

FROM THE EDITOR

Thank You, Patricia

Priya Radhakrishnan, MD

As you read this month's *Forum*, the election is finally (thankfully) over. Some folks are sighing in relief, and others are wringing their hands. We went through a vigorous and vicious campaign where the fundamentals of health care were debated, and often it seemed that the jury had decided by popular vote. "If it's not my problem, I don't care" seemed to be the dominant theme—it was pretty simplistic if you watched the ads. The fight was between Robin Hood and Ayn Rand. The basic economics of a balanced budget were abandoned in favor of "socialist" agendas. The struggles of women's liberation and emancipation were forgotten in favor of theology. The science of health was ignored for the populist theory of the prevailing loudest religious zealot. The louder and more hate filled, the more popular both sides became—binders full of women and bayonets, notwithstanding.

After this gut-wrenching season of hate comes the holiday season. Love thy neighbor will be the message—whether he/she is a Republican or Democrat, high income or on welfare, healthy or infirm.

Yet for us in health care, particularly those who work in safety net hospitals that seem to be overwhelmed by the barrage of uninsured, life will really not change much in the short term. Reimbursements have been reduced, and disproportionate share funding has become extremely hard to sustain. Hospitals and health systems that

were supported with Medicaid dollars by city and state governments have noted a dramatic reduction in reimbursements, leading to tough choices such as turning away patients with severe disease. For hospitals such as mine, the Affordable Care Act (ACA) cannot move fast enough. Being overrun by under- and uninsured can mean closing the doors of a hospital, reducing residency training positions, or cutting community service benefits. We now wait with bated collective breaths, close to a collective arrest and apoplexy rolled into one: What will happen...Fiscal cliff? Sequestration? ACA redo?...before we shut down?

I would like to share with you the story of Patricia. She was one of my first patients from almost a decade ago. At the time of our first visit, Patricia had an array of medical problems—many of which were compounded by low health literacy, poverty, lack of knowledge of how she could improve her own health. She was on social security, yet rather than accept handouts, she tried valiantly to work until poor health got into her way. During our first visit, she wagged a finger at me and told me that she was not going to take any of the 14 medications she was prescribed. The truth was that she was broke—it was a choice between medications and life. We negotiated, and she settled for three medications. For three years, she had terrible disease parameters. Almost a decade later, dur-

ing her regular six monthly visits to review her perfect numbers, she gave me a hug and told me she loved our clinic because she had learned about taking care of her own health. Patricia taught me that one is never too old to learn new tricks. Every year she got a bit better. This year, after enrolling in our summer volunteer chronic disease coaching program, where we linked patients to volunteers, she learned about the Internet for the first time. Not only does she have an e-mail address but she also surfs online to learn about health care. I don't know whether Patricia is a Democrat or a Republican or a political agnostic. I don't even know if she voted. (Knowing her, she probably did.) But I do know that the programs and innovations that we have developed have made a difference in her and our other patients' lives.

The transformation of the health system is well underway. It is too early to know whether we can make substantial difference—but with a few trillions dollars down—we have no choice but to try rapid-cycle innovation. We owe it to ourselves to hit retirement age with Medicare still solvent so that we don't have to make the decision that our seniors often have to make—life or bankruptcy. And owe our patients the opportunity to experience remarkable change, just like Patricia did, in a future health system that is built to succeed.

Thank you, Patricia. You are the reason I practice medicine. **SGIM**