edited for length and clarity.



What is one thing you could change about the US healthcare system right now what would it be?

Satava: Cannot change a single thing—it requires multiple changes because healthcare is so complex and interrelated. We have lost some of the passion and commitment to the Hippocratic oath. What bothers me the most is the administration of taking care of patients is getting in the way of actual patient care.

What are your thoughts on the COVID-19 pandemic and how leaders both in healthcare and government have handled it?

Satava: Since medical researchers have been expecting a significant pandemic (because of many smaller previous ones recently), the rapid vaccine response demonstrates a best effort considering very little forewarning. The problem is not the leadership or government (except



JOHNS HOPKINS
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H Hahnemann
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Podcasts are a useful and entertaining way of dispensing information related to all kinds of topics. In fact, this technology has made it **easier** for content creators to talk on any niche of their choosing. It's no wonder that the popularity of podcasts in general keeps increasing.

Over the last year or so, it has been especially exciting to see physicians create more and more podcasts addressing various aspects of **physician life**.

That's where Doctor Podcast Network comes in...

Founded in June 2020 by Dr. David Draghinas, a Dallas-based anesthesiologist, Ryan Inman, a fee-only financial planner for physicians, and Desiree Leos, a sole proprietor of her own content development and podcast production company, Doctor Podcast Network was created for the purpose of helping physicians feel supported throughout their podcast journeys.

Simultaneously, "DPN" brings together in one location many quality podcasts that are essential listening to physicians and their families.

Dr. Draghinas and Ryan are both podcasters. Desiree built their teams to help support them and others to consistently produce content. All three knew how challenging that was to do in the midst of busy schedules, competing priorities, unpredictable monetary compensation, and fluctuating motivation.

Physician podcasters are there for the doctors and healthcare providers that make up their podcasting audience. But "this can be a tough and lonely journey for the podcast creator."

Doctor Podcast Network is there for the physician podcaster. It's a place where they can come together, learn from, collaborate, and confide in one another, as well as facilitate the monetization of their shows.

Having soft launched with 15 founding members in October 2020 and formally launching in January 2021 with 17 shows, the network has shown its capability of creating the community and environment that podcasters need to **thrive**.

FEATURED SHOWS...

Doctors Unbound is a podcast created for doctors who are busy with unique side passions outside of their normal schedule. Dr. David Draghinas shares their stories of triumph, learned lessons, and, ultimately, their humanity.

Financial Residency is geared toward early-careered physicians looking for practical ways to manage their finances. Ryan Inman is usually found nerding out over phoned-in questions by his listeners asking about student debt, investing, insurance, and balancing budgets.

The Physicians Guide to Doctoring is hosted by Dr. Bradley B. Block where he seeks to answer the question, "what should we have been learning while we were memorizing Krebs's cycle?" His podcast is a practical guide for practicing physicians and other healthcare practitioners looking to improve in any and all aspects of their lives and practices.

AMPLIFYING PHYSICIAN VOICES

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Find other physician-hosted shows on Doctor Podcast Network's website, www.doctorpodcastnetwork.com. You'll find a list of amazing shows, focused on various aspects of physician life. They'd appreciate your support by subscribing to (for free) and sharing their shows.

If you're a doctor who is either wanting to launch your own podcast or join with your existing show, the network is accepting submissions. If you are a physician that enjoys listening to podcasts, check out DPN for new shows that will bring value into your life.

The Day That Science Died

By Amy Zellers, DO

I had the opportunity to hear Dr. Ben Carson speak these somber words in Washington, D.C. in late October of 2021 . . . so soft spoken, yet so powerful.

ON THE EDGE OF A CLIFF

We are at the peak of a precipice in Medicine as well.

2020's healthcare heroes have fallen as we simultaneously witness the death of science.

Physicians are losing their autonomy to a government that has granted itself the authority to practice medicine without a license, without having gone to medical school, without completing a 3-7 year residency and fellowship.

The doctor-patient relationship has been undermined by those flaunting "Google" medical degrees, and by a main stream media that is hell-bent on manipulating us all for their own gain.

In the beginning of the pandemic, we (physicians out in the wilderness known as Primary Care) had no idea what we were up against.

We had nothing to offer terrified patients who fell ill or tested positive for the novel Coronavirus.

We didn't have personal protective equipment to keep ourselves safe, but we stood ready, using makeshift supplies, and sleeping in our garages . . . afraid of letting the spiked intruder into the sanctity of our homes.

When hospital administrators and government officials chided some of us for putting on masks (hardware store-bought N95s that we had purchased ourselves), we took them off . . . afraid of losing our jobs, and confused . . . because we knew what

was happening across the globe.

"We don't want to alarm the patients," they lied as they scurried to hide the collusive Mafia-like relationships with the Group Purchasing Organizations that were the true root cause of the shortages in America's healthcare supply chain.

When a few weeks later the same administrators and government officials asked us to volunteer on the front lines, handing out paper bags with a single face shield and mask, our names hastily written with a

"We are at the peak of a precipice. Are we going to come down on the side of true American values of life, liberty and the pursuit of happiness, and justice . . . or on the side where the government cares for you from cradle to grave and you give them all your power?"—

Ben Carson, M.D., Pediatric Neurosurgeon

Sharpie that was passed from person to person, we complied and got out there and saved lives.

Or we tried.

We went back to basics, buried our noses in textbooks, scoured the internet for research studies, and networked with other doctors across the globe, desperate to learn any pearls of wisdom that could possibly keep our patients from getting sick or dying.

Never in the history of our training nor our careers had we told patients with chest pain to stay home until it was clear they were having an MI, or reassured someone with aphasia or weakness that they might not be having a stroke. Yet, here we were, in the midst of a global pandemic, telling people who had fevers, coughs, and shortness of breath to

stay home. Wear your mask (or bandana). Keep your distance. Do your part.

The few of us who were still in private practice continued to see patients in our offices, while the rest of us became overnight experts in telemedicine.

And when American innovation and incredibly resourceful scientists and engineers quickly devised ways to mass produce personal protective equipment and figured out how to build ventilators using auto parts . . . we allowed ourselves to become auspiciously optimistic.

And then came a REAL glimmer of hope.

Some really smart scientists dug up research from the SARS era in 2004, and real-time studies began in the late winter of 2020. These studies suggested that a benign anti-malarial medication that we'd used for decades could stop the spike protein in vitro.

Many of us started having conversations with our patients about this medicine, telling them that **maybe** we had something that could possibly work. We told them that we thought that the risk of harm was relatively low, while the risk of possible death was unacceptably high . . . and many chose to try it.

MARCH 19, 2020. THE DAY THAT SCIENCE DIED.

And then came the fateful day when the President mentioned that medication by name in a daily briefing to a national audience—to the world—even boasting that "we possibly had a 'game-changer' in chloroquine."

And immediately the "playground bullies"—the main stream media—poked fun at the suggestion that "fish cleaner" could treat COVID.

Within days, governors ordered pharmacists not to fill prescriptions for that medication. And some who were doing research with that medication had their studies halted.

It is on that precise day that science died and politics took over.

“POLITICAL” SCIENCE WON’T HELP YOU

Since then, the physician-patient relationship has been continuously undermined and patient autonomy has been dying a slow death.

Once you allow the government in the exam room, it’s hard to get them out. And when you blindly believe that the mainstream media is providing you with “scientific” information, you choose a side in some crazy made-up battle. But the virus is still a virus.

It will infect you no matter which side you choose. And “political” science won’t save you. We were back to having nothing to offer our patients except for fear and isolation.

And, as things turned out, that medication didn’t work as well as some had predicted and as we had initially hoped. But that’s how science, real science, works. It evolves. Scientists should not be silenced, censored, nor ridiculed. Innovation happens through trial and error.

THE DANGERS OF TRIBALISM

As Americans who are used to instant gratification we started looking for our own answers as we sat in isolation for over a year. We started doing our own “research” online. Overnight everyone earned a medical degree through “Dr. Google” and by tweeting.

But our “research” was compromised, and biased . . . because in our quest for answers, many of us split off into “tribes,” choosing to follow only those whose thoughts mirrored our own, blocking out and canceling anyone we disagreed with.



We created our own echo chambers on social media with like-minded people we had never met, and we shut out family and friends we’ve known our entire lives because they had different opinions.

And the virus raged on . . . but we understood more and had some new treatment options.

VACCINATION BECOMES POLITICIZED

And then, in record time, vaccines were on the horizon. And again we had hope. And when the President kept promising we would have a vaccine, the mainstream media “poo-poo”-d his bravado, again accusing and ridiculing him, dismissing his pledges as election-year grand-standing.

And when our current Vice President (then on the campaign trail) publicly undermined confidence in the promised vaccine, the people heard her, and many of them, too, thought it was too soon to trust it, too “experimental.”

This lack of confidence persists even today, as the vaccination rate amongst minorities remains low in our great country, a nation scarred by racism and slavery which led to unforgivable injustices such as the Tuskegee experiment.

We must proceed with caution with movements that attempt to re-write our history, for if we erase ALL of the painful parts, we will forget that it was doctors who worked for the U.S. Public Health Service who



withheld treatment.

We don't need to re-write history, nor silence opposing viewpoints. We need to re-tell our stories accurately and contextually and respect ALL human lives so that none of these atrocities ever happen again.

THE VACCINE'S EFFECT ON THE PHYSICIAN-PATIENT RELATIONSHIP

The promised vaccines arrived, and many of us were finally able to breathe a huge sigh of relief. The mRNA vaccines effectively prevent severe disease and reduce mortality.

And yes, there are adverse events that can happen with vaccinations. Really, with anything you put into your body. And when you vaccinate

a huge population in a short time, you will see adverse events.

And there are some people who won't want the vaccine for these reasons. And they ask questions and that should be encouraged, and expected. Asking questions has always been ok. Patients should, and we, as physicians, should be encouraged to have these conversations.

But now the government says that all **MUST** take the shot with few exceptions. And physicians are told they can't authorize vaccine exemptions because no one should be exempt. And people are losing their jobs.

And the response becomes worse than the disease itself, because loss

of jobs means loss of insurance and lack of preventive care and an increase in illness burden. And physicians, who answered the call from day 1, have their licenses suspended for even having these conversations with their patients.

There are a few bad doctors who spew misinformation, like there are a few bad teachers or a few bad cops. Social media would have you think that they are the majority.

But every physician I know wants the same thing . . . to be able to have a conversation with their patients without the government in the room controlling it. To be able to educate patients to make informed decisions for themselves, based on actual science (as we understand it at the time) and we allow patients the respect and autonomy to direct their own healthcare.

Science started to die a slow death when we allowed the government to stop us from prescribing medications and refused to allow us to advocate for our patients who didn't consent to treatment.

Now many physicians won't speak up because their licenses and livelihoods are on the line.

THE DOCTOR-PATIENT RELATIONSHIP IS SACRED.

And when we stop asking questions, we kill innovation. The geniuses who created new ways to administer treatments will stay silent and the best and brightest of the next generation will avoid careers in medicine.

And science will remain dead.

We cannot allow human emotions, and feelings, and politics interfere with our ability to practice medicine.

We need to put the doctor-patient relationship back in the center of healthcare, where it belongs. 

SPOTLIGHT ON

CEO AND FOUNDER, SoMeDOCS

Dr. Dana Corriel

Brand Strategist

ARTIST

I recently came across a dog-eared business card in the bottom of an old briefcase that opened up a floodgate of memories. It was a brief but pivotal chance encounter with Dr. Dana Corriel several years ago that solidified my entrepreneurial resolve to launch **Physician Outlook Magazine**.

At the time that she hastily scribbled her social media handles on the back of that card, Dr. Corriel was at the helm of two private "physician-only" Facebook groups that she had founded: *Doctors On Social Media*, and *"As I Picked Up My Stethoscope: Inspiring Stories from Female Physicians."* At the time that we met she was still practicing clinical medicine, but was about to bravely pivot from her full-time role as an Internal Medicine specialist to her current role: digital entrepreneur extraordinaire.

Corriel had two very unique goals in mind in the digital space: the first was to create a democratized community where doctors of all genders, ages and specialties could share their expertise and connect with one another and with their patients. Her second objective was the one that really resonated with me: it was to showcase the beauty of the physician-patient relationship in an effort to make medicine appealing as a career for young future physicians.

DID VIDEO KILL THE RADIO STAR?

Why were doctors needing someone to form an online community for them, and why was the practice of medicine becoming less appealing to our youth? There is no one answer, but just as technology's intrusion into everyday life was the theme of the very catchy one-hit-wonder jingle, it is widely believed that Electronic Health Records similarly "killed" the joy of practicing medicine for many physicians. Seemingly overnight, we went from being trusted critically-thinking and respected doctors to generic glorified data entry clerks who administrators called "providers." We were taken off guard, and Dana Corriel had come up with an optimistic solution to our dilemma by creating spaces that would make us shine in the burgeoning social media world.

As a "baby-boomer" who graduated medical school in 1989, I grew up around technology and was an early adopter of the many gadgets and devices that revolutionized our world. But like many of my generation, I still reveled in the sensory experience of holding an actual hard-copy book, turning the pages of the Sunday New York Times, and catching up on medical advances through the many magazine-style journals that would pile up in the corner of my office. I initially had very little organic interest in anything to do with "social media."

In fact, the only reason I had stumbled upon private physician Facebook groups in the first place was because I had negotiated a compromise with my then pre-teen daughter.

Many of her friends' parents were allowing their children to make pretend they were old enough to have their own accounts. My husband and I decided that she could only have an account if she and I shared one under my name. She would play "Farmville" online with friends, but it was after she went to sleep that I would find myself scrolling through Facebook. It was my guilty pleasure as a reward for the monotony of the never-ending EHR charting responsibilities. It was during this late-night surfing that I first became aware that I was not alone in my disillusionment with the increasingly corporate practice of medicine.

When Dr. Corriel showed me what she was building in the online space, I had my "AHA" moment. I knew that if I could create a "journal-like" physician-lifestyle magazine that could engage physicians of



Mother

Wife

MENTOR

Friend

WRITER

Speaker

Digital Entrepreneur

CONTENT CREATOR

photographer

my generation (many of whom did not have a digital footprint), we might be able to effectively engage at least some of my colleagues to join us in our quest to "Take Back Medicine."

I still cannot remember exactly when I first met Dana, but it was likely at one of the pre-pandemic physician-planned gatherings that we first crossed paths. These events were unlike any other boring medical conference I had ever attended. It was so refreshing to be in the company of other physicians, especially the female ones, who recognized that medicine was changing (and not necessarily for the better), and to serve as resources for one another as we juggled careers in medicine and motherhood. Dana and I have continued to collaborate throughout the past few years and I have been impressed with her foresight and talent.

A VISIONARY PHYSICIAN LEADER

Dr. Corriel was one of the first physician leaders to recognize that it really wasn't JUST technology to blame for physician dissatisfaction. One

of the PRIMARY reasons doctors were burning out was because there was no one who was actively MARKETING our profession and our prowess as

physician experts. This was not the case amongst other health professions--for example, Nurse Practitioners, through their associations, spend a lot of money on lobbying politicians, which is a very effective form of marketing.

The majority of practicing physicians were too busy taking care of patients with our heads buried so deep in the sand that we didn't realize what was happening around us until it was too late to turn back the

clock. Legislation and regulations were being instituted that effectively made it impossible for us to market ourselves. Overly punitive and restrictive Stark Laws ban physicians from self-referral in any way shape or form, and the Sunshine Act makes it seem like every doctor who has ever eaten a sandwich or salad sponsored by a drug rep is "on the take" and on payroll for big Pharma.

GOOD FOR THEE, BUT NOT FOR ME?

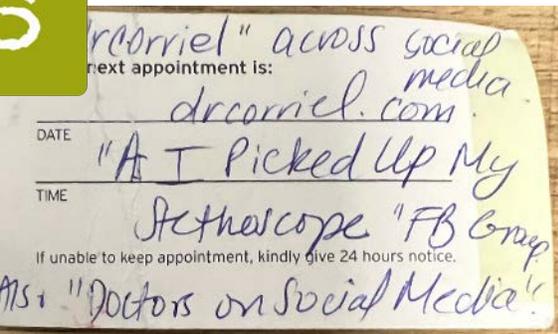
If transparency and accountability in healthcare had truly been the goal, why weren't hospitals, insurance companies and "big Pharma" subject to similar laws and regulations? In fact, it seems that at the same time that doctors became severely restricted in their ability to self-promote, hospital systems started busily marketing themselves as they set their sights on gobbling up smaller community hospitals and private practices on their journeys to becoming kingdom-like oligopolies.

Insurance companies have always had astronomical budgets for promoting themselves and have even been permitted to market themselves directly to vulnerable low income patients, many of whom had never heard of Aetna, Cigna, Humana or United Healthcare before "Medicaid Managed Care" came into existence.

Insurance companies were also quietly merging with or becoming affiliated with the very opaque world of GPOS, short for "Group Purchasing Organizations" and Pharmaceutical Benefit Managers (PBM's) who, like "Mafia bosses," control the price of every prescription medication we write for.

We all know that pharmaceutical advertisers market directly to patients, and they do so quite effectively via expensive multi-media campaigns. Patients come in to appointments requesting expensive brand-name drugs by name, often armed with "free manufacturer" coupons that they demand their doctors write for.

3



Board-certified Internal Medicine Physician

(aka) **DOCTOR**

MARKETING PHYSICIANS

Was there anyone who was promoting physicians as a group in a transparent fashion (in other words, not for their own financial gain)?

NOT A SINGLE SOUL until Dr. Corriel came along and birthed SoMeDocs.

Through SoMeDocs, Dana graciously provides us all of the tools we need as physicians to get started in the social media space, or to expand the footprint we have already created. There are portals for physician coaches, podcasters, book authors, bloggers, article writers, and brand new in 2022 is the much-awaited Speakers' Bureau.

SoMeDocs provides an eye-catching platform for physicians to market themselves that rivals any expensive Madison Avenue firm---all that is requested in return is amplification and engagement, and very modest fees for those who are already established "doctor-preneurs."

In my role as a publisher and influencer I have the opportunity to interact with many physician leaders. I have encountered few who are as talented, devoted, benevolent and transparent as Dr. Dana Corriel.

She has made it her life's mission to help physicians shine, but rarely does she allow that spotlight to be turned back on her. We greatly appreciate the communities and platforms that Dr. Corriel has created, and encourage all physicians to support her as she amplifies the beauty and artistry of our noble profession. 

Profile

- free via recruitment -

We build profiles for our doctors in order to promote independence for physician voices, advocacy, and businesses

Network

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This membership levels unlocks ALL PORTALS in profile & portfolio levels (to the left), plus the extra perks below

Portfolio

- \$199/year

This membership level opens all PORTALS in the profile level (on the left), as well as the PORTFOLIO you signed up for (for ex. PODCASTING PORTFOLIO unlocks the podcasting portal)



DOC RELATED



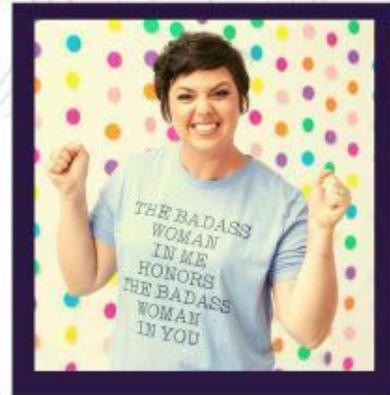
Dr. Peter Valenzuela

Errin Weisman D.O.

PHYSICIAN LIFE COACH PODCASTER

FRUSTRATED?

You give and give and give but nothing seems to change...



● OVERWHELMED?

There just aren't enough hours in a day...



EXHAUSTED?

Not just you need a nap but a deep 'in your soul', dead dog exhaustion...

FRIEND, I SEE YOU!

You are doing the best you can with what you got. But you are meant for more. You can have a life AND work you abso-freakin-lutely love.

Hit me up when you are ready for some help!

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THE INNOVATOR

Excerpt from an interview on Rx For Success with Cheng Ruan, MD

"I'm impressed with your humility," says Dr. Randy Cook. "I think you are far more masterful at this than you are willing to admit. But I think you really are maybe at the very center of something that's going to be perhaps the most important shift in the way we do medicine in the 21st century. I'm interested to know what you think is going to become of primary care going forward."

"I think COVID was good in that, it really challenges the limiting beliefs about the care of patients," says Dr. Cheng Ruan. "Okay, so if we look at the beginning of the pandemic, there's a lot of words used by the media to put the focus on doctors as heroes. I actually have a big issue with that because they started engaging medical students into clinical practice and exposing them at a time where med students are not prepared. They're not trained to take care of patients at that particular time."

Dr. Cheng Ruan, MD is the leader for Texas Center for Lifestyle Medicine and he has a unique view when practicing medicine. Dr Ruan and team serve their patients with a combination of eastern and western approaches so patients can get excited about their health and the roadmap that can guide them to a healthier quality of life.

Dr. Ruan comes from a family of Chinese Medical Doctors who focus on natural healing and using food as medicine. The entire team at Texas Center for Lifestyle Medicine is passionate about helping patients understand how diet and lifestyle choices affect their immediate health as well as prevent chronic illnesses and the damage that they can do to our bodies. This approach has led to patient successes that enabled Texas Center for Lifestyle Medicine to be recognized by the American Diabetic Association. 

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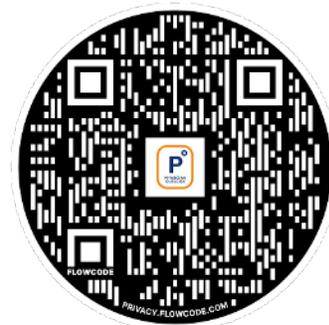
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FEATURING MEMBERS OF "DOCTORS ON SOCIAL MEDIA"