Fall 2014

CIR VITALS

The Future of Healthcare Is in Our Hands

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PRESIDENT'S REPORT | DAVID ESHAK, MD

Building for Better

We serve on the frontlines of medicine every day and night. We know our patients, and we have a unique perspective on how to make care better. Healthcare is changing. Our roles as doctors are changing. This is our moment.

If we are not leading change, change will be dictated to us.

CIR is rich in history. With over 13,000 resident physicians, we are the nation's premier organization of doctors-in-training. This year marked CIR's first mail ballot national election, in which all members were eligible to vote for their national officers. I'm honored to be your president.

In this issue of *Vitals*, you'll see inspiring examples of resident physicians leading the change to better our patients, hospitals, communities, nation, and careers.

It's time for us to take control of our broken healthcare system and finally deliver the care that we all went into medical school to deliver.

We are counting on CIR leaders to:

1. **Better our patients:** All across the country, CIR is providing support and creating programs that will make measurable improvements to patient safety and will find innovative ways to address population health. CIR provides a host of benefits, which include scholarship support to attend patient safety and QI conferences and direct support through our patient safety and quality improvement resources. We are making care safer.
2. **Better our hospitals:** The bargaining table has always been a rare place where residents can drive the agenda and find equal footing with executives in the C-Suite. That remains the case, and now residents are finding that we can advocate for our patients and ourselves and create value for the hospital at the same time. It has been inspiring for me to see residents going into negotiations and proposing the creation of housestaff safety councils and patient care funds, along with our traditional contract campaigns to preserve and improve salaries and benefits and protect our members. We are creating win-win solutions.
3. **Better our communities:** In several regions, CIR is bringing together women in medicine and physicians of color to counter the isolation and hierarchies that often strand us. We are building a more just culture.
4. **Better our nation:** In nearly every state, CIR is educating the public about the critical issues on the ballot this November. We're speaking out to preserve funding for underprivileged patients who rely on the healthcare safety net in Alameda County and New Mexico. We're aiming to make Massachusetts the third state in the country to guarantee its workers earned sick time. We're opposing a trial lawyer-sponsored ballot in California that haphazardly mixes mandatory, randomized drug testing of physicians and mandatory use of a not-yet-functional database for prescribing pain medication, and would dramatically increase costs of medical malpractice lawsuits. We are advocating.
5. **Better our careers:** The QI Innovation Institute launched by the CIR Policy & Education Initiative will provide support to residents and faculty in in the development of groundbreaking curricula and programs that will not only make measurable improvements to care delivery, but will give you an unprecedented opportunity to learn and implement career enhancing skills to improve quality, costs, and outcomes.

We're rebuilding our broken healthcare system; we're striving to deliver the promise of our profession.

We want you to remember why you went into medicine in the first place.

We believe in better. We build for better. Build with us. Send letters to the editors or general comments to vitals@cirseiu.org. Or contact me directly at deshak@cirseiu.org

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Cover image: CIR leaders and alumni at the 2014 Labor Day Parade in New York City

Housestaff Involvement Fund at Jackson Memorial Hospital Paves the Way for Better Patient Care

This summer Jackson Memorial Hospital (JMH) unveiled its new ultrasound simulator (CAE VIMEDIX), which will, for the first time, give resident physicians at JMH access to the most comprehensive ultrasound simulator in the Southeast region and the opportunity to see what really goes on in the human body. The $126,000 purchase was made possible through CIR's ***Housestaff Involvement Fund****, the contractually negotiated fund dedicated to improvements in patient care and resident education and training. To learn more about the project, we caught up with* ***Dr. Matt Carlile****, chief neurology resident at JMH, former CIR Regional Vice President and current delegate. Dr. Carlile, working with other CIR delegates at JMH, helped drive the purchase of the new training tool.*

Cutting the ribbon on the new ultrasound simulator is former CIR Regional VP Dr. Matt Carlile. With him are the Associate Director of the UM-JMH Center for Patient Safety, and former CIR Regional VP Dr. Joshua Lenchus; Drs. Michael Butler and Peter Paige, Chief Medical Officers of Jackson Health System; Isis Zambrana, Corporate Director of Quality and Patient safety; Dr David Lubarsky, Chief Medical and Systems Integration Officer for the University of Miami Health System.

How will the new ultrasound simulator improve patient care?

At the heart, this was a patient safety decision that we made because the training module will help residents practice procedures before they go to do them on a patient.

What has the Housestaff Involvement Fund enabled you to do?

The hospital administration was in charge of approving or not approving equipment purchases through our previous Patient Care Fund. Under our new Housestaff Involvement Fund framework, CIR delegates and other hospital staff can now submit applications for equipment purchases and patient care projects, and right out of the gate, the ultrasound simulator was one of the projects that had support from several departments, including two of JMH's largest departments: Anesthesiology and OB/GYN. We knew this big ticket item would be a nice opportunity to bring a lot of players together and make a big splash. Because the project received such a wide array of support, things moved rather quickly. JMH is now the first hospital to have this particular simulator model. The purchase truly accomplishes all of our goals for the housestaff fund.

What role would you say medical residents played in spearheading this effort?

Residents played a major role in deciding to purchase the new simulator. CIR delegates submitted the proposal idea and made the decision to approve the funding. A JMH faculty member was involved in the process and helped organize the purchase, but the idea and effort was very much resident-driven.

CIR residents want to build quality improvement from the ground up, and we see a lot of areas for improvement that people from the outside may not see.

What types of patients will benefit most from JMH residents being trained this way?

Any patient at our trauma center will undoubtedly benefit, especially those with injury to the abdomen. Patients requiring obstetric or gynecological care, patients in the ICU, or patients requiring heart echoes will also benefit a great deal. The simulation provides vivid, life-like and high-resolution color imaging to assist in diagnosing a variety of medical issues, so across the board, many in our patient population will see value in this.

Why is this so important? Aren't residents already being adequately trained to administer and analyze ultrasounds?

We have books that describe for residents what an ultrasound image may look like. They are even shown photographs of it. But until you see the image in real life, you don't really know what it will be like. This tool will give residents the anatomical images they wouldn't otherwise have access to. By the time residents finish with the simulation training, they will have the opportunity to be able to physically perform the procedures.

You learn best by caring for patients. This cutting edge tool facilitates that in a safe way. And any level of increased comfort you create for residents is a benefit to both the doctor and patient.

Latest Contract Victories Around the Country

California Hospital Medical Center, Los Angeles, CA

Residents at California Hospital Medical Center (CHMC) negotiated a first contract that included salary increases for all PGYs and prioritized patient care and quality improvement. The hospital is part of a chain owned by Dignity Health.

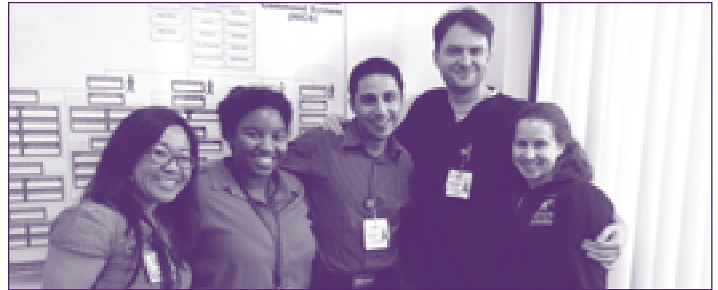
"The relationship between CIR and administration at CHMC is one that has the potential to continue to flourish. It's clear that administration understands the importance of labor relations at their hospitals," said Dr. Joseph Shadpour, PGY 2 and bargaining committee member. Equally important to residents was a commitment from the hospital to schedule regular labor-management meetings that address any ongoing issues. Other wins include: laundering of white coats, additional pay for chief residents and an additional call room in the main hospital. The contract also memorialized the meal, education and retreat benefits, and set up a $12,000 per year fund for resident-led quality improvement projects.

Not only did the residents win their first negotiated contract, the leadership committee also grew into a strong team, ready to take on the challenges of their hospital. Dr. Joseph Shadpour provided a few tips for negotiating successfully:

1. Recruit a diverse team to the bargaining committee to ensure that a variety of issues are addressed—including gender, ethnic, racial and religious background. "Having a strong team of residents from different backgrounds makes it more feasible for reaching a mutually agreed upon contract."

2. Don't give up. Even though negotiations might be tough it's important that residents stay united and demand respect at their jobs and better care for their patients. "Keep going. See what's realistic, and that will help you feel better and be able to meet administration in the middle."

3. Last but not least, ask for what you want. "Whether it's your first contract or your fifth, residents won't be able to make the changes they want without taking the first step."



CIR Southern California Regional Vice Priesident Dr. Joanne Suh with CHMC Bargaining Committee members, Drs. Aminah Cherry, Joseph Shadpour, Michael Downing, and Liz Ortega

Hoboken University Medical Center, Hoboken, NJ

Hoboken residents ratified a new three-year contract after just two months of negotiations.

"It was important that the administration negotiate based on the rising costs of living in Hoboken," said Dr. Christina Perez, PGY 3 and chief of the family medicine department. "As training physicians, we also recognize the need to incorporate technology into our practice, and were able to expand the scope of our education fund to include tablets, computer programs, and other new technologies that can help us treat and relate to our patients better." In addition to increases in the education fund, residents also won salary increases for the next three years of their contract.

St. Barnabas Hospital, Bronx, NY

Didactics are important for any residency program, and members at St. Barnabas Hospital now have access to even more opportunities, having bargained and won their first educational allowance. While it was a bumpy road at times, leaders at St. Barnabas recognized that by having every single department represented on their team, they were able to build strong relationships across programs, engaging their colleagues in the union more effectively.

In a nearly unanimous vote, housestaff approved a new contract bringing salary increases, a commitment from management to host regular multi-stakeholder meetings to identify more opportunities to improve didactics and address out-of-title work, increases in meal benefits, a new annual professional education fund, and new provisions for holiday pay.

Leaders at St. Barnabas Hospital provided some key recomendations for making the most of contract negotiations:

1. Leaders should ensure that bargaining meetings are well attended.

2. Leaders should commit to bringing back information from their sessions to their departments and vice versa, bringing issues their department experiences to the larger group.

3. Leaders have a responsibility to engage their colleagues in the voting and ratification process.

"It's so important that residents not only talk about the changes they want to see in their residency programs, but take active steps to see the changes happen. Voting is a large part of the process. It's the way the larger resident body gets their voice heard," said bargaining committee member Dr. Brian Steele, a dental anesthesia resident.

Children's Hospital Oakland Resident Win Education Increases, Access to Patient Care Fund

The 91 residents at UCSF Benioff Children's Hospital Oakland ratified a new contract on October 13, 2014, the culmination of 19 months of negotiations with the hospital that included intervention from a federal mediator. When the bargaining stalled, the housestaff took their message to the public, holding press conferences, rallies, and community forums. A Change.org petition urging the hospital to continue negotiations gained over 3,500 signatures.

With the recent affiliation between UCSF and Children's Hospital Oakland and a $50 million donation from the CEO of Salesforce, Marc Benioff and his wife Lynne, the residents had begun to question the hospital's investment in its physician workforce given its stubborn hard line in negotiations. A local news article asked whether the physicians and patients at Children's Hospital Oakland were receiving equal resources to the doctors and patients at UCSF Benioff Children's Hospital in San Francisco.

Despite the turnover of two classes of residents since the negotiations began, the residents at Children's Hospital Oakland remained united and forged relationships with the Alameda Labor Council, local elected officials, and community organizations.

CHO leader Dr. Ana Liang with Oakland Mayor Jean Quan (whose husband and son are CIR alumni)

CIR members rallying for a new contract outside of Children's Hospital Oakland

Residents held multiple meetings with elected officials and enlisted them in holding the hospital accountable. The hospital's CEO received calls and letters from dozens of elected officials, including Oakland Mayor Jean Quan, members of Congress and the State Legislature, as well as the Alameda County Board of Supervisors.

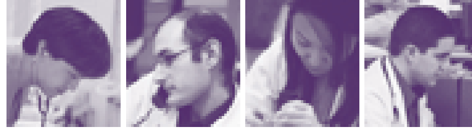
The bargaining committee also received strong support from the other unions in the hospital, with leaders from the California Nurses Association speaking at press conferences and rallies.

CIR leaders and staff made sure the union was visible at high profile events sponsored by the hospital, giving out leaflets at a cocktail fundraiser, a triathlon and other functions.

Ultimately, that unity and hard work resulted in a contract providing new gains for the residents and opportunities to strengthen patient care. The new contract, which will last through May 2016, provides a conract-signing bonus of $500 per resident and doubles the education allowance, bringing it to $1000 for PGY 1s, $1100 for PGY 2s, and $1,200 for PGY 3s. It also provides a $750 subsidy to third year residents to help cover the cost of board exams.

The hospital also agreed to establish procedures to give residents access to a Patient Care Fund, which currently has $93,000, for residents to apply for discharge medications and equipment to meet the needs of their patients. For several years, residents have been raising money to support their own fund.

"It has been a difficult journey, but my fellow co-workers and I have certainly gained an understanding of the bargaining process and the importance of standing together," said Dr. Ana Liang, a third year resident and member of the CIR bargaining committee. "With the ratification of this new contract, I hope we continue to build upon our strengths as a residency program and as an institution bringing world class care to the children of Oakland."



Residents Come Together for Second Annual Women in Medicine Retreat

Across the country residents have been creating, running, and participating in CIR Women in Medicine events, working together to build programming designed to help combat the startling statistics on wage gaps between male and female physicians and continued trends of sexual harassment of female doctors. More than that, CIR's Women in Medicine programming aims to empower women in their hospitals and foster relationships between colleagues across departments, hospitals, and regions.

On August 23, California residents held the second Women in Medicine Retreat in Los Angeles. Now an annual event, the conference attracted residents from across the state to meet and share stories and hear from a number of speakers, including Dr. Jan Shoenberger, Emergency Medicine Program Director at LAC+USC Medical Center; Dr. Tonia Jones, Patient Safety Officer at LAC+USC Medical Center; and Barbara Garcia, MPA, Director of Health for the City & County of San Francisco, as well as a number of individual workshop speakers.

CIR's Second Annual Women in Medicine Retreat in Los Angeles

Residents in attendance began the day by attending a panel discussion on Becoming a Leader in Your Hospital and in the Healthcare Field, followed by a presentation on post-residency contract negotiation. After lunch, during which attendees were able to mingle with one another poolside, they broke up into workshops: Advocating for Women's Health, How to Start a Private Practice, Financial and Estate Planning, Women in Executive Roles, and Working With Social Service Organizations in Your Community.

Patient Care Fund Process Begins in Los Angeles

Established in 1975 by residents who decided to forgo a salary increase so that the money could be used to establish an equipment fund directed only by the housestaff, the Los Angeles County+USC Medical Center and Harbor-UCLA Patient Care Funds are the oldest such funds in the country, and the model for resources that CIR members use at many of our hospitals. Today, the fund is $1.2 million per year for LAC+USC and $990,000 for Harbor-UCLA, and can be used for a number of different types of hospital equipment as well as quality improvement projects, decided on entirely by the residents and fellows.

Each year, departments and fellowships select a housestaff representative over the summer to submit applications for portions of the fund, which include such criteria as a description of the item or project desired as well as the urgency of the need and its impact on the hospital and patient care. These department representatives attend an informational session to learn how to submit paperwork to the hospital if their item or project is approved. The formal voting session, chaired by resident physician leaders, involves each department representative making a case to all of the other representatives for why their item or project should be approved. Every department and fellowship is allowed one vote. With millions of dollars in requests submitted, the process is competitive but also very collegial.

Residents at Harbor-UCLA Medical Center vote on Patient Care Fund proposals

Requests range from a coffee maker and refreshments for oncology clinic patients to materials for a hysterectomy QI project, a recumbent bicycle for psychiatry patients, arthroscopic simulator equipment, and much more.

"This fund is an incredible asset to our residents, our hospital and of course, our patients," said Dr. Ashley Prosper, PCF Co-Chair at LAC+USC and a PGY4 in Radiology. "Hearing about each department's efforts to improve patient experiences in Los Angeles County was inspiring and heightened residents' mutual respect for their colleagues. Having voted to approve items as inexpensive as crayons for child therapy and as expensive as a portable ECMO machine, I'm confident that our purchases this year will touch the lives of patients for many years to come. Co-chairing the Patient Care Fund has been one of the best experiences of my residency.

WHO DECIDES the Future of Healthcare?

The future of who gets a voice is up for grabs; will the decision makers in the new healthcare landscape be hospital administrators, CEOs, and boards of directors focused on the bottom line, or frontline providers who can advocate on behalf of themselves and their patients? Major changes in healthcare have been on the horizon for some time now and residents have stepped up to ensure they are part of the conversation about the future of medicine.

We are in the midst of a transformation of the US healthcare system that will fundamentally change the way we practice medicine. With the implementation of the Affordable Care Act, the new emphasis on quality of care and preventable errors, and the race to form Accountable Care Organizations, there are no jobs in healthcare that are not going to be shifting or responding to those pressures in some way.

At the same time, there are interest groups vying for control of Americans' insurance dollars, and financial and social agendas that are influencing patients' access to care.

While many people associate CIR primarily with negotiating salaries and benefits, the union's role has historically extended beyond the negotiating table. CIR leaders are finding innovative strategies to make resident voices more prominent. From Quality Improvement conferences, to resident-run Patient Care Funds, to Women in Medicine community building events, residents at CIR hospitals are reshaping the national conversation about medicine.

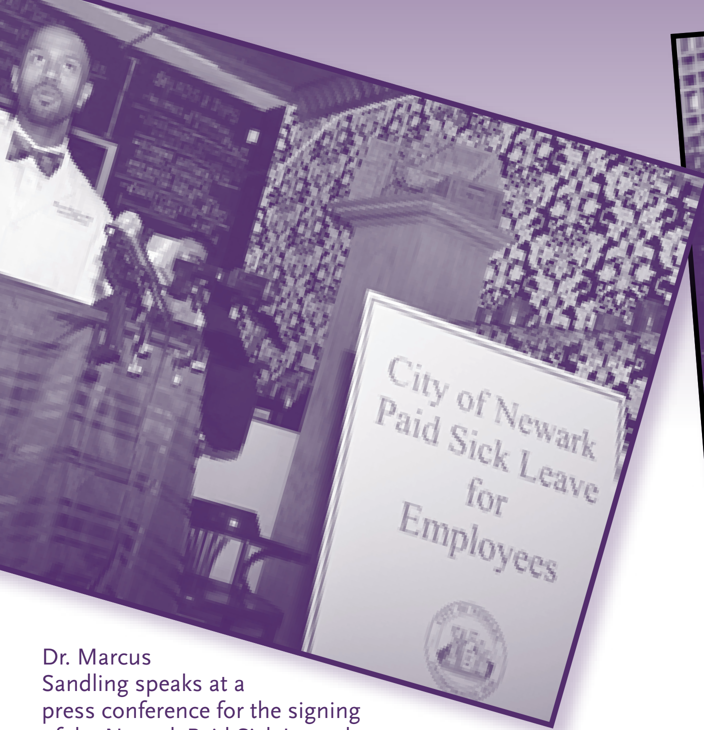
In Massachusetts, New York and New Jersey, you can find CIR residents speaking out for paid sick day laws. Residents in California have taken up the fight against Proposition 46, a ballot measure that could increase medical malpractice costs by as much as 25 percent and requires random drug testing of doctors. As CIR and a chorus of physician organizations and healthcare advocates have shown, the measure could increase state and local government health care costs by several hundred million dollars a year. As more and more of our issues end up in the political arena, CIR members are not willing to sit idly by as others make decisions that impact both physicians and our patients.

It is now more important than ever that resident voices be heard. Although there are legal, budgetary and cultural challenges facing residents in efforts to drive change, we have already begun to see our efforts bear fruit. Our QI initiatives have increased transparency and error-reporting, along with other measurable outcomes. We were part of a labor-community coalition that fought to save Interfaith Medical Center in Brooklyn. The relationships we've forged with elected officials have helped us launch successful community health projects like the Family Health Challenge in the Bronx and Brooklyn, and to gain headway in contract negotiations and legislative campaigns around the country.

Residents are the frontline providers who are tipping the scales of power to ensure that the transformation of the healthcare system is patient-focused. If you've ever thought about getting more involved in QI, Women in Medicine or political issues, now is the time. There are initiatives, events, campaigns taking place across the country in every region, and everyone has the opportunity to speak up and make their voices count to ensure that we are the ones helping to shape the new healthcare landscape.

CIR members discuss challenges faced by minorities within the medical field and health disparities in their communities at the Physicians of Color Dinner in Los Angeles

Residents discuss a project at the What's Your QI IQ? conference on How to Be a Lead Agent of Change in New York City



Dr. Marcus Sandling speaks at a press conference for the signing of the Newark Paid Sick Leave law

Rutgers-NJMS residents hold a press conference to speak out about their ongoing contract negotiations

CIR members have ramped up efforts to improve the healthcare system for people throughout the country, designing new and innovative programming initiatives aligning with our four core values—advocacy, community, learning, and service—to ensure that resident physicians will continue to have a voice in the future of healthcare as it takes shape.

Female residents from Jackson Memorial Hospital come together for their second Women in Medicine Dinner

Dr. Mark Umphrey volunteers during the St. John's Episcopal Hospital Health Fair, providing free health screenings to community members in Queens.

Boston Medical Center residents help register voters in their district

CIR Members Endorse Key Candidates, Ballot Measures in 2014 Elections

From coast to coast, resident physicians have used CIR not just to be a voice for transformative change in the hospital, but for the broader changes in the American healthcare system. Their contributions throughout the year will have a huge impact on delivering on the promise of a just healthcare system that respects resident physicians, the safety-net hospitals we work in, and the working families we serve.

In California, CIR has joined the fight to defeat Proposition 46, a carelessly thrown together ballot initiative which would have dire unintended consequences for the healthcare safety net. If passed, Prop 46 would dramatically and rapidly raise the cap on medical malpractice insurance payments, as well as require physicians to submit to random drug testing, and force doctors to use a statewide prescription drug database before prescribing many medications. CIR has joined hundreds of groups including doctors, nurses, community health clinics, dentists, hospitals, family-planning organizations, education groups, local leaders, public safety officials, businesses, and other labor unions in opposing the measure, and is conducting educational events for residents and other healthcare providers to urge them to spread the word.

In New York and Florida, residents endorsed a number of candidates for legislative office. CIR's endorsement process is both resident-driven and policy-heavy, requiring each candidate to be grilled through healthcare-focused questionnaires and in-person interviews with resident leaders. The delegates at Jackson Memorial Hospital gave their seal of approval to Daniella Levine Cave, a community activist who unseated an anti-union incumbent on the Miami Dade County Commission on August 26. CIR truly helped to make history, as this was only the third time an incumbent County Commissioner had ever lost re-election.

Jackson Memorial Hospital Residents meet with Daniella Levine Cava during her successful campaign for Miami-Dade County Commissioner. L-R: Drs. Craig Brown, Matt Carlile, Daniella Levine Cava, Jack Mather(behind Levine), Robert Portley and John Shields

In New York, CIR members focused their efforts on the State Senate, where the narrowest majority of Senators had held back priority bills like the *Women's Equality Act*, the *Paid Family Leave Insurance Act*, the state-level *DREAM Act* and campaign finance reform. CIR was an early supporter for State Senator Gustavo Rivera, ranking member of the Senate Health Committee, who had proven to be a vigorous advocate of the Healthy Bronx Initiative, CIR's organizing drive at Beth Israel, and New York's laws regulating resident work hours. After a careful, deliberative process, CIR delegates also voted to support the campaigns of 1199SEIU Political Coordinator Dell Smitherman and education activist Rubain Dorancy for State Senate races in Brooklyn, though both lost in the September primary. In the 40th State Senate District, which includes Westchester Medical Center, Justin Wagner earned the CIR endorsement in what could be the closest Senate race on November 4.

After a string of victories working with coalitions to pass Earned Sick Time legislation in New York City, Jersey City, Newark, East Orange, Passaic, Paterson, and Irvine, residents weighed in on ballot initiatives to provide workers with the means to earn paid time off on the job that could be used when they are sick themselves, or to care for a sick child or relative. CIR members in Massachusetts have been enthusiastic supporters of the Raise Up Massachusetts campaign in support of Question 4, establishing a statewide Earned Sick Time law, while residents in Oakland have embraced Lift Up Oakland, to both provide paid sick days and raise the city's minimum wage to $12.25 an hour.

Finally, CIR endorsed Healthy Alameda County, in support of reauthorizing Measure A, which raised the County sales tax by one half cent and dedicated it to a wide range of health programs. Seventy five percent of the $100 million raised annually are required to go to Alameda County Medical Center, with the rest going to school-based health centers, a separate detox facility, public health and prevention programs, and other uses.

Supreme Court Ruling Raises Alarm for Residents

On June 30, the Supreme Court issued its long-awaited ruling in Burwell v. Hobby Lobby. Under the Affordable Care Act, insurance plans are required to provide all preventative care services at no cost to the patient, including contraception. Originally, houses of worship were exempt from this requirement if paying for their employees' contraception contradicted their religion's beliefs. The Obama Administration later added a workaround for hospitals, universities, and social service agencies run or affiliated by religious organizations by which the patient would still receive free contraception, but the cost would be paid for by the insurance company, not the employer.

In a 5-4 split, the conservative majority on the court ruled that "closely-held" corporations owned by a small group of people who express religious objections to paying for contraception cannot be required to pay for it.

"So, what does this mean for us as providers?" posited Dr. Barbara Rubino, Los Angeles County+USC Medical Center, and CIR Regional Vice President for California. "And what does this mean for our patients? As doctors we provide oral contraceptive pills not only as a form of birth control for our patients, but to treat multiple medical conditions. We use these important medications to mitigate dysfunctional uterine/vaginal bleeding, address hormone imbalances in states such as PCOS or hypopituitarism, and treat common conditions such as acne. If we do not have these medications at our disposal or if their cost inhibits our ability to prescribe them, we are not only stunting reproductive rights, we are impeding standard medical care."

CIR's physicians across the country had strong reactions to the ruling and expressed concerns that it represents bad employment law, but even worse medicine.

"This is a medical decision that should be made by a woman and her doctor," said Dr. Samuel Popinchalk at Jackson Memorial Hospital in Miami. "An employer with no medical training should not overrule it."

Dr. Jennifer Batisti, a resident at St. Luke's-Roosevelt Hospital in Manhattan, summed up the feelings of many: "I do not support the idea that non-medical personnel should be permitted to restrict a woman's access to methods of contraception that are known to be safe, effective, and legal."

U.S. Senators Patty Murray and Mark Udall moved quickly to undo some of the damage of the case by introducing a bill to explicitly clarify that employers who offer health insurance "shall not deny coverage of a specific health care item or service" required under the Affordable Care Act. Had it been passed, the bill would have prohibited for-profit employers from picking and choosing based on their own religious beliefs what preventative care they are required to provide to their employees free of charge.

On July 16th, CIR advocates quickly answered an action alert email and sent messages to their Senators urging them to support the bill. Unfortunately, the bill was shelved when conservatives in the Senate filibustered the procedural vote to open debate. Any adjustment to the law in the wake of the Supreme Court's decision will have to wait for the results of the Congressional elections in November.

Your Uninsured Patients May be Eligible for Free or Lower-Cost Healthcare

During last year's open enrollment period under the *Affordable Care Act*, over 8 million uninsured patients signed up for comprehensive health coverage. Many signed up for subsidized insurance through the health insurance marketplaces, but many more qualified for newly-expanded Medicaid. No one who applied was denied coverage or care for a pre-existing conditions, and every insurance plan was required to cover a comprehensive set of benefits, including doctors visits, hospitals, prescription drugs, and preventative care.

During this year's Open Enrollment period, your patients can apply for the first time, renew their current plan, or go shopping for a better option. Here are the dates you need to keep in mind!

November 15, 2014: Open Enrollment begins. Apply for, keep, or change your coverage.

December 15, 2014: Enroll by the 15th if you want new coverage that begins on January 1, 2015. If your plan is changing or you want to change plans, enroll by the 15th to avoid a lapse in coverage.

February 15, 2015: This is the last day you can apply for 2015 coverage before the end of Open Enrollment.

For more information, or to apply or change coverage, tell your patients to go to the following websites:

California: www.coveredca.com

Florida: www.healthcare.gov

Massachusetts: www.mahealthconnector.org

New Jersey: www.healthcare.gov

New Mexico: www.bewellnm.com

New York: www.nystateofhealth.ny.gov

Washington DC: www.dchealthlink.com

For more information on what's next for the Affordable Care Act, go to www.cirseiu.org/healthreform

Filmmaker, MD

The film *Code Black* is a thrilling glimpse into the work of the Emergency Department at Los Angeles County Hospital. The documentary centers on the legendary C-Booth, the hospital's trauma bay and the birthplace of emergency medicine. Dr. Ryan McGarry, the filmmaker, began shooting footage of the C-Booth when he was a medical student and then captured the transition to a new facility when the hospital was forced to upgrade its facilities to comply with seismic standards in 2008.

Code Black, which received Critic's Pick reviews from the *New York Times* and *Los Angeles Times*, introduces viewers to a talented and passionate group of resident physicians, attendings, nurses and other team members as they grapple with unwieldy patient loads, excessive wait times, and ever-increasing paperwork burdens. The film raises questions about how to balance patient privacy and accountability from providers with the loss of intimacy and teamwork that accompanied the transition away from C-Booth when the hospital's facilities were upgraded.

CIR Vitals had an opportunity to interview Dr. McGarry at reception and screening co-sponsored by CIR in Los Angeles on June 28, 2014.

What inspired you to make this film?

It was the idea of a C-Booth, which was one of the first things I saw when I started my rotation as a medical student. I saw that it was a 16 by nine-foot space, almost a theatrical ratio, and with all this drama. You see all facets of the human condition coming in every two minutes, plus amazing characters, and then this idea that the C-Booth was going to pick up and move during the upgrade. Well, those are three things that would make an incredible film, in my mind, and so I thought, "This trifecta may never happen again. I'd better get on this!"

Were you active with CIR during residency? Were you aware of the union?

I was definitely a member of CIR and most of my class was. During the second half of the film I was a resident there, so of course I was a CIR member, which we all thought was pretty cool.

> **"The public should see the physician voice as the commanding one again as far as who's leading healthcare."**

What themes do you hope people will take away from the film?

The first is that we have to protect and value our county public hospitals. The other is that it's always better to discuss healthcare in a disarmed fashion. Audiences seems to leave less polarized [than when they came in].

What most surprised you during the shooting of the film?

I was shocked at just how difficult it is... when you're directing a documentary, your instinct is to have a vision for the story, and of course your expectation as an artist is to be true to that vision. But really, the greatest skill in documentary filmmaking is flexibility, the ability to see what the story is, not what you want the story to be.

Did it take turns you weren't expecting?

I thought the whole film would be confined to the old county hospital. I never thought I'd be a character in the film, for example. But narratively we found that the bridge between the old and new place had to come from someone who had seen both, and my voice had to be included in that, although reluctantly.

What advice would you give to resident physicians who have a story to tell?

The biggest thing that our patients need right now is for physicians to take back control of the patient-doctor interaction. Doctors should be policing ourselves, evaluating regulations, deciding if it's in the patient's benefit. If it is, great; I'm for that regulation. If it's not, why are we doing it?

The public should see the physician voice as the commanding one again as far as who's leading healthcare. Right now we're not leading it, at least in the media. Our voices are drowned out by politicians, by lobbyists, and by insurance executives. And those people didn't drop $300K to go to med school. They didn't lose their 20s to residency.

Have you found that the film has opened people's eyes to the role of residents?

People leave the film feeling a bit more informed about what the front lines are like. Residents are the front lines, and in many ways that was the ultimate task for us in telling the story without getting into politics. Residents are effectively pulling the weight, and it's hard to argue with that. We didn't choose what society has given us at the front door, but we're the ones literally dealing with it.

Anything else you'd like people to know?

What was really encouraging to me was how good an experience it has been to actually step up and say something. People are listening, and for change to happen, you have to speak up first.

CIR Member Works For LGBT Healthcare and Hospital Programs

CIR has built a strong foundation of advocacy for physicians as well as patients – it's one of the four pillars of the union, in fact – and that is especially true when it comes to the most vulnerable and at-risk populations in our communities.

For Dr. Peter Ureste, a psychiatry resident at LAC+USC Hospital in Los Angeles, that means working to help LGBT patients both inside the hospital and out, as well as for himself in his residency.

Dr. Peter Ureste with CIR's table at the GLMA Annual Conference

"Finding an LGBT-friendly program was a consideration when I matched," he said. "It was somewhat hard to find an LGBT-friendly hospital because most did not explicitly acknowledge LGBT health issues."

Few hospitals do, which is why GLMA: Health Professionals Advancing LGBT Equality (formerly known as the Gay & Lesbian Medical Association) was formed in 1981 as a means to ensure healthcare equality for gay, lesbian, bisexual, and transgender patients as well as healthcare workers. The organization has taken on issues such as healthcare reform, hospital discrimination, cultural competence, discrimination against those with HIV, marriage equality, and many more, and recently brought members together for the 32nd GLMA Annual Conference.

For Dr. Ureste, who represented CIR at this year's conference, it underscored the importance of collaborating with other disciplines, such as nursing, social work, community organizing, and psychologists. "Health disparities have been identified among sexual minorities, and in order to advocate for our LGBT patients then we need to be involved in addressing these inequities. Learning about various initiatives to address these disparities at the conference was very inspiring. We can make a difference at our own institutions."

The GLMA Conference focused on six areas of professional competencies to encourage improvement in LGBT healthcare: Healthcare Knowledge, Interpersonal Communication Skills, Patient Care, Professionalism, Practice-Based Learning and Improvement, and System-Based Practice. Dr. Ureste added his own ideas for how to build a strong LGBT residency program.

"In an ideal program, it would incorporate into the curriculum various opportunities to learn about LGBT health. For example, there would be a task force to address LGBT health issues within the hospital and clinics, maybe a specialty clinic, outreach programs, and faculty who themselves identify as a sexual minority and are 'out,' demonstrating that the institution values diversity."

CIR's Family Health Challenge Kicks Off Second Year

October 20th marked the first week of the Healthy Bronx Initiative's Family Health Challenge, an eight-week curriculum in select public schools, taught by CIR members, to teach children and families about making healthier choices. With more signups this year than ever, CIR residents are even more dedicated to helping end health disparities in low-income communities of color. A bilingual program last year, the FHC now caters to communities representing five languages in the North Bronx neighborhood of Morris Park at PS 83. This year the program is excited to include physicians from across various boroughs, backgrounds and specialties—all invested in buildling healthy communities. For more information visit www.cirpei.org/fhc

Dr. Ian Justl Ellis teaching students at PS 83 about making healthy choices

Tackling Social Determinants of Health in Boston

The Social Determinants of Health Grand Rounds is a series of lectures that addresses the social, economic and environmental determinants of patients' health at Boston Medical Center. The program was established two years ago by residents frustrated with readmissions and lack of access to care for their patients.

By inviting experts in patient advocacy and health care policy to share their research and experience, residents aim to foster a dialogue across departments and professions about the social context of the health care system.

"We needed to include medical students and faculty and get buy-in from other departments if we were going to make the project work," said Dr. Hannah Watson, CIR Massachusetts Regional Vice President and co-founder of the project. After meeting with leaders from various departments, residents were able to find out which issues were most important. Since then, the committee behind the project has grown to include medical students and attendings.

Now, several departments offer one grand rounds slot per year addressing social issues on particular health outcomes. For example, earlier this year OB/GYN residents wanted to know more about gender-based violence and how to identify warning signs. More than ten sessions have taken place and residents expect to host six more in the upcoming academic year. Hundreds of attendees have participated including PAs, residents, nurses, medical students and other hospital staff. In infectious diseases, education on HIV and prison health was key for residents in treating their patients.

"[This program] is a small step toward creating a space in academic medicine to address underlying issues of our patients," said Dr. Rachna Vanjani, OB/GYN.

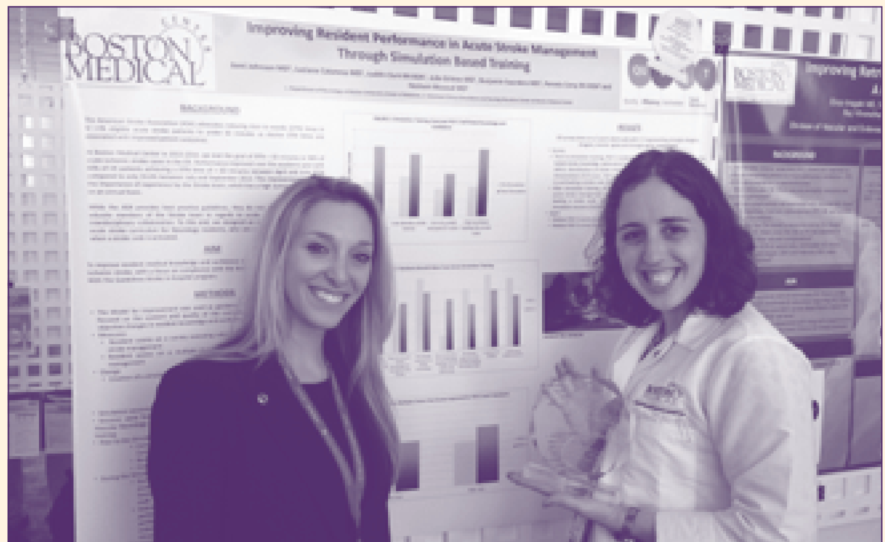
"There is a real disconnect between where people live and work and the tremendous impact it has on their health, in many ways during residency we end up playing catch up with underlying issues," said Dr. Watson. "Things like poverty and housing insecurity affect almost every patient who walks through the door, but most of us never ask our patients about any of those issues. In a busy clinic it's easy to push aside someone's social reality and revert to thinking in our medical comfort zone. But it's so important that we remain curious about the world our patients come from."

Working in teams is essential to helping patients get better, including working with social workers and the legal community.

"In pediatrics, doctors had patients who were constantly in and out the emergency room and ICU for asthma and respiratory-related issues and we were finally able to decrease repeat visits by partnering with a team of lawyers who found out that the cause of many of their patients' problems was unsafe living conditions in their apartments or housing shelters. They were able to contact landlords in public housing on behalf of their patients. It made a big difference," said Dr.Rachna Vanjani, OB/GYN.

BMC residents will continue the grand rounds program reaching hundreds of residents, nurses, medical students and other healthcare workers. Residency isn't easy and there are challenges to ensuring that residents have time for both clinical work and didactics. When residents set out to create a new project, they needed to do it in a way that didn't interfere with patient care.

"This program works because it's a way to integrate social determinants and practical information into the existing structure of residency that doesn't require any additional time commitment or effort for the housestaff who attend because residents are required to attend grand rounds anyway," said Dr. Watson.



Drs. Jami Johnson and Luciana Catanese with their award-winning QI poster during BMC Quality Week

The QI Innovation Institute Launches to Give Residents New Tools for Change

In 2014, the CIR Policy and Education Initiative (PEI) launched the QI Innovation Institute. A new initiative, the Institute was founded to offer resources and expertise to residents.

"After conducting a multi-hospital needs assessment at several teaching hospitals, our results showed that residents could benefit greatly from QI-specific programming," said Dr. Farbod Raiszadeh, founder of the QI Innovation Institute.

"We couldn't ignore the success of the QI projects at Maimonides and Bronx-Lebanon hospitals. The model of residents and faculty working together for patient safety as well as the successes of the *What's Your QI IQ?* conferences has really helped to foster a culture of QI at CIR," said Vivian Fernandez, Quality Improvement Director.

The QI Innovation Institute will provide a space for testing and disseminating innovations in curriculum development, technology solutions and leadership development. Relying on an advisory panel of nationally recognized experts, the aim of the institute is to ensure the effectiveness of its programs by offering the following: dynamic trainings, QI clinics, individual data and QI support, digital opportunities for publishing and sharing work (such as www.QIGateway.org) and other services.

"We want to test and implement new models and be data-driven so we can learn what works and what doesn't. But most of all we want to engage, train and empower future generations of leaders," said Dr. Raiszadeh.

The national quality improvement movement in healthcare started with the Institute of Medicine's Report in 1999, which highlighted unacceptable prevalence of medical errors in U.S. hospitals. The movement has had many successes since its inception but much remains to be done. Front-line workers such as residents are among the key players in successful transformation of care and improvement of quality in any healthcare setting. Furthermore, the Accreditation Council for Graduate Medical Education (ACGME) has mandated housestaff engagement in QI and PS programs.

"Quality improvement is not an elective," said Dr. Farbod Raiszadeh. The ultimate goal of the QIII is to provide access to high-quality/high-impact resources that inspire leaders and help train effective physicians. "We want QI to become a way of life for all of our residents."

For more information about The QI Innovation Institute, contact Dr. Farbod Raiszadeh MD PhD, fraiszadeh@cirseiu.org

What's Your QI IQ? - Resident Physicians as Quality Improvement Leaders

April 13, 2013: What's Your QI IQ? Resident Physicians as QI Leaders

November 23, 2013: How to Be Scholarly in Quality Improvement

QI Innovation Institute

January 18, 2014: How to Provide Cost Conscious Care

April 26, 2014: How to be a Lead Agent of Change

CIR's QI poster presented at the 2014 AAMC Integrating Quality Meeting in Chicago

The magazine keeping the pulse of CIR/SEIU

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