There is a lot of talk about “Population Health” but what does that mean in a country that doesn’t value health care as a right? Do we mean sub-population health (for those with insurance or can afford it)? At least if one talks about population medicine it can be done in the abstract, i.e. what is the best treatment for hypertension assuming one can afford treatment. It seems to me that if we want to talk about population health we need to talk about Universal Health Care first and then everything else second. It is fun to debate and research what are the best treatments for hypertension, diabetes, asthma, etc., but, if Population Health is an approach to improving the health of large or entire populations shouldn’t access to health care come first? In our society it means being insured.

There are things that can be done to improve overall health that do not require insurance or even access; such as improving water and air quality and that is all I can think of.

But the greatest impediment to population health besides lack of insurance is the trend to Personalized Medicine. How can these two concepts be compatible? We don’t have enough money today (we do but we don’t have the political will) to give everyone health coverage yet we are going to concentrate on the individual? Do you wonder why Concierge Medicine is growing so rapidly? It’s all about time. In the average medical clinic, patients are lucky to be allocated 15 minutes compared to as much time as needed in the Concierge practice.

So to back up, Population Health sounds a lot better now that I think about it. With few resources left at least the majority will get some benefit if we apply best practices to large groups while the elite few get individual attention. Who knows, maybe too much attention will turn out to be harmful? More and more evidence is being uncovered of not only the lack of need of an annual physical but the danger of over testing. Expensive, CT body scans (scams) highlight this fact since you are much more likely to have some false positive result that then requires additional testing or body invasion than finding a lifesaving problem. Yet people continue to flock to get themselves needlessly irradiated, enticed by modern day radio hucksters.

Where do we start? Should everyone eat healthy in a country where no one eats healthy and yet the average life expectancy continues to climb? How do we know that fostering major changes on people’s behavior won’t be detrimental? For example: taking vitamins sounded like a sure winner until it wasn’t and research continues to question the benefit of yearly mammograms. Maybe the polypill isn’t such a great idea.

In my opinion, the single greatest improvement in Population Health would be increasing the minimum wage. That would allow individuals to eat healthier, work less, have less stress and, when needed, be able to afford medication with the caveat; does any of that matter?

Alan G. Wasserman, M.D.
Department of Medicine
March 2014 Grand Rounds

Mar 6 Hirsh Lecture: “Practicing Medicine in a Medical Legal Partnership”
Ellen Lawton, J.D.
Lead Research Scientist
Department of Health Policy
GW School of Public Health and Health Services

Mar 13 “Epilepsy”
Uma Menon, MD
Assistant Professor of Neurology
Department of Neurology
GW Medical Faculty Associates

Mar 20 “Vocal Cord Dysfunction”
Philip Zapanta, MD
Assistant Professor of Surgery
Department of Surgery
GW Medical Faculty Associates

Mar 27 “Deep Brain Stimulation in Movement Disorders”
Pritha Ghosh, MD
Assistant Professor of Neurology
Department of Neurology
GW Medical Faculty Associates

Donna Shields, MD, PhD, MBA
Assistant Professor of Neurosurgery
Department of Surgery
GW Medical Faculty Associates

The George Washington University Medical Center (GWUMC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. GWUMC designates this continuing medical education activity on an hour-for-hour basis in Category I of the Physician’s Recognition Award of the American Medical Association.

Cardiology Grand Rounds
5:00 PM, GWU Hospital, Conference Room 6-116

Mar 5 Mortality & Morbidity Conference
Mar 12 Atrial Fibrillation
Mar 19 More Atrial Fibrillation
Mar 26 Even more Atrial Fibrillation

Resident Lecture Series
March 2014 Noon Conference

GW Medicine Notes

Medicine Team Contacts

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GREEN TEAM (202) 715-6062
RED TEAM (202) 715-6039
BLUE TEAM (202) 715-6156
SILVER TEAM (202) 715-6040
PURPLE TEAM (202) 715-6042
GOLD TEAM (202) 715-6044

ADMITTING RESIDENT 741-0161 pager
HEALing Clinic 15th Annual Charity Auction

The GW School of Medicine and Health Sciences student run Health, Education and Active Living (HEALing) clinic will host the 15th Annual Charity Auction on Monday March 3rd from 5pm to 9pm in Ross Hall.

The GW Healing Clinic and its accompanying programs are supported solely by the fundraising efforts of the student members, who generate most of their funding through two annual events, the GW Charity Auction and the Heal to Heal 5K Run. The GW Charity Auction is a tradition that began at the SMHS in 1999. In an effort to make a meaningful contribution to their community, students from all programs in the SMHS and the School of Public Health and Health Services, as well as faculty, come together to raise money for a cause that they believe in. Since the GW Healing Clinic opened in 2006, the annual Charity Auction has been raising funds to support the Clinic’s operational expenses. The Charity Auction is the primary vehicle for the clinic’s fundraising efforts. Last year over $25,000 was raised. Both the GW Healing Clinic itself and the Charity Auction fundraiser are entirely student-run initiatives. One hundred percent of the proceeds go directly to supporting the operational expenses of the GW Healing Clinic, including medical and lab supplies, program supplies, and facility costs, as well as funding new initiatives such as opening a second clinic site to serve more patients and students alike. If you would like to donate an item to the auction, please contact healingclinic@gwu.edu.

Hirsh Grand Rounds, March 6th

On March 6th, the Hirsh Grand Round lecture on “Practicing Medicine in a Medical-Legal Partnership: Building an Interprofessional Health Care Team for Vulnerable Populations” will be presented by Ellen Lawton, J.D., Lead Research Scientist and Co-Principal Investigator of the National Center for Medical Legal Partnership, Department of Health Policy, GW School of Public Health and Health Services.

Ms. Lawton, a national expert in poverty law and the social determinants of health, will describe the scope and prevalence of health-related legal needs for low-income, vulnerable populations; describe the role of the civil legal aid community in promoting health for vulnerable populations; and describe how the direct integration of civil legal aid attorneys into health care teams—specifically through the work of Medical Legal Partnerships—promotes quality, efficiency, and both provider and patient satisfaction.

Trauma Center Certification

George Washington University Hospital Trauma Center has officially received verification as a Level 1 Trauma Center from the American College of Surgeons (ACS).

A number of GWU’s trauma team members spend countless hours in preparation for an exhaustive survey of our program a few months ago. The ACS calls verification an achievement that recognizes the trauma center’s dedication to providing optimal care for injured patients.

This along with the Kidney Program approval in January affirms the remarkable progress being made.

New AAMC LEAD Fellow

Congratulations to Dr. Jillian Catalanotti, Division of General Internal Medicine, for being selected as one of only 12 fellows in the AAMC Leadership Education and Development (LEAD) certificate program in the NEGEA region.

LEAD Certificate Program is an intensive, two-year, cohort-based leadership development program that provides the knowledge, skills, values, and practical experience educational professionals in academic medicine need to be successful leaders.

This year the annual meeting will be held at Yale School of Medicine (YSM) in New Haven, CT on April 11-12, 2014.

Chairman’s Rounds

GWU Hospital Auditorium, 12:00 Noon
All Faculty Invited to Attend

Mar 7 Dr. Tyler Thompson
Dr. Christina Amado

Mar 12 Dr. Ashley Freeman
Dr. Becky Witt

Mar 28 Dr. Ayesha Mohammed
Dr. Casey Watkins
Kudos & Congratulations

Kudos... Dr. Chad Henson, PGY3, receiving praise from Inova Fairfax Hospital about his excellent work, “He ran a code on one of his patients and the nurses mentioned he did an excellent and professional job.” Way to go!!

More Kudos... to Dr. Jillian Catalanotti, General Internal Medicine, for giving her talk about the ‘importance of humanism in delivering medical care’ at the hospital’s quarterly leadership retreat. “Your tone and message were good synergy to the agenda. The feedback was entirely positive,” Barry Wolfman wrote.

More More Kudos... To Dr. Michael Irwig, Endocrinology Division, for his talk on the diagnosis of gender dysphoria and up-to-date, best practice medical options, at the Transgender Health Course offered at GWU. “All who heard him were engaged and enthusiastically impressed,” Dr. Richard Ruth, Director of Clinical Training at GWU wrote.

More Congratulations... To Dr. Nancy D. Gaba who will serve as the Chair of the Department of Obstetrics and Gynecology in the School of Medicine and Health Sciences effective March 1, 2014.

More More Congratulations...to Dr. David Simon, for being awarded the rank of Clinical Professor Emeritus.

Congratulations also...to Dr. Marco Mercader, Division of Cardiology, for being selected to participate as an Oral Abstract Presenter for Heart Rhythm 2014 in San Francisco, CA in May.

See you next month! The Editor

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