The Commonwealth Fund and Bassett Healthcare, with funding from The Rockefeller Foundation, convened a colloquium Sept. 16 in Washington, D.C., on the group-employed physician model. Participants in the roundtable discussion represented more than a dozen group-employed physician models, including Kaiser Permanente, the Cleveland Clinic, Scott and White Healthcare, the Marshfield Clinic and the Billings Clinic, whose CEO is Nicholas J. Wolter, M.D., (Bassett Medicine Resident 1977-79).

The objective was to develop a set of recommendations that would promote the establishment of health care organizations in which providers take collective responsibility for their patients’ care and outcomes, as well as resource use. The report generated out of the col-
The 19th meeting of the Bassett Medical Alumni Association was held Oct. 9. The day began with Grand Rounds given by this year’s John Davis Visiting Professor, Donald Landry M.D., Ph.D., the Samuel Bard Professor of Medicine and chairman of the Department of Medicine at P&S, who spoke on vasopressin deficiency in vasodilatory shock, followed by bedside rounds with residents.

In his state-of-the-institution update to the board, CEO Bill Streck, M.D., said things are going well, although the upcoming year will be “challenging” given budgetary issues at the state level and health care reform initiatives pending in Washington.

Bassett is well positioned as a model of an “accountable care organization” with lower expenditures and better outcomes, as recently featured in The New York Times and as host of a colloquium of like organizations in Washington. Jim Dalton, M.D., director of Medical Education, reviewed the Endowment Fund, which has weathered the stock market downturn and continues to fund innovative proposals to further our educational mission. Discussed was possible funding for a broader purpose, e.g., funding visiting speakers’ honoraria in order to weaken the organization from pharmaceutical dollars; a board committee will pursue this idea.

Steve Heneghan, M.D., and Charles Hyman, M.D., chiefs of the departments of Surgery and Medicine, respectively, gave updates. Walter Franck, M.D., associate dean, and Henry Weil, M.D., assistant dean for education, reported on the Bassett Clinical Campus; to date there have been 400 applicants for the 10 Bassett Track positions. Scott Barrett, executive director of the Friends of Bassett, and Mike Stein, Friends consultant, presented plans for setting up a multi-million-dollar trust fund for the Bassett Medical Campus to help defray tuition indebtedness.

Drs. Eric Knight, David Borgstrom and Bill LeCates, program directors of the transitional, surgical and medical residencies, reported that the surgical residency is expanding to three residents per year; and that the transitional program remains very competitive. Meeting resident work-hour requirements has been a challenge for the Medicine residency, and the hospitalist program will be expanded to maintain compliance. Finally, the board talked at length about ways to “humanize” the experience for students and house staff to provide venues for non-medical, creative expression and better integration into the Cooperstown community; a board committee will work on this.

Board members with expiring terms were re-elected, and Sanjay Thomas, M.D., second-year resident in surgery, was elected to the board. The bylaws will be amended to include the two-year medical students within the Alumni Association. Board President Ken Wilkins thanked the board for its commitment and set the next meeting for Oct. 8, 2010.

**Colloquium from page 1**

Colloquium will be shared with policy makers and other stakeholders in the hopes that it may be of help as the nation considers health care reform. “President Obama and others have cited Mayo and others—including several of the systems represented at the colloquium—as models for health care reform.” The question, though, should not be whether any of these systems can be duplicated everywhere, but how the principles that they share and the approaches that they have developed to suit their own circumstances can serve as examples for other systems in other circumstances,” said Bassett’s Henry Weil, M.D., who played a leading role in organizing the meeting.

“The colloquium affirmed the value of the Bassett model and allowed a discussion of the way our model may be helpful in health care reform,” said Bassett CEO William F. Streck. “There is no single formula for improving the performance of our health system, but there are many examples of success in that regard, and these examples should provide guidance to a broader system badly in need of improvement with regard to both quality and cost.”

The colloquium occurred about three months after Bassett was featured on the front page of The New York Times. The July 25 article highlighted the advantages of Bassett’s historical model of employed physicians, pointing out that Bassett is able to provide high-quality care at a cost that is lower than most comparable organizations.
FIVE BASSETT ALUMNI RETURN AS ATTENDINGS

Jesse Cone, M.D.

Five Bassett alumni have joined the medical staff as attending physicians.

Jesse Cone, M.D., former chief resident (2005-2006) of Internal Medicine, has joined the Bassett Heart Care Institute as an attending physician in cardiology. Dr. Cone completed his undergraduate degree at the University at Buffalo, and earned his medical degree at University at Buffalo School of Medicine. During his residency, he received the Golden Stethoscope Award in recognition of his dedication to teaching. Dr. Cone recently finished a fellowship in cardiology at Upstate Medical Center in Syracuse. He has been published in the Journal of Interventional Cardiology.

Jose Raul Monzon, M.D.

Jose Raul Monzon, M.D., (Transitional Year internship, 1996-1997; General Surgery residency, 1998-2003) has joined Bassett’s Department of Surgery. Dr. Monzon completed his medical degree at Francisco Marroquin University in Guatemala. From 2004 to 2008, he was a general surgeon at Arizona Family Care Associates and Sierra Vista Regional Health Center. He recently completed a Colon and Rectal Surgery Residency at the Christos Santa Rosa/San Antonio Colon and Rectal Clinic.

Bridget (O’Mara) Monzon, M.D., (Transitional Year Internship, 2002-2003), has joined Bassett’s Department of Anesthesiology. Dr. Monzon earned her undergraduate degree at Vanderbilt University and her medical degree at the University of Rochester, where she was a Student Research Fellow in the Department of Neuropsychiatry from 1999 to 2001. After her internship at Bassett, she completed one year of a Radiology residency at Rochester General Hospital, followed by an Anesthesiology residency at University Medical Center in Tucson, Ariz.

Aimee Pearce, M.D.

Aimee Pearce, M.D., (Internal Medicine internship, 2004-2005), has joined the staff of Bassett’s West Winfield health center, where she sees patients three days a week, in addition to seeing patients and supporting the nurse practitioners and physician assistants at Bassett’s centers in Richfield Springs and Edmeston. Most recently, Dr. Pearce worked as a family practitioner at St. Elizabeth Medical Center in Clinton. Prior to that, she completed a residency at St. Elizabeth’s Medical Center in Utica, and was chief resident there in 2006. She earned an undergraduate degree at the University of Pennsylvania in Philadelphia, teaching certification at Lenoir-Rhyne College in Hickory, N.C., and her medical degree (as class valedictorian), at University of Debrecen Medical and Health Sciences Center in Hungary. Dr. Pearce was also the recipient of a prestigious Fulbright scholarship.

Brian White, D.O.

Brian White, D.O., has joined Bassett’s Division of Physical Medicine and Rehabilitation. Dr. White received his undergraduate degree from the University of New Hampshire and earned his doctor of osteopathy degree at Midwestern University at the Arizona College of Osteopathic Medicine. He did his internship at Bassett and his residency at the Kessler Institute for Rehabilitation at the New Jersey Medical School. Dr. White recently completed an interventional spine and electrodagnostic fellowship at the University of Massachusetts in Worcester. He is also ACLS and BLS certified and has been published in the American Journal of Physical Medicine and Rehabilitation.

ALBANY STUDENTS SETTLING IN

Bassett’s second group of third-year medical students from Albany Medical College arrived in August and will remain at Bassett through the academic year. Pictured, from left, are:

(first row) Dr. Walter Franck, Dr. Henry Weil, Richard Amankwah, John DeAngelo; (second row) Kathryn Fuchs, Mary Barrett; (third row) Elizabeth Shaker, Jessica Rogers; (fourth row) Adam Owens, Max Hsia, Dennis Change; (fifth row) Gregory Lewis, Brian Myer, Emily Fremont.
PHILANTHROPIC SUPPORT GROWS

Recognizing the extensive health care benefits that Bassett’s School-Based Health Program is bringing to children in nine regional school districts, several donors have joined Bassett Healthcare and the Friends of Bassett to help finance the start-up needs of five new school-based health centers at Milford Central School, Schenevus Central School, Stamford Central School, Sidney Central Middle and High School and Sidney Elementary School.

Generous philanthropic support has come from:
- The Clark Foundation (Cooperstown) provided an $80,000 grant to the program for equipment and furniture.
- Covidien (Hobart) provided Stamford Central School with a $10,000 Partnership for Neighborhood Wellness grant.
- Drogen Electric/Drogen’s Home Furnishing (Oneonta) made a $5,000 contribution toward expansion of the School-Based Health Program.
- Excellus (Utica Region) made a three-year $125,000 commitment to these previously underserved districts.
- The Health Resources and Services Administration’s Office of Rural Health Policy awarded a three-year $375,000 grant to offset start-up costs of the Sidney and Schenevus centers.
- The Robinson-Broadhurst Foundation (Stamford) made a three-year $120,000 to offset start-up costs for the Stamford school-based health center.
- The Milford Central School District committed $170,000 to the School-Based Health Program over three years, $100,000 of which is a legislative award from New York State Assemblyman Bill Magee.

The Friends is committed to assisting the school-based health centers while they become established during the granting period. In addition, the Friends will provide resources to ensure the long-term financial stability of these SBHCs.

To make a contribution in support of the School-Based Health Program or to a specific school-based health center, call the Friends office (607.547.3928) or make a secured donation online at www.friendsofbassett.org.

BASSETT’S SCHOOL-BASED HEALTH PROGRAM THRIVING

The editor recently interviewed Chris Kjolhede, M.D., director of Bassett’s regional School-Based Health Program, and Jane Hamilton, R.N., program manager. They project passion, excitement and dedication as the team leaders of a thriving endeavor that exerts statewide and national guidance for rural, school-based health care systems.

Dr. Kjolhede noted that the program enrolls between 85 and 97 percent of students in the established 13 school-based health centers in nine school districts spread over four counties; another five schools are in the pipeline, and more are requesting the program for their school.

Yearly physical exams, health education and on-the-spot handling of whatever comes up are the core of the program, along with periodic dental care at the school. The crux is having health care staff right there in the schools, where most problems can be handled without the parents having to leave work to drive their children to the doctor:

“It just makes sense,” Hamilton said. “It’s not fancy. We don’t have high-priced equipment in there; we don’t do MRIs; we don’t do X-rays; the people are the program.”

She emphasized that, “Schools always come to us; we don’t solicit our program. It is a collaborative effort between Bassett and each school district.” Parents have to enroll each child in the whole program, not just parts of it, and a very few have reservations, mostly around implications of reproductive care.

Mental health issues are probably the most important part of the program (around 30 percent of acute issues), Hamilton said. For example: “We had one mental health worker who wrote a great story about this 15-year-old girl she was seeing, telling of all the things that didn’t happen: She didn’t drop out of school. She didn’t get pregnant. She didn’t land in jail. And without our intervention, chances are, all those things could have happened.”

The program has led to a change in referral patterns to Bassett. “We did an analysis of what we call downstream visit volume,” Kjolhede said, “and showed that, in fact, after a school-based health center is established, that we see increasing visits to not only Bassett pediatrics but psychiatry, orthopedic surgery, ear, nose and throat, and other services are utilized more. But I hasten to add that nobody makes a lot of money off of poor children; that’s not the goal.”

Funding is clearly an issue these days, but the program has so far been very successful in maintaining its cost-effective approach. Measuring the program’s success is also difficult, especially around adverse events that don’t occur. But the level of enthusiasm for the program, the percentage of enrolees, and the desire of more and more regional schools to sign up speak to its continuing importance and success.
1950s

Harvey Gurian, M.D., (Psychiatrist-in-Chief 1959-1989) Note: Recently, the editor had a chance to talk with Harvey Gurian, following his move with his wife, Helen, to Cambridge, Mass. The following is excerpted from that conversation. His well-remembered infectious enthusiasm was unchanged!

A native Canadian, Gurian received his M.D. from the University of Toronto with residency training in Saskatoon and then Brooklyn State Hospital. He went back to Saskatchewan for a year, but “saw an ad somewhere for a psychiatry position in Cooperstown. They had just written up Don Thomas’s leukemia work, and so it sounded exciting. To have a teaching hospital in a rural setting was very unusual then. I don’t think there were any psychiatrists for 50 miles around. Of course, we had psych patients who were on medical wards then.”

Right away Dr. Gurian was “unbelievably busy. We hired a psychologist, and I had to have Helen return to work because I could not find a social worker.”

Dr. Gurian recalled weekly meetings with Bassett Director James Bordley III, M.D.: “He was terrific in helping me adapt here because I had actually never been in a teaching hospital before. After about three months, I said, ‘I’m not sure how much I am supposed to be making in the department,’ and the answer was, ‘Don’t lose more than any other department.’ You know, when we came here, people actually got the same amount of money, more or less. Heads of departments, and I think others, all got the same. You did your own work; nobody monitored you. Nobody went after you. When you did a dollar a month, they were happy. Everybody knew everybody. I remember John Mitrohefer (John Mitrohefer, M.D., attending and research physician) went around with his white coat and the collar up, so you could always tell his residents because they had their white coats with the collar up.”

Dr. Gurian started up Bassett’s Psychiatry Residency after “Jim Bordley said, ‘Get a resident and he will spend a year here, and we will pay for him to be at the Psychiatric Institute at Columbia for two years.’” Dr. Bordley actually took me down to meet the head of the Commonwealth Fund in New York, who gave support for it. We had lots of support from New York and Columbia at that time. The first resident was from Rochester, Jim Barter (James Barter, M.D.), who was terrific. When he went down to Columbia, he was one of their best residents. After that, the road was paved for residents to go to New York. I found out that the residents soon didn’t want to go there, and the Columbia affiliation started getting very loose. When Larry Brown (M.D., attending in child psychiatry 1981-85) was here, we tried to build it up again, but the residents who came after also didn’t want to go there. We had (outstanding) residents like Charlie Mayo, M.D., and Scott Shannon, M.D.”

The psychiatry residency was a very successful endeavor for a number of years, but “it started dying because the amount of time you needed [to run the program]. Accreditation was never an issue. Joe Ferrebee (Joe Ferrebee, M.D., research physician) used to tell me how to write up my yearly grant. You know these people have money that they want to give away, so your job is to make it easy for them to give it away. People in their medical residency would spend three months on psychiatry or they would spend three months just doing liaison, which was wonderful.”

The residency started when I came and died when I left.”

In the 1970s and 80s, “There started to be a lot of pressure on money and bottom lines and productivity, and they brought in bonuses as incentives. We started getting into that marketplace, selling yourself, that I never really went for. I was surprised how quickly medicine succumbed to it all. Of course, psychiatry changed tremendously, too. Suddenly, psychiatry was supposed to be scientific, like medicine is supposed to be scientific. NIH started giving out lots of money, and you had to be scientific to get these grants.”

Dr. Gurian commented on his Type 1 Diabetes (for which he has recently received a 50-year award from the Joslin Clinic as a research participant): “When I came, there wasn’t one person who interviewed me who asked anything about my diabetes. It was never checked. I think they just assumed I would look after myself.” He also noted that the concept of Bassett becoming a medical school campus was discussed some 40 years ago. “David Blumenstock (David Blumenstock, D.A., Blumenstock, M.D., surgeon-in-chief 1963-85) and I would talk about it, but it never got to any sort of official discussion, more like just comments among us. David also would say, ‘You know, we should have a helicopter landing pad,’ and everybody, including me, thought he was crazy.”

Dr. Gurian concluded with a vignette about old times at Bassett: “There was this woman who was operated on by Monroe McVler, the surgeon-in-chief, and after operating on her, he had learned that there was no plumbing in the house, so that before she left the hospital, he had a toilet and indoor plumbing put in for her.” On a personal note: “Our family loved Cooperstown. It was and is a great place to raise kids. That gym was wonderful; it still is.” Finally, he noted the “amazing fact that Bassett has not forgotten retirees like us.”
IN MEMORIAM: BASSETT REMEMBERS

(Please forward to us information about former Bassett physicians who have passed on.)

ROLAND E. JOHNSON, M.D.

Dr. Roland E. Johnson, an internist and rheumatologist in private practice in northwest New Jersey, died Dec. 30, 2008, at age 59. A 1974 graduate of the College of Physicians and Surgeons of Columbia University, Dr. Johnson did his Medicine Residency at Bassett (1974-76). For many years he had been affiliated with Newton Memorial Hospital in Newton, N.J., and had served as president of the Sussex County Medical Society. His father was a member of the P&S Class of 1938.

His local obituary contained the following quote from a colleague: “He’s one of the nicest guys you’d ever want to meet,” said Dr. David Mattes, Newton Memorial Hospital’s chief of emergency medicine, who worked with Johnson for about 30 years. “He will be missed by the community and the hospital. He was the kind of guy who always said ‘good morning’ in the hallways and asked how you and your family were doing. He knew everybody and everybody knew him.”

Dr. Johnson is survived by his wife, Ginny, and three children, Jennifer Johnson, Ian Johnson and Keri Johnson.

THE BASSETT FAMILY ALBUM—ALUMNI NEWS

ALBUM
from page 5

1980s

Michael S. Panosian, M.D., (Surgery Resident 1986-87) reports that he served a six-month tour in Kuwait as a medical commander in support of OEF/OIF, from August 2005-February 2006, earning the Air Medal. He retired as a colonel from the U.S. Air Force in October 2007 after a 25-year career and then took a position at the Dayton Ohio VA Medical Center as chief of the Otolaryngology Unit, his current occupation. “I’m happily married with a 16-year-old son, Stephen, and a 15-year-old daughter, Stephanie.”

2000s

Dr. Prachaya “Oak” Nitichaikulvatana (Internal Medicine 2004-2007, chief resident 2007-2008) reports that he is doing well in the rheumatology fellowship at U. Mass. He and Dr. Caroline Koo (Transitional Year 2006-2007) were married on June 21, 2009. Congratulations!