

Meet the AMCNO President: Fred M. Jorgensen, MD



Tell us about yourself and your practice

I am a family medicine physician, and have spent my entire career at the Family Medicine Residency Program at Fairview Hospital. In addition to the usual faculty duties of inpatient care, outpatient care, supervision and teaching of residents, and administration of the residency program, I serve as medical director of Fairview Hospital Center for Family Medicine and for the past few years Chairman of the Department of Family Medicine at Fairview Hospital. I've been involved in the "business side" of medicine through most of my career, teaching practice management to our residents and serving on many PHO boards and health plan advisory committees during the last round of healthcare reform in the 1990s. Having practiced at the same site for 30 years, I've had the privilege and joy of taking care of a stable panel of patients and families for many years. I now care for women who I delivered and cared for as children, having their own babies. I take care of their aging parents and grandparents. This type of continuity is rare in academic medicine, and I've been very lucky to experience it. It's one of the reasons I'm passionate about the central role of the doctor-patient relationship in primary care.

What got you interested in medicine?

That's hard to say. No one in my family had anything to do with medicine. Family lore has it that when I was little, my brother had an emergency room visit after spraining his neck body surfing. I was worried about him, and in the emergency room something about the doctor's persona made me think I could do better. In high school, I took an anatomy and physiology class which somehow came natural to me. I had done some volunteer work in nursing homes and enjoyed interacting with and helping sick people out, and that was that. The strange thing is, having no medical background through my family, when I entered medical school I had no idea there were "specialties." Some of my classmates were talking about things like "neuroradiology" etc., and I had no idea! The only doctors I had experienced were family doctors and pediatricians, and I thought that's what doctors were. Primary care. I stuck with it.

What accomplishments are you most proud of?

Personally, having a long and happy marriage, providing a stable home and solid upbringing to my children, and supporting my aging parents have been what's most important to me.

Professionally, developing trusting relationships with and caring for my panel of patients for so many years is certainly something I'm proud of. In terms of impact, I've been part of the leadership of Fairview Hospital's Family Medicine Residency Program for 30 years, almost from the beginning. The program was started by Dr. Germaine Hahnel and Dr. Victor Straubs in 1977. We have graduated 209 family physicians; 130 of them still practice in Ohio, 101 of them in Northeast Ohio. Given that the average patient "panel size" for family doctor is 2,500 patients, that means more than a quarter of a million people in Northeast Ohio are currently cared for by graduates of our program! Now I see our graduates serving in leadership roles in our local health systems and around the state of Ohio. A week doesn't go by where I don't hear, read, or see something nice about one of our graduates that makes me extremely proud to be part of it.

What about your family?

I am married to Sandy, a geriatric nurse practitioner, for 27 years. We have interesting discussions over the dinner table! She's also been involved in organized nursing and advocacy quite a bit over the years. She is a past president of both the Northeast Ohio Nurse Practitioners Group and the Ohio Chapter of the Gerontological Advance Practice Nurses Association. We've raised two boys, Sean and Andrew, who are both gainfully employed, happily married and raising families of their own. Sean is a business consultant based in Columbus, Andrew is an electrical engineer. We are very proud of the men they have become, and glad they're both still in Ohio so we can keep an eye on them. I am lucky to have had stable parents myself, both World War II vets and married 71 years. My dad passed away in October; my mom is doing fine at age 94 and remains a big part of our family. I have an older brother living in Cincinnati, who I see as often as possible and enjoy immensely.

What are your hobbies and interests?

In my younger and more adventurous days, I was a big traveler; between jobs I would take long trips backpacking and hitchhiking around the U.S., Europe and North Africa. I did a lot of skiing and scuba diving. As my career and family commitments took precedence, things settled down. Both my wife and I are avid golfers who compete vigorously on the course. We also spend a lot of time buying and rehabbing houses and running a small rental business. I grew up in New York and always loved the ocean, so we spend a lot of time on the beach and golfing in South Carolina as well as in the Adirondack Mountains in New York. We eventually plan on traveling more in retirement.

What are your goals and priorities for the AMCNO this year?

A big priority is continuing the important work of advocacy and monitoring/influencing healthcare-related legislation; this work is truly central to the organization. The Academy is lucky to have Elayne Biddlestone as our long-standing executive director. She really is the heart and soul of the organization. Also critical to our organization is Dr. John Bastulli, who has ongoing passion for and deep knowledge of healthcare legislation in our state. In addition to this work, I think it's important that our organization pay close attention to the changing needs of physicians. For the growing number of employed physicians, the stressful workplace environment and loss of autonomy have led to growing concern about physician well-being and burnout. Independent physicians are facing existential challenges in dealing with the complex healthcare environment (such as demands for population management, evolving payment reform and physician rating schemes, etc.). I would like to see our organization focusing on these issues and participating in solutions for the good of our members, their patients, and the healthcare system we all must work in. We also need to advocate for our patients, bringing our strong voice to the table in favor of affordable healthcare coverage, affordable drug prices, access to basic primary care and behavioral health, and resources for opioid addicted patients.

What are your concerns about the future of healthcare?

The healthcare system is in a very precarious state at the moment. We had a wonderful discussion of this at our recent Medical Legal Summit, where Dr. Gail Wilensky talked about the direction of Medicare and the future of the Affordable Care Act. Most developed countries have relied on government to provide basic health care for its citizens. We have all heard the stories about the single-payer systems; some are true and many are propaganda. We have a hybrid "system" of government payers and increasingly large and quite profitable healthcare corporations, as well as a very profitable pharmaceutical industry. This system has many benefits, and also some drawbacks. The major drawback is lack of affordability: we certainly can provide technically great care, and regularly work miracles for patients with complex conditions. We do not do so well with basic primary care, preventive care, and public health. The care we provide is very expensive, and this expense has quietly contributed to the astounding lack of wage growth for most workers over the past 30 years and the ensuing struggles of the U.S. middle class. My concern is that our country is facing a deep division between the "haves" and "have-nots," and healthcare is one of the most visible arenas where this is playing out. As physicians, I hope we can advocate for our patients and help develop a sustainable healthcare system that can provide basic coverage for all, at a cost our country can bear.

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How would you ask physicians to support the Academy?

Physicians are under a tremendous amount of pressure, working long hours, so I can certainly understand any hesitance to get involved in organized medicine. It is time-consuming to accrue the knowledge necessary to understand the issues, to attend the meetings, write the letters, and take the leadership positions. Younger physicians, early in their careers and raising young families, can't be expected to do the bulk of this work. However, we do need them to at least stay informed and pay attention to the issues, advocate for their patients, and consistently remind their employers of the truly important things in medicine (e.g. the doctor-patient relationship). We need them to help us stay in touch with changing technology and evolving delivery systems such as Direct Primary Care, telemedicine, etc. For midcareer and older physicians, we need them to use their knowledge, experience and power to help us advocate on issues important to their fellow physicians and our patients. We need adequate time to do our work and develop/maintain relationships with patients, adequate reimbursement, laws that make sense and

support rather than impede the practice of medicine, affordable coverage and health care for our communities, common sense payment and tort reform, etc. The Academy has been active on all of these fronts, and we need to continue to evolve with the times.

Anything else?

We are living through "interesting times" in health care, certainly the most overall upheaval I have seen in my 30-year career. By virtue of our training, experience, ethics, and bonds with our patients, we physicians are best suited to inform those restructuring our healthcare system. We need to take a significant role, one way or another, in advocating for a U.S. healthcare system that works for us and our patients. The alternative is to leave this important work to big for-profit healthcare corporations, lobbyists, politicians, accountants, etc. These people may be well-intentioned, but they cannot fully understand the "art of medicine" and the complexity of what we do with our patients behind the exam room door and in the operating room. We know what our patients need, and what it takes to provide it. We need to maintain a seat at the table. ■