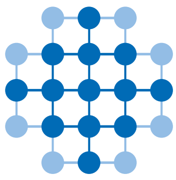

UB|MD
PHYSICIANS' GROUP

PRACTICE NEWS

Vol. 1, No. 2 THE NEWSLETTER FOR PHYSICIANS IN PRACTICE PLANS AT UB'S SCHOOL OF MEDICINE August 2006

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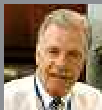

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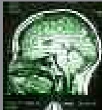

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Have you visited UBMD.com lately?

Board hears plan for single UBMD practice

At the June 30 meeting of the UB Associates (UBA) board of directors, Paul Muenzner, new COO/CFO of UBA, presented a plan to merge the 18 UBA-affiliated medical practices into a single multispecialty practice plan. The new plan will operate under the corporate name UBMD.

He also announced that internal medicine and pediatrics, representing half the total number of UBMD patient encounters, have initiated a combination of their billing operations. Pediatrics moved their billing staff to 4511 Harlem Road on July 31.

David L. Dunn, M.D., Ph.D., vice president for health sciences, told the board that the availability of funding to support the academic enterprise is driving the merger planning process. He said that a practice plan's financial condition is a marker for the medical school's ability to recruit and retain faculty and to conduct cutting-edge translational research and clinical trials.

Beyond financial issues, he said the faculty can't train health care practitioners without a satisfactory patient population: "This needs to be a very robust practice that thrives and enhances the central goal of supporting the academic mission."

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Culture club

A unique UB health program does more than just treat refugees—it trains future doctors to be more culturally aware of their patients.

PHOTO: NANCY J. PARISI

On any given day, Kim Griswold, M.D., M.P.H. (at left) may meet refugee-status natives of Rwanda, Iraq, Bosnia, Cuba, Ethiopia, the Sudan, Vietnam and other war-torn or developing countries. An associate professor of family medicine and a public health researcher at UB's School of Medicine and Biomedical Sciences, Griswold is also the director and co-founder of the Refugee Health and Cultural Awareness Training Program, with Myron Glick, M.D., a UB medical school alumnus.

Their program delivers vital health services to

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"SINGLE UBMD PRACTICE" CONT. FROM PAGE 1

Muenzner acknowledged that implementing the merger would require change to traditions in the separate plans. "We all must recognize," he said, "that the path is not going to be easy."

According to Muenzner, merging the practices has a threefold purpose. First, centralizing systems, such as billing and credentialing, will cost the single group less than the 18 groups are spending now for their individual systems. Second, contracting as a single group will make the 450 UBMD physicians, in Muenzner's words, "much more effective." Finally, the single plan should benefit from a streamlined internal referral process.

As part of UBA's ongoing series of information-gathering sessions, Lilly Marks, executive director of University Physicians (UPI), the practice plan of the University of Colorado, gave a presentation to the clinical practice plan committee on June 15. Marks described how UPI's group of 1,000 physicians and researchers moved into a new, $822 million facility with centralized operations. Muenzner cited UPI as an example of a multispecialty group generating significant funds for its academic institution—in their case $132 million over the past 10 years.

In discussing the benefits of a single plan—economies, efficiencies, and expertise; contracting leverage; integrated information systems; enhanced uniform clinical practice; and orderly governance—Muenzner singled out information systems as one that doesn't get as much attention as economies of scale or contracting. He is asked frequently both by full-time and volunteer faculty whether the school will be collecting clinical data into a repository for research, and whether this plan will satisfy that need. He also said the merged group will enjoy "more orderly governance" than is possible for the 18 separate corporations.

The architectural concept of the principal UBMD ambulatory center gives a sense of scale for the proposed project. Eventual exterior design details will harmonize with the location.

Legal, billing, buildings

There will be three major stages to accomplish the merger: creating the legal framework for the new entity, creating a single administration and billing system for the single plan, and building an ambulatory site to house a significant proportion of the merged plan's providers.

The legal work is in preliminary stages with a group of finalists from which Dunn will select a firm to provide corporate legal representation.

The first step toward the single practice will be the creation of a new holding company as a 501(c) (3) not-for-profit practice plan to be named UBMD. The 18 existing practice plans could be corporate subsidiaries of UBMD until their corporate structures are collapsed and merged into separate departments or divisions within UBMD. "This needs to be determined in an open, collaborative fashion involving medical school leadership and faculty," Dunn said.

Muenzner said that a preliminary survey of existing practice plan information systems and system expertise shows that among the separate practice plans, there are effective systems already in use and people available who can train others in those systems. He cited in particular the GE/IDX billing system that internal medicine uses and the Allscripts EMR system.

UBMD billing will see early merger activity when internal medicine and pediatrics move their billing operations to a 5,800-square-foot site on Harlem Road in Snyder, where they will share a GE/IDX system. Eventually, billing for all departments will be handled on a team basis.

In a merged UBMD, departments will pay a fixed percentage of collected revenue for billing and administration services. Muenzner cited figures from UPI in Colorado as examples of that practice's fee and contribution formulas.

Three possible sites

The physical culmination of the merger will be building a principal UBMD ambulatory practice site. The proposed 100,000-square-foot practice facility, 25,000-square-foot ambulatory surgical building, 25,000-square-foot administration building and 800-space parking lot could be located on the UB North Campus in Amherst, the South Campus adjacent to the medical school, or downtown at the Buffalo Niagara Medical Campus.

"Ambulatory surgery, endoscopy, and imaging should be part of the merged UBMD," said Frederick C. Morin III, interim dean of the medical school. "It's a huge opportunity to train physicians."

Dunn said that each site sends a different message: the North Campus says that UBMD wants a suburban patient base; the South Campus says, "we're biomedical researchers"; and the Buffalo Niagara Medical Campus would associate UBMD with a more urban area.

"They all have plusses and minuses," Dunn said, "but my personal bias is for the South Campus or the Buffalo Niagara Medical Campus."

Muenzner said he was aware that completing the merger plan would take time and would have to proceed in baby steps. He stressed that success would depend on maintaining a trust relationship between the school and the faculty practice plans and that the trust must be supported by financial and administrative transparency. +

—Judson Mead

New chief operating officer for UBA

Paul H. Muenzner has been named chief operating officer and chief financial officer of UB Associates (UBA), the management services organization that supplies centralized management and other services to the 18 UB clinical practices.

PHOTO: NANCY J. PARISI

Paul Muenzner, UBA's new COO and CFO.

UBA is responsible for the recent creation of the UBMD brand identity for the UB practice plans.

Muenzner has been the chief financial officer for Academic Medicine Services, the largest UB practice plan, for the past 13 years. Before coming to medicine, he was president and CEO of M&T Financial Corporation, a subsidiary of M&T Bank, and president and CEO of PHM Power, a manufacturing company.

At Academic Medicine Services, Muenzner recently oversaw the implementation of medical practice systems, and set procedures for the department's main practice sites in the Dent Building on Sheridan Drive in Amherst and in the Mosher Building in downtown Buffalo to include the establishment of patient flows from check-in to doctor visit to check-out. Both medical practices have grown in the past three years, through word of mouth generated by the efficient services. The patient population using the Dent site adds 80 new patients per month.

When he joined Academic Medicine Services, coming from banking and manufacturing, Muenzner says he was a little unsettled by the special nature of medicine. He quickly realized what he did and didn't need to know: "I don't need to know anything about a colonoscopy. I do need to know whether we got paid for providing the service."

Muenzner identifies two goals for UBA. The first is to move the hospital support negotiations with ECMC and Kaleida forward; the second, and more important in his view, is to create a single practice plan.

"My focus is to establish the newly branded name of UBMD as the single practice plan," he says. "The challenge is to bring the current and separate 18 faculty practice plan corporations and its 450 faculty members into one entity to work as a single unit. To do this we must first recognize that this new label—UBMD—is our practice's identity to the public; establish a 'brick and mortar' practice site or sites within the community; and share state-of-the-art accounting, patient billing, insurance credentialing, and EMR systems. UBMD will be the single collegial practice plan, serving the university's teaching, research and patient care responsibilities." ✚

Dear Colleagues,

Over the past year, I have had the pleasure of getting to know many of the outstanding physicians who now have come together under the banner of UBMD, and I hope to have the opportunity to work with many more of you. Being a relative newcomer to UB and Western New York, I thought perhaps some of you would be interested in a few of my observations.

First and foremost, I would like to take this opportunity to thank all of you for the warm welcome you have given me and my family. After nearly three decades in Minneapolis, this move was one from very familiar, comfortable surroundings to new, uncharted waters. Hence my first observation: what a wonderful community we have here, full of team builders, physicians and health care givers. Genuinely nice folks who want to make a difference in teaching, research and clinical care.

But this leads me to my second observation: our clinical care sites are highly distributed geographically and hence temporally in relation to travel, and all of us are aware that throughout the region, tertiary care services are often duplicated at many different sites. Upon reflection, it seems that many of you have recognized the potential for us to seek common cause: the UBMD logo represents a tangible way to do so by finding better ways to communicate (IT, EMR, telemedicine) or to schedule time to meet and collaborate.

Why? My third thought—shared by many of you—is that we need to do so to provide the best patient care in an interdisciplinary, collaborative fashion for large numbers of patients, who often have complex medical problems. It is well known that this type of setting—a single site, a center of excellence—provides fertile ground for the superb training of health science students, residents and fellows, giving them the opportunity for participation in innovative clinical trials, and to use cutting-edge technology.

Lastly, all of us need to work together to articulate clearly the vision of what we could become, why we should do so, and how we will make it happen. With that in mind, I look forward to my next year here as one in which we will set high expectations and go far toward achieving them. ✚

Best regards,

David L. Dunn, M.D., Ph.D.
President and CEO, UB Associates
(716) 829-2100
vphs@buffalo.edu

Orthopaedics

Doctors with brand-new pods

For reasons that radiate from his department's educational mission, Lawrence Bone, M.D., wants his residents to see your primary care orthopaedic cases. "We're happy to see your patients. We want to see your patients. If access is ever a problem, you can e-mail me or call me. **We're available."**

To that end, the Department of Orthopaedics has opened a new clinical facility at 4949 Harlem Road (at Sheridan Drive). The University Orthopaedic Center is the largest orthopaedic practice site not located in a hospital. Bone and his colleagues see it as an education center for training orthopaedists, radiologists and others who are not orthopaedists, and for teaching medical students.

University Orthopaedic Services (UOS)—which staffs ECMC, Buffalo General Hospital, and Women and Children's Hospital of Buffalo and includes University Sports Medicine and the Western New York Cartilage Restoration Center—is the largest orthopaedic practice in the region. It covers all orthopaedic subspecialties. UOS comprises 22 physicians and 12 physician assistants and, from reception desks to back office operations, employs more than 100 persons.

PHOTO: NANCY J. PARISI

Brian McGrath, M.D., a prime mover in the development of the new University Orthopaedic Center, shows off the center's new MRI system; the center also has two digital X-ray imaging systems.

Excellent state

"We're a growing, full-service orthopaedic department caring for all orthopaedic conditions," says Bone, who is chair of the department and president of UOS. "The state of our practice is excellent."

Bone anticipates continued growth for the practice as UBMD gets more exposure. "UBMD emphasizes our clinical strengths that come from being educators—the advantage to the practice of staying on the cutting edge of medicine. As educators, we're pushing the envelope every day."

Ultimately, he says, reputation is at the bottom of the department's success. "If you are good physicians, and you take good care of your patients, you'll get patients."

Brian McGrath, M.D., a principal actor in the creation of the new center at Sheridan and Harlem, wanted to add patient comfort and convenience to that time-tested formula.

"It's difficult enough to come to a physician's office in a hospital week after week," he says, "and it can be especially difficult for orthopaedic patients to negotiate the hospital environment, all the way from parking to the physician's office, often with long distances between the clinical exam room and X-ray.

"We designed our site to be as easy to use as possible because when patients come to see us, they are either partially disabled by pain or completely disabled by injury."

Ten members of UOS are now seeing patients there.

Our own group

The new center occupies 20,000 square feet of space that was completely remodeled for orthopaedic use. The ground floor is devoted to clinical work—a waiting area, nurses' stations, examination rooms, a casting room, physician dictation rooms, an imaging suite—and has a multimedia classroom; there are administrative offices and four physicians' offices on the second

floor; and a physical therapy suite on the fourth floor.

The clinical area is arranged in three pods, or practice areas: pediatric orthopaedics, sports medicine, and adult reconstructive orthopaedics. The imaging suite contains two digital X-ray units and a 1.5 Tesla MRI. The MRI is welcome, according to Robert Smolinski, M.D., director of University Sports Medicine. "There are so many MRIs in the area that it's hard to establish relationships with all the physicians reading studies, so we'll benefit from having our own group here."

McGrath adds that because orthopaedic care is almost always semi-urgent, it was important for the group to put services like imaging and physical therapy together in a comfortable, manageable environment. Other than short distances on one level, the only traveling that patients have to do at the center is an elevator ride to the physical therapy suite.

The new center is also fully wired so that all aspects of patient visits are computer assisted—from examination room assignment to X-ray display to prescription printing. All exam rooms and physician dictation rooms are equipped with large display screens. The physicians can access their patients' records from anywhere: hospital, home, or another office. The heart of the system is a big server running the Dell Picture Archiving and Communications System (PACS).

Sports medicine

University Sports Medicine (USM) is the division of University Orthopaedic Services that specializes in treatment of orthopaedic and sports-related injuries. Although the name says "sports," the subspecialty treats patients who have never been closer to a playing field than the grandstands, as well as athletes. In fact, USM director Robert Smolinski says that "well

PHOTO: NANCY J. PARISI

Robert Smolinski, M.D., director of University Sports Medicine, sees patients at the new center and at sports medicine's home base in Farber Hall on the UB South Campus. He has PT facilities in both locations.

over half" the division's patients come with injuries that are not sports related. A ligament tear is a ligament tear.

As for athletes, Smolinski says USM covers the entire gamut of their needs. USM has three orthopaedic surgeons, four primary care physicians and a physiatrist, three physical therapists, and a dozen athletic trainers. Physicians see patients in USM's headquarters location in Farber Hall in the medical school (with dedicated patient parking in Michael Lot), in the University Orthopaedic Center at Sheridan and Harlem, and in satellite offices in the Southtowns and Niagara Falls.

"The primary care physicians cover all aspects of common problems, from ankle sprains to more complicated ligament problems; they also treat concussions and other specific medical problems such as playing sports with one kidney, eating disorders, and asthma-related conditions," Smolinski says.

USM operates an acute injury clinic every afternoon, Monday through Friday, at its offices in 160 Farber Hall at the medical school where they can see patients as soon as they call. Smolinski says that even though it is ideal to have enough notice to match a patient with the appropriate provider, the acute injury clinic "is a real plus" because it is a way for patients to avoid going to the emergency room or waiting to see the family physician. "If we can see patients right away, we can get to the second step quickly."

On-site physical therapy gives the sports medicine orthopaedists an opportunity to stay close to certain cases. Smolinski says the group refers to physical therapists throughout the community, but there are situations when it is beneficial to have physician, therapist, and patient in the same room.

Smolinski has one word for the new orthopaedic center at Sheridan and Harlem: "Beautiful." He says it's the nicest facility he has worked in as a resident, fellow, and practitioner.

A third component of University Orthopaedic Services specializes in knee disorders involving the injury and aging of articular cartilage. The Western New York Cartilage Restoration Center, which is co-located with University Sports Medicine at 160 Farber Hall in the medical school, offers a full range of treatment options for knee cartilage injury, including arthroscopic and joint replacement surgery.

Take a look at the University Orthopaedic Center when you're using the I-290. It rises over the treescape at the Harlem Road exit, across the highway from the Dent Tower in what is becoming a Northtowns medical neighborhood. If Brian McGrath had his way, it would be even easier to see than it is (but the UBMD sign of his dreams would be larger than the Town of Amherst permits). Happily, there is no size limit on reputation. +

Ambulatory locations

University Orthopaedic Center
4949 Harlem Road, Amherst
204-3200

University Sports Medicine
160 Farber Hall, South Campus
University at Buffalo
829-2070

Northtowns
4949 Harlem Road, Amherst
204-3251

Southtowns
1026 Union Road, West Seneca
712-0853

WNY Cartilage Restoration Center
160 Farber Hall, South Campus
University at Buffalo
829-2070

Neurology
One and the same

If you want to know the distinctions between the UB Department of Neurology, University Neurology, and the Jacobs Neurological Institute (JNI), just ask a neurologist—the answer will be "none." Simply put, all three are one and the same. "When we say the JNI, we really do mean the Department of Neurology at UB, and vice versa," says Frederick "Rick" Munschauer, professor of clinical neurology and chair of the Department of Neurology/JNI.

Right here in Buffalo

There are numerous clinical subspecialties that deal with the nervous system, and through the JNI's centers and divisions the practice plan is organized around associated neurological disease states. UB neurologists see more than 25,000 patients a year at 13 local treatment centers for such conditions as multiple sclerosis (MS), Parkinson's disease, epilepsy, sleep disorders, Alzheimer's disease and stroke, the latter a major health issue in Western New York. The practice plan also provides inpatient and outpatient MS care, epilepsy evaluation, long-term monitoring and surgery, multiple sleep laboratories, specialized muscular dystrophy clinics and expertise in child neurology.

UB faculty neurologists see patients at Buffalo General Hospital, Millard Fillmore Gates Circle Hospital and Women and Children's Hospital of Buffalo, and they have a smaller but noticeable presence at Erie County Medical Center and the VA Medical Center. Patients needing neurooncology and radiology consults are routinely referred to specialists at Roswell Park Cancer Institute.

The JNI, headquartered at Buffalo General Hospital, was established by UB neurology professor Lawrence Jacobs, who pioneered beta-interferon therapy in MS and was a key figure in global MS research. In addition to treating patients, the Department of Neurology offers residency programs and fellowships in child neurology, adult neurology and neuropsychology supported by JNI resources.

Collaborative research

The Department of Neurology/JNI is working with other UB academic and external partners in several promising areas of research and treatment. According to Munschauer, research strengths include MS, stroke, and epilepsy and other seizure disorders. The JNI's Buffalo Neuroimaging Analysis Center (BNAC), also affiliated with the university's Center for Computational Research, is gaining worldwide recognition for its innovative research techniques, application of bioinformatics resources, specialized neuroimaging studies and quantitative analysis of MRI scans.

Western New York has one of the highest rates of adult MS in the nation, making it the ideal place to study and treat MS in children—in whom the disease is often difficult to diagnose. The JNI oversees a new Pediatric Multiple Sclerosis Center of Excellence at Women and Children's Hospital, one of six U.S. centers established by grants from the National MS Society to battle childhood MS. The center is directed by UB neurologist Bianca Weinstock-Guttman.

With research collaborations through the Department of Medicine and the Department of Counseling, School and Educational Psychology in the UB Graduate School of Education, the JNI received a $1.2 million grant from the National Institute of Neurological Disorders and Stroke to study lupus, a painful, degenerative autoimmune disease that disrupts normal neurological function. The Hunter James Kelly Research Institute, a recent partnership between UB and the Hunter's Hope Foundation, will use $7 million in state funds to study leukodystrophies and other neurodegenerative diseases such as MS, lupus and stroke at UB's New York State Center of Excellence in Bioinformatics and Life Sciences. The institute will be directed by Patricia Duffner, a pediatric neurologist and UB professor of neurology.

An enthusiastic proponent of the UBMD network, Munschauer is proud of its neurologists for their ability to treat patients for—and train students in—just about any neurological condition. He says that in-network referrals happen "more often than UBMD docs realize." He also believes that relationships between UBMD departments will thrive within a more recognizable footprint. "My hope is that we can become the regional referral network." +

PHOTO: NANCY J. PARISI

Frederick E. Munschauer III, M.D., chair of the Department of Neurology/JNI and professor of clinical neurology at UB.

Contact University Neurology

More information about all neurology subspecialties can be found under University Neurology at www.ubmd.com or at the JNI Web site: www.thejni.com.

Jacobs Neurological Institute
Buffalo General Hospital
Building E, 2nd Floor
100 High Street
Buffalo, NY 14203
859-7051
Admin fax: 859-2430

Q+A
COMPLIANCE 101

Maloney

Marasi

Brigid Maloney, UB Associates Director of Compliance and Human Resources and a health-care attorney by training, and **Suzanne Marasi,** Compliance Administrator, explain the basics of how compliance works at UB.

Q. What is the purpose of a compliance program for the practice plans at the UB School of Medicine?

A. The program exists to assist the members of the practice plans to conduct themselves correctly in this very highly regulated environment. It is important that the practice plans remain in compliance with the many laws, standards and federal reimbursement guidelines that help keep the quality of patient care high and physicians safe.

Q. What laws, regulations and agencies affect the health-care industry?

A. The major laws and regulations include, but are not limited to, the Stark Law, Antikickback Statute, Internal Revenue Code and False Claim Act. Regulations and guidelines in medical compliance are often set by such agencies as the Office of the Inspector General (OIG), the Centers for Medicare and Medicaid Services (CMS), and the Department of Health and Human Services (DHHS).

Q. Who is responsible for the UBMD Compliance Program?

A. Although the compliance officer is responsible for the implementation, administration and oversight of the plan, everyone employed in the practice plans is responsible for compliance. All employees are obligated to comply with laws, standards and regulations in all aspects of the practice, including the Code of Conduct and other policies set forth in the Compliance Program.

Q. What are the consequences of noncompliance?

A: Individual practitioners or employees may be subject to civil and criminal penalties or exclusion from the programs, such as Medicare/Medicaid programs. The organization may be subject to fines, and may also take disciplinary action against noncompliant individuals up to and including termination.

Q. What do I do if I have a compliance question or concern?

A. Discuss it with your immediate supervisor or contact the compliance office: Brigid Maloney at 829-3176 or bmaloney@buffalo.edu; Sue Marasi at 829-2439 or smmarasi@buffalo.edu. All calls are confidential. +

CLICK AND SEE

UBMD.com is here to help your practice grow

If you haven't checked out UBMD.com yet, then get clicking! The official UBMD Web site provides a quick and painless way to connect with UBMD physicians and their clinical facilities. If you squeeze just a little time online between patients, meetings and paperwork, it can help you do the following:

Learn what's new

A user-friendly intranet (a private, password-protected Web site) will soon be launched to help practice plans communicate online and distribute information and documents relevant to the UBMD community. A new mapping function lets you pinpoint all the Western New York UBMD facilities. And plans are underway to offer interested UBMD practices affordable, professionally designed Web pages, linked to the main Web site, with practice-specific information.

Find UB specialists

At the home page, click on either the "Practices" or the "About Us" top navigational link and you'll get a list of the 18 UBMD practice plans. Once you choose a practice you'll get more links, by specialty, to affiliated UB faculty physicians and the main practice address, phone number, hours and Web address.

Hint: The "To Find a UB Physician" link on the home page and the "Selecting a Physician" navigation link at the top are mainly for patient use.

Help patients

UBMD.com also is meant for the public and can attract new patients while helping current ones select doctors and make appointments and payments. To find a UBMD doctor at a particular practice location, choose the new "View Map" feature on the home page. There, patients can find all the practice sites, plus a map, photo of the facility and a list of specialists at that location.

Hint: If specialty or disease state matters more than location, try searching by specialty area from the drop-down menu at the top of the "View Map" page.

Share your eCV data

We can't say it enough: If you keep your clinical and academic information up to date, visitors to UBMD.com will have more reliable access to your practice locations, insurance carriers and publications. (If you can't find your name on UBMD.com, then you haven't submitted your eCV!)

Read the UBMD newsletter

Current and archived issues of the bimonthly *Practice News* are posted to the Web site as a downloadable PDF file. To find them, click on "About Us" on the home page and then click on the "Newsletter" link in the left navigation bar. +

For more information, visit www.ubmd.com.

Buffalo's non-indigenous ethnic population, and teaches UB medical students and residents how to treat foreign patients' unique and often challenging medical needs.

Based at Kaleida Health's Niagara Family Health Center on Niagara Street and at Glick's Jericho Road Family Practice in Buffalo, the four-year-old program trains budding physicians through hands-on evening clinical sessions with the refugees. "Our aim is to produce doctors who feel comfortable and knowledgeable about the varied cultural backgrounds—especially health attitudes and practices—of their patients," says Griswold.

The Refugee Health and Cultural Awareness Training Program treats 300 refugees a year at the Niagara Family Health Center. The program is co-sponsored by the UB Department of Family Medicine, Kaleida Health and the International Institute of Buffalo. It is also supported by Journey's End, a refugee resettlement organization located at Glick's office.

Glick sees predominantly Latino patients from Cuba and South America, while African, Vietnamese and Latino patients tend to visit Griswold's busy West Side practice. "We are also seeing people coming in from the Middle Eastern war zones: Iraq, Afghanistan and Iran," she says.

The going isn't easy. In addition to language barriers, physical and psychological trauma makes treatment sensitive and compliance difficult. Griswold ticks off a grim list of issues: torture, female genital mutilation, severe malnutrition, sexually transmitted disease, domestic violence, rape and unwanted pregnancies. Luis Zayas, a cultural anthropologist and research assistant professor of family medicine at UB, and members of the UB psychiatry department assist with difficult psychological cases.

Griswold has many anecdotal examples of refugees' attitudes about health. In one particular African culture, a dying person's family—not the doctor or hospital—is the only entity allowed to inform him or her of the diagnosis. Other cultures will avoid Western medicine altogether, choosing tribal elders or medicine men to treat their illnesses with herbs, native foods, magic and other means.

PHOTO: NANCY J. PARISI

Kim Griswold was a nominee for the 2005 Humanism in Medicine Award from the Association of American Medical Colleges.

Experiential learning

In addition to attending two nightly clinical sessions, medical students who register for the program must participate in orientation sessions and at least one didactic session, either an evening of storytelling or an English as a Second Language (ESL) class. The training is not just for those interested in family medicine, says Griswold; any medical student or resident is encouraged to register. Students conduct discussion groups, present health topics to the refugees and attend their own "brown bag" lectures on topics including infectious diseases, alternative health-care practices, legal issues, and medical interpretation.

The latter is a major issue for both provider and patient, says Griswold. "Knowing how to deal with an interpreter is a key skill. You'll see doctors who look and speak only to the interpreter instead of to the patient, leaving the patient feeling ignored and misunderstood. And patients often tell us they feel more comfortable speaking to someone who looks and speaks like them." The refugee health program is one of only a few in the area offering on-site interpreters.

A sensitive curriculum

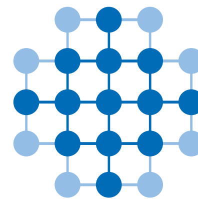
Late this June, the National Heart, Blood and Lung Institute of the National Institutes of Health (NIH) granted her a five-year $604,000 Academic Career Leadership Award to determine how cultural training could be integrated into the university's medical curriculum. It's a golden educational opportunity for contemporary health care, says Griswold.

The project's main goal is to create a voluntary cultural awareness component in UB's medical curriculum. Griswold hopes it will become mandatory for all first-year medical students. A patient panel advisory board of community members would conduct studies and create a series of videos, or "cultural vignettes," for national distribution to medical schools. Featuring different patient scenarios and a variety of skills, the video lessons also could benefit faculty as part of their continuing medical education. "Some faculty are quite culturally aware, some really aren't. The videos would help bring them up to speed," says Griswold.

The project also would help form several "diversity learning teams" of faculty, residents and staff at UBMD teaching sites. A diversity executive council at the medical school would set policy to include minorities at all levels of the university and UBMD community health-care systems.

Through this partnership with the medical school, Griswold sees benefits reaching beyond the refugee program. "Newfound cultural awareness could help break down the town and gown image of medicine and foster more collaboration between the university and its community stakeholders." +

—Lauren Newkirk Maynard



UB|MD PHYSICIANS' GROUP

Biomedical Education Building, Room 161
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