



PRESCRIPTIONS FOR HEALTH REFORM:

A PODCAST FROM THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

Transcript of podcast interview with Julie Salamon, author of *Hospital: Man, Woman, Birth, Death, Infinity. Plus, Red Tape, Bad Behavior, Money, God, and Diversity on Sterioids* 8.7.09

Q. Would you start by describing how you came to spend a year at Maimonides Medical Center in Brooklyn, and what motivated you to write a book about it?

A. Well, I came there through a series of strange coincidences. I'd written a book about Maimonides, the scholar and physician who lived a thousand years ago. It was about modern charity and philanthropy, and a woman who worked at Maimonides thought that because she worked at a hospital called Maimonides and I wrote a book about Maimonides's teachings, we had a karmic connection. She called me and told me about this hospital she worked at, which was fascinating.

It's a 700-bed, big-city hospital, with a huge immigrant population, 67 languages spoken here, but still retained its roots in the ultra-orthodox Jewish community. So you have a glatt kosher hospital, that serves kosher Chinese food because it has a big Chinese community, Pakistani, Russian, everything, and so the multicultural aspect of it interested me a great deal. And the hospital was starting a new cancer center and it just seemed like an opportune time to me to look at—I've written about various aspects of culture for my entire writing life, and I'm interested in a lot of the issues that were raised there—and I just thought it was an interesting way of looking at a lot of the issues of modern life, in a place where everything is working at very high speed.

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Q. What were some of the issues that came to light as you did this?

A. Technology versus humanity, the way that money issues press on compelling human needs in a way that sometimes seems to favor the money rather than the human needs. The pressures brought to bear of modern communication, which in some ways has improved life a great deal, but in other ways has made it much more difficult. And the multicultural aspect. We now live in a society where immigration is at a level that it hasn't been in this country for 100 years. We now live in a very diverse society, and how do we provide—what does it mean to be the pillar of a community in a very changed world?

Q. What were some of the things you felt were unique to Maimonides, versus things that you think are being faced by hospitals elsewhere and across the U.S.?

A. It's a good question, because in some ways, somebody once said to me, "When you've written about one hospital, you've written about one hospital." That every hospital is so much a function of the community that it's based in. And letters that I've gotten since the book from all over the country all say, "My hospital's totally different from Maimonides, nothing like it, but it's exactly the same." So prefacing my remarks with that idea, I think the fact that I think very few hospitals outside of maybe a couple of other hospitals in Brooklyn have the huge mix of not only patients, but staff. When I say 67 languages, I'm not exaggerating. On some days, it's 78 languages. So I think that's unusual. Other hospitals around the country face issues of multiculturalism, but I don't think quite in that number.

The other thing that's quite different is the hospital was initially founded as a Jewish hospital in a neighborhood that's become extremely Orthodox, so it is the only glatt kosher hospital in the country, which means super kosher. Other hospitals provide kosher meals, but here the entire hospital is kosher.

I think another thing that's quite different at Maimonides is just the neighborhood. You can walk in the door at one end and be in a neighborhood where nobody speaks a word of English, but only Chinese, and out the other end and they only speak Yiddish. I think that's pretty unusual.

One more thing: More babies are born there than in any hospital in the state of New York. They're delivering almost 8000 babies this year, and it's not a public hospital.

Q. Okay, that's impressive. What are some of the issues that you think are being faced by other hospitals that you just saw brought to life at Maimonides?

A. I think all of the major issues. Maimonides is a big teaching hospital. They train about 500 residents a year, and so the issues of how do you pass along the knowledge from a previous generation? It's also a hospital that does all kinds of surgery. They have the cancer center now, so even though it's rooted in sort of this very funky immigrant neighborhood, it's a big modern hospital. Like many hospitals, it's always making that adjustment between old and new, and allocation of resources. Do you buy the new super-fantastic radiation machine for the breast cancer, or do you use that same amount of money to provide primary care to 10,000 people?

Q. You mentioned the roots that Maimonides has in the local community. Do you think that's true for other hospitals, especially some of the newer, for-profit ones?

A. No, and I think it's a significant issue. I think that there's the argument to be made that there's been a move in the last many years towards super-specialization, so there will be a heart hospital that does only heart care, or a cancer hospital that only deals with cancer care, and certainly there's a place for those kinds of institutions, but I think one could argue on the other hand that there's another place for an institution that tends to all the needs of a community, especially in a society where people are growing older. The baby boomers are getting older, and the multiplicity of issues that confront older patients is huge, and I think that there's a time-honored tradition which I think is a good one, that a community hospital is supposed to take care of the needs of all of the community, not the ones who just have heart attacks.

Q. You discuss the disillusion of oncologist Dr. Alan Astrow, with the business focus of healthcare today. Can you describe how he and others felt that this "medical-industrial complex" was changing how medicine is practiced?

A. I think over the last several years, there's been a big pushback among many doctors, and I think it's this pushback being: Let's not forget that a lot of what medicine is is people talking to people. You don't take a good history, I don't care how many fancy machines you have, you're not going to get as good a result from a patient. I think this movement of talking to patients has been led probably by general practitioners, family practice doctors, a shrinking number because they don't get reimbursed as well by the insurance companies and by the oncologists

who are constantly dealing with very sick patients, where discussions with the patients and the families become crucial. I know that at various medical schools and hospitals, there's an effort to have teaching rounds, to have all kinds of awareness of these other matters, and I say other matters, although some people could argue that's the heart of being a physician.

And the thing that's always pushing against that is the reimbursement system, which says the more time you spend with a patient, you're "wasting money." I think one other thing that's happening is training of nurse practitioners, physicians assistants, having a body of people on hand who can help provide some of those other skills which are hugely important, may help ease the burden, but I am concerned that with the push to learn, you know, every time a new piece of technology comes out, that makes a lot of money for a company and can provide valuable medical service, you have to learn how to use those, and you have to learn how to operate them, and what falls by the wayside? I think that's the tension in the medical world. I think it probably always has been. It's just more so now.

Q. Were there any examples that you saw during your year at Maimonides where this business focus affected the interpersonal relations among doctors, administrators, and staff?

A. Yes, all the time. Part of it is, it just adds a huge level of tension, the financial operations of a hospital to keep it functioning, it's a business, even a not-for-profit hospital is a business, and because there's so much pressure to move patients through this system, and again, this, when you ask what's different about Maimonides, it's a hospital that's operating at 99 percent capacity all the time, and so there's no wiggle room. What it does is it just puts enormous pressure on everybody to keep the patients moving through the system, and give them good care at the same time.

What gets lost? I would hear doctors constantly talk about just the time to sit around and have a cup of coffee and discuss a case. One of the ways that in the oncology department they've compensated for this somewhat is they have bio-psycho-social rounds, where once a week, the physicians, nurses, social workers, anybody who wants to come, deals with real cases but not just talking about the clinical aspects, but all of the psycho-social matters: What is the patient's family like, do they have someplace to go home to after they're discharged from the hospital? What are the limitations of their insurance plan, and is there a way to work around them?

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Q. Can you describe any specific instances in which these business decisions affected how a patient received care?

A. You mean did I see somebody die because of a business decision? No, I didn't see anything that immediate, but what you did see was in the emergency room, where, for example, because we don't have open healthcare for people, it's an old story at this point, that a lot of uninsured people use the emergency room as medical office, so there's huge crowding in every city emergency room, and at Maimonides, the crowding is multiplied by the number of people who are crowded into the neighborhoods around it, and so what you would see is huge long waits in the waiting room. Sometimes, even if the patients would be seen in the ER, there would be another huge long wait to get a hospital bed. If you're sick, spending eight hours on a gurney in a hallway is not a very pleasant experience. Did I see somebody adversely affected directly by that, no, but I think it would be impossible to think that many, many people aren't, because it's just not the way to get care.

Q. Let's turn to a more positive spin on that. What do you think needs to change in general in our healthcare system in order to improve the quality of care? How can we start to remove some of that pressure from doctors?

A. On the positive note, one of the things I saw at Maimonides—and my sister works at Beth Israel in Boston, you see it at hospitals all over the country—there's constant effort by the parts of people working in the hospital to improve the system. So the big system is in such a dire situation, and the amounts of money involved in it and the vested interests are huge. However, hospital by hospital, floor by floor in a hospital, things can change mightily just by looking at what works and doesn't work and being very methodical about fixing systems.

On the one hand, technology can be your friend and looking at the organizational plans of other industries can be helpful. For example, in the emergency room, which is unbelievably crowded at Maimonides, the system actually works very well. They have a very sophisticated computer system that keeps track of patients in real time, when they were seen, what their diagnosis is, how long they've been waiting, what should be the next step for them, and that's updated every few minutes by either, usually by one of the residents working in the ER, but also by the nurses who work there.

I think that that technology has helped improve the flow and the care received in that emergency room tremendously. Throughout the hospital different technological advances, computerized lab reports, eventually computerized charts,

all of those things are making headway into improving, but then on the other hand, even floor by floor, you could see a good nurse manager have her whole staff trained where they would do group rounds in the morning and really get a very good, thorough understanding of each patient on the floor. That's not so different how it's ever been, and I think with compassionate training that teaches our caregivers to look at the whole patient, and to be cognizant of cultural differences, language differences, age differences, huge strides can be made even with the big system a mess, small pockets of it can improve a lot.

Q. You mentioned that your sister works at Beth Israel, so you're probably aware that Massachusetts has recently mandated health insurance for everyone in the state. Do you think that's a move towards a solution, and do you think it's going to in the short term increase or decrease the pressure on hospitals?

A. I think it's a good idea. I think short term, I think I know that it's going to increase the pressure on hospitals and physicians, because all of a sudden, you have a huge group of people that couldn't go for medical care, lining up. There aren't the resources available to give them expedient care. I think like any new program, everything has to work the wrinkles out of the system, but I think at least you're working out the wrinkles of availability as opposed to unavailability. Actually, there was a quite good article in the New Yorker by Atul Gawande, who's a surgeon in Boston who writes a lot about these issues. He was looking at medical systems in different countries and how they've evolved. He made a very persuasive point, that the U.S. has grown up willy-nilly in this kind of capitalistic but with a lot of social services environment, and if you look at our history of healthcare, it's been a mixed bag. I think we're on an evolutionary path, and I actually do think things are improving. I think there's much more attention, but people forget 50 years ago, there were many, many, many more uninsured people than there are now, before Medicare and Medicaid.

Q. Do you think patients' views of what to expect from doctors and hospitals has changed over the past few years?

A. Yes. And I think that's part of the positive and the negative. The positive is patients are much more aware, they're much more—I don't want to use the word demanding, because it sounds negative. Their standards are higher because they have more knowledge. That's a good thing because it holds people to a higher standard. The bad part is that sometimes their expectations are out of whack. Anybody can go on the Internet and get a million alternate solutions to any

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problem, and I think the trust factor has diminished a lot between patient and caregiver. On the one hand, caveat emptor is a good idea, with your health, on the other hand, at a certain point, it is good to find a practitioner who you trust. Obviously, when you're in the hospital, you don't know these people, so that's where the hospital's job is to make sure they have trained the staff to make them trustworthy.

Q. One final question then: Did your view of a doctor's or a hospital's purpose change in the year you spent at Maimonides?

A. Yes. I think even though, like anybody, I've got kids so I've been in hospital emergency rooms a fair number of times over the last few years, and everybody has illness in their families or friends, so I think it's a rare person that hasn't spent some time in a hospital. We all watch or have at least taken a peek at various hospital shows which are highly unrealistic, but I think that you think you know what goes on. I was a candy striper as a kid, so I'd actually worked in a hospital. But until I had the opportunity to roam the full breadth and depth of a hospital, I was not aware of what I should have been aware of, was what a huge, vast complicated organism it is, with so many moving pieces. When I say it's a microcosm of society, I'm not kidding. At Maimonides Hospital, which is a large hospital, but not the largest, but it would fall into the five percent top biggest hospitals in the country, there are 5000 employees. It's a small city or a big town. I think the internal and external politics, the financial issues. I mean, I think if I'd sat down and thought about it, I would have known that those were there, but how it all affects each piece of the puzzle, ending up affecting patient care, I was completely not aware of.

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