

THE MESSENGER

NEWS OF THE RIGHTCARE MOVEMENT



March 17, 2017

The Lown Institute Conference, *Beyond the Bottom Line: Defending the Human Connection in Health Care*, will take place in Boston, MA on **May 5-7**. There will be more than a dozen interactive workshops on topics like rooting out biased news in health care, engaging community members in a Community Café, and taking on Big Pharma. Don't miss it – [register now!](#)

My wrong care story – RCA member Fred Grosso

Fred Grosso lives only a five-minute walk from one of the best hospitals in the nation, but for him, getting the right care has been anything but easy. Grosso is an active, gregarious, 76-year old retired attorney who has spent the last seven years dealing with complications that arose from surgery to remove prostate cancer. Because of a mistake during the surgery, his urethra became detached from his bladder, an outcome one doctor told Grosso he had never seen happen in 40 years in medicine. But it wasn't only this unanticipated outcome that agonized Grosso; it was the cavalcade of subsequent problems and procedures.

Grosso was bedridden for weeks after the surgery, a drastic change from his previously active lifestyle. He could rarely get up and walk around, because he wasn't allowed to leave the bed without calling a nurse. But this led to blood clots, which had to be managed with more devices and medications. When he wasn't healing after a few weeks after the surgery, Grosso's doctors discovered a fistula and had to perform a colostomy to protect him from infection while the fistula healed. The colostomy was reversed after two months, but he now had an incisional hernia on that site.

Grosso's health woes were exacerbated by a lack of sympathy from some of his clinicians. In January 2017, Grosso was referred for hernia surgery, and brought a list of questions to ask the surgeon during his consultation. "After two questions and a quick physical exam, he stood up and waved the consent form in front of my face, for me to sign it,"

Springing into action: More Right Care Alliance chapters beginning

Thanks to the spectacular organizing efforts of our Right Care Alliance members, we have seen the beginnings of new regional chapters emerging in Maine, New York, and Washington, DC. And now, two new regions are joining the list – The Twin Cities and Charlottesville, VA.

On February 14, **Jane Muir, BSN, RN**, an emergency medicine nurse at the University of Virginia, brought new colleagues, friends from nursing school, nurse trainees, and other acquaintances together for an informal "house party" to discuss the problems they see in health care and what they can do to fix them in Charlottesville. The mix of attendees was important to Muir, who wanted people from her various networks to meet and exchange ideas. The experiences of emergency department nurses are different from nurses in primary care or the operating room, and she thought it would be important to have all of those perspectives.



Charlottesville is home to the University of Virginia Health System, including a medical school, nursing school, Children's Hospital, and Cancer Center, giving the city a strong health care presence. But Muir and the house party attendees noticed that clinicians' perspectives and concerns often get lost in such a powerful health system. After hearing each other's stories, they felt there should be more opportunities to share their experiences, so one of their next steps is to work on creating a new health care podcast. The Charlottesville group also plans to hold a viewing party for a

said Grosso. “He was like a used car salesman who just wanted my signature!”

Grosso left the consultation feeling anxious and disturbed about what he had agreed to. “I was concerned that he won’t do the whole surgery himself, that he’ll let someone else sew me up,” he said. Grosso went with his gut and canceled the surgery and scheduled a consultation with a different doctor. It was like night and day. “He sat down with me and told me all about the procedure, the risks, the recovery, everything,” said Grosso.

For Grosso, right care means a basic level of trust, caring, and quality. He knows his new surgeon will be there for the whole procedure, which was a primary concern for him. Grosso envisions a system in which hospitals are constantly looking to improve quality. “When I practiced law, I always looked at my work and thought about what I could do better,” said Grosso. Most importantly, he said, “I want the hospitals to think of us [patients] as human beings.”

health care documentary and participate in the local [March for Science](#).

Over a thousand miles northwest of Charlottesville, **Kim Witzak** and **Will Bildsten** (pictured below with other RCA members at the January leadership training) will be hosting a



house party for right care advocates in the Twin Cities of Minnesota. They hope to bring together an intergenerational mix of clinicians and community members through their

connections in behavioral health. This first meeting will be an opportunity for attendees to discuss the problems they see in health care, and for those interested in activism to learn more about the Right Care Alliance. Witzak and Bildsten will use information from the meeting to plan their next steps, possibly a series of local listening tours to hear stories from others in the Twin Cities.

Right Care Alliance gets a boost from Brown

How do you recruit more than 125 new Right Care Alliance members in a week? Try naming the RCA in an article on overuse published in two widely-read publications. **David L. Brown, MD, FACC**, (pictured to the right) a professor in the cardiovascular division of the Washington University School of Medicine in St. Louis and member of the RCA cardiology council, was featured in the article, “[When Evidence Says No But Doctors Say Yes](#),” published in *The Atlantic* and *ProPublica*. The piece labels unnecessary care and unhelpful treatments “an epidemic,” citing stents, beta blockers, and meniscectomy as examples of treatments often provided contrary to clinical guidelines.



Brown told a story of how he avoided overuse by refusing to perform an unnecessary angiogram on a patient whose primary care physician had recommended it. He described the Right Care Alliance to the reporter, **David Epstein**, as a collaborative organization that is fighting against this epidemic. The RCA is “bringing medicine back into balance, where everybody gets the treatment they need, and nobody gets the treatment they don’t need,” said Brown. **John Mandrola, MD**, another member of the cardiology council, was also featured in the article. Mandrola cautioned against prescribing beta-blockers as a substitute for healthy lifestyle changes. “When patients take a pill, [they] see their numbers improve, and think their health is improved,” said Mandrola. But lower blood pressure “doesn’t necessarily translate to better outcomes,” he said.

Kudos to Brown and Mandrola for this prominent mention, and for using the opportunity to spread the word about the Right Care Alliance. If you’re being interviewed by the press, be sure to identify yourself as a RCA member and give the movement a boost!

Introducing new Emergency Medicine Council co-chair Maia Dorsett



We are happy to announce that **Maia Dorsett, MD, PhD**, will be joining **Erin Wilkes, MD, MSHS** as Emergency Medicine Council co-chair. Dorsett is currently a fellow in Emergency Medical Services at Washington University in St. Louis. She became involved in the Right Care alliance after participating in the [Right Care Educator program](#) for Chief Residents run by the Lown Institute. Along with her colleague **Alicia Oberle, MD**, she started the “[What Worries You Most](#)” project for the first Right Care Action Week in 2015. By asking patients what worries them most, doctors can find out their patient’s underlying concerns and better address their medical and non-medical needs. This year, Dorsett took the project a step further by inviting other emergency medicine residents at a dozen health care facilities to pass out “What Worries You” cards to their patients. She has recently accepted a position as a Clinical Instructor in Emergency Medicine at University of Rochester and will be moving to upstate New York in July. Dorsett will be working alongside Wilkes and the rest of the council, organizing for the March for Science and putting together their list of top do’s and don’ts for right care.

Organizing Tips – House Parties

Are you thinking about starting a new Right Care Alliance chapter in your region? If you have already crafted your public narrative and conducted one-on-ones with others, the next step is bringing people together in an informal gathering to explore the possibility of a chapter. “An informal house party is a way to find out, ‘Who are our people and what do they care about?’” says **Stephanie Aines**, Right Care Alliance organizer. It is not quite a team meeting, where everyone has already committed to the cause before they walk in the door. However, by the end of the house party, you will have a better idea of what people are hoping to accomplish and who might be interested in being part of the leadership team.

Here are some tips to help you have a successful house party, like Jane, Kim, and Will in the feature above:

- Sharing stories should be a central part of the house party. Tell others what brought you to the Right Care Alliance and ask them why they came.
- Ask attendees to share their vision of a perfect health care system. What would their dream health care system look like, if you could create one from scratch?
- If you have a lot of people, you can ask them to break out into smaller groups or pairs to share their stories
- At the end of the meeting, talk about the next commitment. Let them know you are thinking about starting an RCA chapter and invite them to another meeting in the future where you can work on goals and organizing strategy.

This week’s Organizing Hero is **Marlene Beggelman**, who had an [opinion piece](#) on medication side effects published in WBUR, and has taken on the role of Op-ed coordinator for the Right Care Boston chapter, supporting other people to write their own op-eds. Great work!

*Have you been having one-on-ones and thinking about starting a local chapter? We want to hear about it! Email organize@lowninstitute.org with your organizing accomplishments to get a shout-out in the next issue of *The Messenger*.*

Announcements

- Are you ready to stand up for science? On **April 22**, members of the Right Care Alliance will be joining the March for Science, a non-partisan gathering of scientists and science enthusiasts advocating for evidence-based policies in the public interest. So far there are Right Care Alliance groups marching together in Boston, Washington DC, San Francisco, Chicago, St. Louis, St. Paul, San Jose, and Charlottesville. If you'd like to join a march or start one in your city, sign up on [Facebook](#) or contact organize@lowninstitute.org.
- *Challenges to Professionalism in a Time of Change*, a joint effort of the Lown Institute, Maine Medical Association, New Hampshire Medical Society, Vermont Medical Society, Maine Alliance of Health Care Professionals, and others, will take place **Saturday, June 17, 8 am to 4 pm** at the Sheraton Portsmouth (NH). Keynotes are **Thomas Bodenheimer, MD, MPH**, professor, family community medicine at UCSF School of Medicine and **Eric Campbell, PhD**, professor of medicine at Harvard Medical School. Information [here](#).
- [Bridging Health & Community](#), an organization committed to overcoming the disconnect between the health sector and communities, will be holding their first symposium, "Community Agency & Health." Participants will explore ways how to improve health by fostering community agency in an inclusive, participatory, and responsive way. The meeting will take place May 15-16, in Oakland, CA. More information [here](#).