



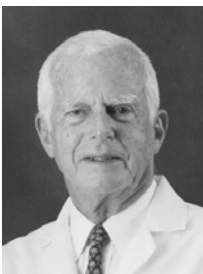
Elliot J. Roth, MD

## Roth Rounds

A major segment of medical rehabilitation had its origins in the discipline of vocational rehabilitation, and even today many of our medical rehabilitation activities are still directed toward ways to facilitate the return to work for people with disabling conditions. However, despite the many clinical and research successes about which we boast, and despite our many strong efforts at vocational rehabilitation, favorable return-to-work outcomes are still relatively limited in number. Recent estimates suggest that as many as 70% of people with disability who want to work and who are able to work are NOT working. This is an appallingly poor success rate! Employment is a challenging and multidimensional issue, involving consideration of not only medical conditions and functional abilities, but also psychological motivation and drive, societal and employer attitudinal barriers and prejudice, physical accessibility issues, insurance incentives and disincentives, practical concerns, the status of the overall economy, clinicians' professional expectations of our patients, and others factors.

There are few people who speak more eloquently or passionately about the topic of employment for people with disabling conditions than Dr. Henry Betts, so I have asked him to write some comments on the importance and value of employment among people with disabling conditions. Here are his perspectives...

*Recent estimates suggest that as many as 70% of people with disability who want to work and who are able to work are NOT working.*



Henry B. Betts, MD

## Employment

Maybe you remember the Chagall tapestry that hangs in the lobby of the Institute. It is not a medical-scientific effort and yet it is considered inspirational to many patients and staff; therefore, it helps in the course of rehabilitation and helps in the effort we like to make toward "quality of life" issues. It may inspire people to become artists, learn to appreciate art, or give them hope and inspiration.

The fact that it is about Job is significant and the story is relevant to the people with whom we deal.

Another capacity at the Institute – JOB – affects the quality of life of our patients. A job, i.e. employment, is perhaps the most effective way we can lead a patient into society and a high quality of life. It is where people are most likely to be helped to develop self-esteem, and to prove their worthiness to those who surround them. It can be pleasurable as an exercise and it can provide contacts with people who may add to their life. It may even

add to love and marriage and certainly can increase opportunities for social intercourse immensely.

This has been known for a long time. In reviewing the papers in the Library of Congress, I found out that particularly physician leaders in this field invariably referred to the value of employment.

In every speech he made, Dr. Howard Rusk, the founder of our field, mentioned the fact that by getting the patients employed, a welfare recipient was transformed into a contributor to the community and that the economy gained eight dollars for every dollar spent for rehabilitation because of the taxes paid once the "patient" was working and earning money.

There were mechanisms set up to bring this about, huge agencies in the federal and local governments, great charities, philanthropists, and people of good will all trying to bring about jobs for people with disabilities.

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## Employment, *continued from page 1*

Imagine then the figures from the Harris Poll indicating that all of it had been a failure. Thirty percent of people with disabilities employed represent a “failure” on the part of Physiatrists in relation to one of the most valuable assets we have, a system of contributing to the ability of our patients to be employed. How could that be?

For more than 40 years, I have seen people of good will forming committees, task forces and large divisions of government to work on employment of people with disabilities. I have served on the President’s Committee for Employment of the Handicapped and Chairman of the Governor’s Committee for Employment of the Handicapped and I would say that I have been involved in “failure” in both realms.

One reason that it has not been successful is that Physiatrists have not continued to take a lead in seeing that their patients become employed. Sometimes they don’t even know whether they have been employed; sometimes they don’t have any idea about how they can help them become employed.

The other and perhaps most significant reason that they are not employed is because all the efforts that have been made at a very low level in business. We work very hard with vocational counselors who are fine people and with human resource people who know about the available jobs in businesses.

Almost all efforts made have been removed from the people who do the hiring and pay the bills, the CEOs, board chairmen, and other high executives in organizations.

Most of these efforts have been made by well-meaning people working out various systems and essentially ‘talking to the choir.’ They are talking to people who don’t have real power to break through this antagonism toward the employment of disabled people. We also have emphasized that the effort is wholly to help “sick” people. We have not stressed how they can help a business — and even make stockholders happy.

At some point, I determined that all efforts had been stifled by some well-meaning establishment of bureaucracy and people locked out of decision making who

were spending a lot of time together but not at the level of potential activity to get much done.

As a result, I began to visit the CEOs that I knew in town, and I know a great many because they have been so generous to the Rehabilitation Institute of Chicago. Much to my surprise, I largely got languid stares and very little action. It seems possible to me that they feel that it is one thing to send money to the Rehabilitation Institute of Chicago where we do the work but it’s another thing to invite people with disabilities figuratively speaking “into their own house.”

In 1973, the federal government provided \$8 million to the Rehabilitation Institute of Chicago, with a mandate that there would be a large center “in the center of the country,” which would ally with the city to work on treatment, the establishment of a high quality of life for people with disabilities, and the training of people to go throughout the country spreading the word and doing research to make life better for people with disabilities.

Not having gotten very far I decided to use the most clout that I could think of and went directly to Mayor Richard Daley with whom we at the Institute have had very good luck relative to suggesting efforts on behalf of people with disabilities.

He responded immediately to what I suggested and said, “Yes, I will take charge of this. I will start an effort and will be the Chairman of it and we will get this done. Chicago can do it and it should be done for the country” — no kidding!

I do concur with him that Chicago probably makes the major effort of any city in the country relative to people with disabilities. I have no hesitancy in taking most of the credit for the Rehabilitation Institute of Chicago’s activity in respect to this. Much of it has been because of close relationships to both the former Mayor Daley and the present one.

It is also true that the population of Chicago has a very high ability to be constructive. No cities are as vigorous in this regard as is Chicago.

The Mayor offered to be Chairman of our project. I told him I thought that was completely wrong because part of the idea was to bring about a relationship between politicians and the “private sector” and that

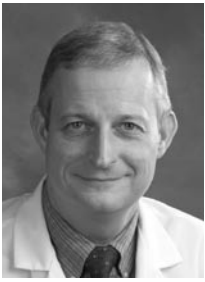
we would be involving the higher level of the “private sector” in trying to get them to speak to each other. Businessmen, as you may know, like to talk to each other and the rest of us who are not politicians are likely to be well thought of but also as sentimental “do-gooders” and not really in the “real” world. The politicians of course are in a realm of their own. Here in Chicago the mostly Democratic politicians work very well with the mostly Republican big businessmen. The Mayor agreed that there should be a “co-chairmanship” of his planned task force. Finally, this made its way to linkage with the Chamber of Commerce, which is comprised of all the big businessmen (and women) in town, so that gave added strength to it. We also had meetings and established a segment called DisabilityWorks and the former Chairman of Access Living was appointed head of that board and has been very effective. I got the Chairman of the main bank in town to be Co-Chairman of this vigorous effort.

As far as I am concerned, there still has not been enough energy directly toward CEOs. I would like to see CEOs meeting together on this subject frequently. There are many other meetings taking place and I am sure everybody in the meetings are giving thoughts to this and talking about employing people with disabilities — that doesn’t seem good enough to me and it should not be good enough for you.

These “patients” — people with disabilities — find their way into the community mostly by the conduit of rehab centers and Physiatrists.

I find that not every patient at the Rehabilitation Institute of Chicago is visited by a vocational counselor, which I feel to be unfortunate. A disabled person who enters a rehabilitation center very early should have a Physiatrist and a vocational counselor as well bringing up the subject of employment. Even if the patient is still totally paralyzed, some mention should be made of what kind of work they would like to do. If it is only a week after the injury, it is likely they will be surprised to hear any mention of it at all, not knowing what can be accomplished, but they will see the hope that work may be possible.

Even for small children, employment should be referred to as a possibility — for the able-bodied and disabled.



James Sliwa, DO

## But I Sent Him an E-mail...

Early in my RIC career Dr. Betts made it clear to me he thought “communication skills” were lacking in the medical profession and that we had a duty to teach residents how to talk with patients and team members. He was right and it wasn’t long before many others in health care realized the importance of communicating effectively. As a result, communication skills are now taught in medical schools and residencies with the goal of improving and enhancing communication between physicians, patients and team members. With technology has come a new form of communication, electronic mail. We no longer need to find and talk directly to a person, we can type a note to someone, press a button and it is done. This would seem to be of great benefit in facilitating communication. However based on my experience I fear e-mail may actually have a negative impact on communication in health care.

An e-mail I frequently receive is the one from the poor individual who recently lost political power in some small foreign country and who now needs to move 50 million dollars to the United States. Fortunately he has chosen to share his wealth with me and all I have to do is provide him with my bank account number. I had no idea there were so many politically desperate individuals with so much money waiting to be moved to the U.S. I believe this money would be very helpful in decreasing the national debt so I share these e-mails with our attorneys and the Illinois Attorney General.

A significant number of e-mails provide offers to help better me as a person. For example today I received, among many others, advertisements for conferences on the Yin and Yang of organizational success on how to get organized in my daily activities, how to add pizzazz to my power point presentations, how to stay one step ahead of legal hassles, how to code and bill to get the best reimbursement for orthopedic procedures and how to uncover my leanest, hardest, fittest body ever! Certainly my power points could use some pizzazz, I definitely am not as organized as I should be and who doesn’t want to know the Yin and Yang of success or want to uncover their leanest, hardest and fittest body ever. Unfortunately I spend so much time reading e-mails that I don’t have time to attend these conferences. These e-mails get deleted.

Frequently I will be on the “cc” line of an e-mail which to me means I am legally reading someone else’s mail. Typically these are e-mails about administrative matters and in some cases it is clear

that the author just wanted me to be aware of the issue. These fit into the “for your information” category. Many times however I am not familiar with the topic of the e-mail, which provokes a sense of panic. Why did they “cc” me on this e-mail? Should I know about this? Do I need to do something? An example is the recent e-mail I was cc’d on from the Joint Commission on Accreditation of Hospitals (JCAHO) regarding safety rules and regulations to follow while patients are in an MRI scanner.

There is no MRI scanner at RIC so on first pass I was confident this didn’t pertain to me. As I thought about it more however I began to wonder if I would be quizzed on this information during our upcoming site visit even if it doesn’t apply to RIC. I can’t possibly remember all the information I receive as a “cc” so these e-mails I usually scan, print out and put them in a folder. I never read them again but feel better doing this.

My absolute favorite e-mail is the conversation that has gone on for some time between two or more individuals and now gets sent to me for my input. These are usually important matters that I need to help resolve. However, I was taught to read from left to right and top to bottom and have done so for more than 50 years. I am unfortunately unable at my age to reverse this and read from bottom to top. I have tried - it doesn’t work. I think there should be a conversation summary similar to a discharge summary for those joining into an e-mail conversation at a late date. Without this I typically hit “respond to all” and type in – please page me.

I was recently reading through the e-mails I had received during the day and came across one that said, “Mr. Jones’ wife will be here today until 2 p.m. and feels it is critical she talk with you.” Unfortunately, I was reading it at 7 p.m. long after Mrs. Jones went home, thinking I didn’t care enough to speak with her. I was also recently at a meeting of physicians and residents to discuss clinical care issues when I noticed one of the key presenters wasn’t there. When I asked the organizer of the meeting if she had spoken with the physician who was to present and had they agreed to attend the meeting she replied, “I think so, I sent him an e-mail.” Our presenter, a responsible physician, didn’t make the meeting and I would guess missed our e-mail request to present because it was sandwiched between offers to uncover his leanest, hardest, fittest body ever and the one to add pizzazz to his power point presentations.

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## But I Sent Him an E-mail...

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Electronic mail is a wonderful tool that has made global communication easier and more efficient. There are some limitations on its use in health care. Not everyone can or does keep up with their messages at the same rate specifically physicians who are not in front of their personal computer all day; readers have to be cautious not to miss important information lost among advertisements; an e-mail may not convey the emotion, importance or concern the author intends as well as a personal communication and; the ability to immediately ask questions or clarify issues can be lost. It may just be me but I fear e-mail has the potential to take us one step further from talking directly to each other which I still believe is critical at times in health care. Let me know your thoughts — of course you can e-mail me at [jsliwa@ric.org](mailto:jsliwa@ric.org).

## Making an Impact in Arizona

**C**hristina Kwasnica, MD ('99) was recently named by *Arizona Woman* magazine as one of 20 women expected to make a big impact in Arizona by the year 2020. This recognition was also profiled in the Phoenix newspaper, the *Arizona Republic*. Tina was the only physician chosen, which is understandable as she is the only board-certified pediatric physiatrist in Arizona. Tina says she finally figured out how to merge her interests in pediatrics and TBI, and has been working to establish a state-of-the-art pediatric concussion clinic for her community.

Tina and her family have been in Phoenix for 8 years now, and though she misses the Lake and restaurants, she says not for one day has she missed Chicago's weather! Her son Brandon is 9, and has become a well-known competitive soccer player in Phoenix (and another source of mom's worries about concussions). Her daughter Alexandra is 5, is in kindergarten, but all she really wants to do is gymnastics. Husband Kevin is in solo practice. Tina is now the Medical Director for Neurorehabilitation at Barrow Neurological Institute, and loves every minute of it.

## Birth Announcement

**Greg ('99) and Jackie ('98) Arends** announced the birth of their daughter, Elise Song, on January 3, 2008. Elise weighed in at 6 pounds, 5 ounces, and is gorgeous. Greg, Jackie and Elise make their home in Niwot, Colorado. Greg's practice is in Boulder.

## In Memorium

**Dr. James McLean**, former RIC Sports Medicine Fellow, passed away in January 2008 as a result of a snowboarding accident in Colorado. Jim was a much-loved and very respected physiatrist who made an impact on everyone who knew him. The last issue of the Newsletter had already gone to print when news of Jim's death was announced, thus this late notification. If you did not know Jim, but would like to know more about this special man and member of our alumni family, please go online to <http://jimcleanmd.blogspot.com/> and read some of the tributes. You will come away feeling as though you knew him, and will wish you had. I met him when he was at RIC but didn't get to know him; after reading the tributes, I wish I had.

## Upcoming Events *Save the Dates*

### RIC/NU Alumni Reception

The next RIC/NU Alumni Reception will be on Friday, November 21, 2008, 7-10 p.m., at the San Diego Marriott, 333 W. Harbor Drive, during the AAPM&R Annual Assembly.

### RIC's Conference on Pain *July 18-19, 2008*

Join us in Chicago for RIC's Conference on Pain, "Examining Critical Issues in Opioid Management," to be held in Thorne Hall on Northwestern University's downtown campus. The conference, designed for physicians, nurses, allied health and other professionals who have an interest in enhancing their knowledge and impacting the care of patients with chronic pain, will be covering the latest and most important topics in pain care. Steven Stanos, DO ('99) is chairman of the event, with co-chairs Judith Paice, PhD, RN, and James Zacny, PhD. Register for the conference at [www.ricacademy.com](http://www.ricacademy.com). Call 800.408.4242, ext 150, with any questions.