My recent extensive amounts of travel to visit many colleague rehabilitation institutions and professionals have made it clear that we are all experiencing similar or identical issues in our practices and programs, often with comparable responses in our methods to address those issues. Sometimes these are laments and sometimes these are cries for help and usually these are expressions of frustration or sadness. The themes or our discussions are usually related to finding ways to do provide support to more patients with fewer resources, how to improve our efficiencies and effectiveness, and how to deal with a resource-constrained environment.

Additional recent time spent with our folk hero Dr. Yeongchi Wu was timely for me. He reminded me of his repeated adage of the need to do things in a different way, “better, cheaper, faster” (and he has now added “greener” to the tag line). He was right about this all along. Those of us who had the good fortune to work with Dr. Wu know of the many simple but clever ways that he addressed seemingly difficult and complicated problems of our patients, individually during patient care and more broadly through device and technique design and development.

For those of you who are interested, he has retired from RIC and clinical practice. However, he is clearly NOT retired! He continues in his role as an active member of our academic PM&R Department faculty, specifically in the NU Prosthetic Orthotic Center, conducting great amounts of focused research and development, now supported by Federal research grants and our Department, in which he is creating new simple and inexpensive methods (well, really novel applications of old techniques) to fit and fabricate orthotics and prosthetics. Of note, he has disseminated and trained these methods to people in low income developing countries, and plans to do more. He previously worked for the Center for International Rehabilitation, doing similar work. He also has been creating and teaching sculpting, painting, etching, and other art forms.

During my recent time with him at a conference, he spent hours discussing new ideas and novel applications of old ideas to address common clinical problems. At that same conference, he completely blew away the audience with an impressive but brief 5-minute presentation describing 15 years of creative work, the most striking and stirring among 10 similar quick talks by researchers around the country. Not surprising.

For those of you who did not have the good fortune to be able to work directly with him or to learn from him during Residency training, you should know that his ingenuity, creativity, and sincere desire to contribute to the quality of life of others are the main ingredients he uses to solve problems and to develop novel approaches to address disabling conditions.

As so many of us have come to expect from Dr. Wu over the years, there are many important lessons to be learned by all of us, in our efforts to work smarter, act more creatively, develop more novel approaches to our daily practices, and attempt to create ways to support our patients more effectively. Better, cheaper, faster, smarter.

Best,
Elliot J. Roth, MD (’85)
The Paul B. Magnuson Professor and Chairman PM&R, NUFSM ejr@northwestern.edu
In 2012, Marc was contacted by the Medicare System, who requested that he take a job with a Medicare contractor to develop a CMS initiative to have physicians represent the Medicare Program in the appeals process at the Administrative Law Judge (ALJ) hearings. He was asked to be one of four medical directors to initiate this program with the DME hearings. He was to represent seven Midwestern states in what is known as Jurisdiction B.

He decided to take on this new role after about 20 years of doing clinical medicine with a fine group of physicians in the Indianapolis area (Rehabilitation Associates of Indiana) and the only group he had worked with since completing his RIC residency.

Marc believed that this new position would allow him significant personal and professional grown as we all entered the world of the Affordable Care Act. The changes to the Medicare Program have been significant. He was able to change from treating one patient at a time to making decisions that would have an impact on millions of patients. It was surreal to not see patients every day, but he has enjoyed the work of developing a new process in our Medicare Program.

This position has allowed him to learn the policies and regulations of the Medicare System and to give input into the development of new coverage determination policies for our Medicare beneficiaries. On a typical day, he might have been asked about the development of ICD-10 coverage coding for Botox, answer questions regarding the coding for myoelectric terminal devices, and whether there is Medicare coverage for the use of a pneumatic compression pump for arterial (not venous) insufficiency in the legs.

Marc feels it has been particularly rewarding to learn the judicial process for presenting written or oral arguments at the ALJ hearings and helping the CMS program to refine their processes for handling the appeal work. The CMS Medicare contractors are now expanding their program to ALJ hearings for Medical A and B appeals.

Two Northern California docs are recruiting a third to a recreational wonderland. Professional activities include inpatient, office practice, EMG, interventional pain management and everything in between. Contact Phil Filbrandt (’88) at 530-342-2777 or Brett Crane (Enloe Hospital recruiter) at 530-332-3959.
It was Friday, November 22, 2013, during the third quarter of the Chicago Bulls-Portland Trailblazers basketball game when Derrick Rose began limping on the court and grabbed his right knee. For those of you not familiar, Derrick Rose is the Chicago Bulls’ superstar point guard and the image of him grabbing his knee brought back painful memories of the 2012 playoffs. It was in 2012 when the Bulls were top-seeded and hopeful of winning the National Basketball Association's Championship only to have Derrick Rose grab his left knee after tearing his ACL. Not surprising that without Rose, the Bulls were eliminated in the first round of the playoffs and to say Bulls fans were disappointed is an understatement. Rose had reconstructive surgery and sat out an entire season as he “rehabbed” his knee.

Please remember this is Chicago. Chicago — where who gets elected Mayor may depend on what baseball team they support. Chicago — home of the White Sox and Cubs whose total number of baseball wins last year barely surpassed the average temperature of a typical August day. Chicago — home of Da Bears who consistently hibernate when they see Green Bay Packer uniforms. Chicago — where sports fans are so fanatical that they would willingly accept twelve months of winter cold and snow to watch their beloved Stanley Cup winning Blackhaws year round. Derrick Rose’s return to the Bulls line-up this season ignited hopes of a return to the glorious Michael Jordan years. So it shouldn’t be surprising that when Derrick Rose went down again, grabbing his non-repaired right knee, all of Chicago gasped. This was big news and not just sports news but lead story news. The anchor that night started the news cast with “Derrick Rose injured his right knee in today's game against the Trailblazers and had to be helped off the court. He left the stadium on crutches and is scheduled for an MRI tomorrow to determine the nature of his injury.”

Technology is critical in today’s health care but it comes with a price. In my view the price we have paid is a deterioration in the importance of the history and physical examination. There seems to be less talking with patients, fewer probing questions, less hearing the patient’s story and less focusing in on what the issue really is and how it impacts the person. Putting hands on a patient is more routinized. There are specific maneuvers for each body part of the musculoskeletal examination. Inspection and palpation seem to have been lost over the last decade and it becomes challenging for some to examine a patient with an atypical presentation. Recently my daughter complained of recurrent knee pain. Her symptoms would come and go, last a few days, but when present be painful enough for her to complain to me. Since she now lives out of state, I didn't know who to refer her to but did tell her to see someone. Curious to the cause of her pain I asked what the doctor found and she said, “I wasn't having pain when I saw him, he didn't find anything and the MRI was normal.” When I asked what she was going to do if the pain returned she said, “I don't know.” So the equation here is, no present symptoms plus normal exam equals MRI and no follow-up plan. Patients likewise have less appreciation of the physician encounter. With increasing frequency I am asked by patients, “shouldn't I have an MRI” or “are you sure I don’t need an MRI” and I wonder if they would actually be here if they could order their own study.

Derrick Rose needed to have an MRI of his knee. I am sure he was examined by competent physicians who were confirming a diagnosis and, if needed, planning his surgery. The issue isn't technology, but over-reliance on technology as a substitute for an effective history and physical examination. All who watched the news that night and heard, “Derrick Rose injured his right knee in today's game... he is scheduled for an MRI tomorrow to determine the nature of his injury” realized the Bulls had once again taken a step back. I couldn't help but think that because of the way it was reported so did the medical profession.
Save the Date

The annual RIC/NU Alumni Reception will be held this year at the San Diego Marriott Marquis and Marina, on Saturday evening, November 15, 2014, during the AAP&R Annual Meeting. Room assignments for the receptions will be provided later, and we will have that information in the next issue of this Newsletter.

Future Dates and Locations for the Annual RIC/NU Alumni Receptions

Though the actual day for the alumni receptions during the future meetings of the AAPM&R Annual Assembly have not been decided, the dates and locations of future meetings are:

2014: November 13-16, San Diego CA
2015: October 1-4, Boston MA
2016: October 20-23, New Orleans LA
2017: October 12-15, Denver CO
2018: October 25-28 in Orlando FL