

DISTRICT HEALTH NEWS

Marin Healthcare District. Creating a Healthier Marin Together.

SUMMER/FALL 2012



Two Years of **Incredible Progress**

In partnership with Marin General Hospital, the Marin Healthcare District has made incredible strides in the following areas:

- Recruiting doctors with expertise in previously unrepresented specialties
- Raising the quality of care over the entire county
- Creating an integrated health care delivery system, including a network of clinics across
 Marin County
- Finalizing the plans for a new, state-of-the-art hospital that meets or exceeds the latest seismic safety requirements

A letter from Chief Medical Officer, Joel Sklar, MD

Dear Fellow Citizens of Marin,

Back in early 2010, in anticipation of Marin General Hospital's return to local ownership, the Marin Healthcare District (MHD) Board commissioned a Physician Needs Assessment for the entire county. Interviews with local primary care physicians (PCPs) identified Marin's need for specialists in general surgery, OB/GYN, and neurological, vascular, and brain surgery. We also learned that primary care physicians were in short supply, with many nearing retirement age. As soon as the hospital transition was completed, MHD acted on the assessment's findings, launching a robust Physician Development Plan.

As Chief Medical Officer for Marin General Hospital (MGH), I support the Marin Healthcare District's goal of providing coordinated, excellent care for the entire community. Together, MHD and MGH are creating a balanced medical care delivery system that focuses on the essential need for primary care. Over the past two years, we have aggressively enhanced our primary care network and effectively closed the specialist gap. Residents can now get superb care for virtually any ailment—without leaving Marin.

MHD and MGH share a belief in the power of prevention and healthy living, and we have made remarkable progress in developing an efficient primary care delivery system. This is a critical community resource, especially with Marin's aging population. PCPs help patients manage their overall health and coordinate every aspect of their care. Indeed, 85 percent of health problems can—and should—be treated by a primary care physician.

To support our new physicians, streamline communications, and enhance patient safety, we are encouraging doctors to plan on participating in the Health Information Exchange. This is an online portal we are creating that allows PCPs, hospitalists, and specialists to share information and follow patients' progress. The Health Information Exchange will enhance our ability to deliver collaborative, coordinated care, and make us one of the most medically "connected" communities in the country.

Joel Sklar, MD, Chief Medical Officer of Marin General Hospital

Making Primary Care a Primary Focus

physician (PCP) dispenses preventive

medicine by providing you with essential

screenings, regular exams, and advice

on healthy living. In fact, preventive

Dr. Azita Taghavy of Marin Internal

care is at the heart of your PCP's job.

Health care quarterback. Heath care gatekeeper. Health care coordinator. No matter how you describe the role of a primary care physician, this is the doctor in charge of your overall health—the doctor who specializes in you. In addition to treating 85 percent of your medical issues, a primary care



Dr. Azita Taghavy



Dr. Ahmed El-Ghoneim



Dr. Rebecca Li

more to good health than how you feel. As Dr. Rebecca Li of North Marin Internal Medicine Specialists points out, "If your lifestyle is unhealthy and you don't get a checkup, you won't catch things early. Some conditions are silent, like high blood pressure or high cholesterol. You don't know you have them until you see the doctor."

"If your lifestyle is unhealthy and you don't get a checkup, you won't catch things early."

Another mistake people make is going to a specialist for every health issue. Not only is this impractical, but the rich vertical expertise that defines a specialist can limit that doctor's perspective. Dr. Li tells of a new patient who hadn't had a physical in years but was being followed by a pulmonologist for a lung condition known as idiopathic pulmonary fibrosis. The woman's prognosis was grim: she was not a candidate for a lung transplant, the main treatment for this condition. When Dr. Li performed a complete physical, she noticed a spectrum of symptoms a pulmonologist would never look for: thick, hard skin on the hands, discolored fingers, and acid reflux. Blood tests revealed the patient's lung symptoms were due to an autoimmune disease called scleroderma. Instead of facing surgery or worse, Dr. Li's patient is now taking an immunosuppressant drug to treat the problems.

Ultimately, PCPs and specialists both play essential roles, but the PCP is the doctor who has the responsibility of assessing the big picture, while specialists focus on the detailed nature of a specific problem. Working together, they form a collaborative, efficient team with your best interests at heart.

Medicine explains, "I got into primary care because I wanted to have a close and intimate relationship with patients. I am a big believer in prevention, and I do everything I can to keep my patients out of the hospital. That's the point of preventive medicine." As the doctor who gets to know you best as a patient and a person, your PCP is uniquely qualified to coordinate with your specialists both in and out of Another mist for every head that doctor's hadn't had a a pulmonology pulmonary file was not a calculated to coordinate physical, she ologist would not prevent to have a close for every head that doctor's hadn't had a a pulmonology pulmonary file was not a calculated to coordinate physical, she ologist would not prevent was not a calculated to coordinate physical, she ologist would not prevent to have a close for every head that doctor's hadn't had a a pulmonology pulmonary file was not a calculated to coordinate physical, she ologist would not prevent to have a close for every head that doctor's hadn't had a pulmonology pulmonary file was not a calculated to coordinate physical, she ologist would not prevent to have a close for every head that doctor's hadn't had a pulmonology pulmonary file was not a calculated to coordinate physical, she ologist would not prevent to have a close for every head that doctor's hadn't had a pulmonology pulmonary file was not a calculated to coordinate physical physical

PCP is uniquely qualified to coordinate with your specialists both in and out of the hospital. "That connection you have to the doctor makes a real difference," says Dr. Ahmed El-Ghoneimy of Marin Internal Medicine. "Like any relationship, it grows over time. I get to know my patients' problems and history and what medications work best for them."

Although a yearly physical is recommended for everyone 18 or older, some people don't see the point of going to a doctor if they feel healthy. But there's

ESSENTIAL TESTS AND SCREENINGS

The following tests and screenings are recommended by the physicians at the Marin Healthcare District Clinics:

- An in-depth look at the patient's medical history and family history
- An inventory of all the patient's prescriptions, including herbal medicines and supplements
- A yearly physical
- Mammograms, Pap smears, and screenings for colon, skin, and prostate cancers

- Yearly cholesterol and lipid profiles after the age of 40
- Testing for osteoporosis and bone density in at-risk patients and the elder population
- Screenings for falls and fractures, depression, and dementia in seniors
- Vision and hearing screenings (as needed)
- Immunizations and boosters, including tetanus and flu, pneumonia for people 60+, and shingles for people 65+

Taking Care of Our Elders







Marin is one of the oldest counties in the state, with 17.4 percent of our local population over the age of 65. This is the population that needs a PCP the most. Older people require more frequent checkups and extra screenings for things like bone density, falls, dementia, or depression. As a result, many PCPs have a special interest in gerontology, a subspecialty of primary care that focuses on the elderly.

A personal connection with a physician is especially valuable for seniors. According to Dr. Rebecca Li of North Marin Internal Medicine Specialists, being a good listener is key. "Older people may be isolated, with their children living far away. Their doctor may be the only one they can talk to." Often, the PCP also needs to speak to the patient's spouse, adult children, or caregiver. When an elderly patient can no longer live alone, it is not unusual for their PCP to help the family evaluate care options and provide referrals.

Medication management is especially important for seniors, because they generally require lower doses of medication than younger adults. Dr. El-Ghoneimy of Marin Internal Medicine has many elderly patients and when it comes to drugs, his motto is to start low and go slow. "I believe in prescribing fewer medications, at lower doses. You want to be conservative." Dr. Azita Taghavy of Marin Internal Medicine agrees, "You need to make sure the meds are really helping. Keep it simple and less expensive—only what is necessary. Warn patients and caregivers about potential side effects."

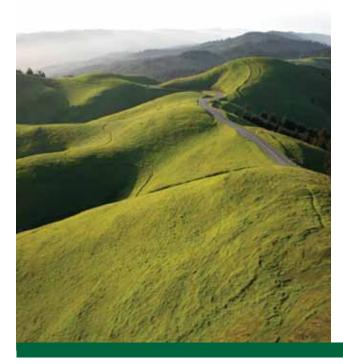
Drug interactions are by far the biggest medication-related danger for the elderly, because older patients often see several specialists. It's up to the patient's PCP to review all prescriptions for duplication and potentially dangerous interactions. According to Dr. Azita Taghavy, "You have to address the medication issue at each visit. For instance, some people think herbal medications are not medication, but there are a lot of interactions with herbal medications and prescriptions or over-the-counter drugs." Fortunately for the Marin population, it's become much easier for PCPs to communicate with their patients' specialists and cross-check medications, thanks to electronic medical records (EMR). "I always double-check the medication list online," says Dr. Rebecca Li. "You can connect to the pharmacy and get a list of a

What is "evidence-based medicine"?

Evidence-based medicine means making decisions based on scientifically proven treatments and care strategies. This care philosophy allows our doctors to weigh the benefits and risks of treatments and tests before prescribing them for a particular patient. For example, the evidence might indicate that an aggressive treatment appropriate in a young adult could be risky for a senior patient. A PCP has ongoing experience with the patient and is in a unique position to help patients and their families make these kinds of evidence-based decisions.

patient's prescriptions."





FIND A PRIMARY CARE DOCTOR TO HELP MANAGE YOUR HEALTH, within a manageable distance.

Marin Internal Medicine

1341 S. Eliseo Drive, Suite 200 Greenbrae, CA 94904 415-464-8169

North Marin Internal Medicine Specialists

165 Rowland Way, Suite 201 Novato, CA 94945 415-897-3174

San Rafael Medical Center

706 D Street San Rafael, CA 94901 415-256-1980

West Marin Medical Center

11150 State Route 1 Point Reyes Station, CA 94956 415-663-1082

For more information on our medical care centers—including our heart and vascular specialists—visit www.marinhealthcare.org.



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