Physicians and researchers in the Department of Medicine at Northwell Health have cast a wide net in their research endeavors, as evidenced by the publication of three new books in 2015 and 2016. The books cover a range of topics, and they shine a spotlight on Northwell Health’s unique approach to research.

The following summaries provide a glimpse into the content of the books and the authors’ thoughts on how these books will add to the knowledge base in their respective fields.

Handbook of Health Decision Science
First edition
Over the past few decades, there has been increased interest in how people make decisions. Traditionally, it was assumed that individuals make rational decisions, weighing the pros and cons of a scenario. But that view changed in the early 1980s, when research showed that people’s thinking and decision-making are often influenced by heuristics (i.e., shortcuts in information processing) and biases (i.e., distorted ways of thinking). This book, published by Springer, presents a summary of decision-making in health care, including basic principles, how they are integrated in the clinical setting and the impact of these ideas on healthcare delivery and policy.

“This is a great time to be a decision researcher,” observes Michael Diefenbach, PhD, director of behavioral research at Northwell Health’s Feinstein Institute for Medical Research and the book’s lead author. “It is a vibrant, growing area of study that applies to an ever-widening realm within medicine and health care.”

Handbook of Medicine in Psychiatry,
Second edition
As chief of the Division of Hospital Medicine at Northwell Health, Corey Karlin-Zysman, MD, is diligent to ensure that medical care for inpatients at Northwell Health’s psychiatric hospital, Zucker Hillside, is fully coordinated between hospitalists and psychiatrists. “The reality is that behavioral and medical issues are often intertwined and affect each other,” she says. “As physicians, we need to treat the whole patient.”

The second edition of the Handbook of Medicine in Psychiatry, published in 2015 by the American Psychiatric Association, Continued on page 6
As major shifts in national health policy loom, healthcare providers and thought leaders are searching for strategies to survive the upheaval and tap the energy sparked by change on this scale.

I suggest we hold off on that search.

In fact, an ideal strategy for seizing this opportunity is right in front of us—maintain course on our current plan, already well underway. Northwell is sharply focused on building a carefully planned, well-run system. This system is coming together as an integrated network, with a solid foundation of primary care and patient-centered medical homes. The practices have access to all subspecialties, the full continuum of hospital-based care, ambulatory surgical centers, home-based hospice and palliative care and more. This is patient-centered care that is “baked in,” not an afterthought.

This integrated network will allow us to embrace solutions that have escaped us for too long. Seamless communication and data sharing will support well-planned, well-monitored care. Patients will take full advantage of ancillary services like behavioral health care, pharmacy, nutrition, social work, case management and a growing corps of navigators. As patients move fluidly through the network, they will be accompanied by their data at every step.

Such a network will boost productivity and effectiveness of thriving service lines, which will reciprocate by informing, strengthening and diversifying the network, as well as improving patient outcomes. The growing attention to translational research will make the network even more valuable to researchers and, in return, accelerate the value, visibility and accessibility of breakthroughs and discoveries.

The Department of Medicine cultivates an impressive variety of research, from basic research in the lab to designing care delivery models for practice. Department of Medicine communications like this newsletter and our weekly At a Glance calendar and bulletin regularly highlight a small fraction of the peer-reviewed publications, chapters, books, grants, contracts, awards and international presentations by our scientists. In this issue, on page one, three newly published books from our faculty highlight the range of their work: Dr. Diefenbach on medical decision-making, Dr. Karlin-Zysman on medicine in psychiatry, and Dr. Pilapil on care of adults with chronic childhood conditions.

Thomas McGinn, MD, MPH
Deputy physician-in-chief, Northwell Health
David J. Greene professor of medicine, Hofstra Northwell School of Medicine
Chair, Department of Medicine
Cancer casts a long shadow over all survivors’ lives, but perhaps nowhere is its impact felt more acutely than among adolescent and young adult (AYA) survivors. This growing population, who range in age between 15 and 39, face a unique set of challenges. Just as they are on the brink of starting out in life, they are confronted with their mortality and the uncertainty that is the hallmark of survivorship.

Catherine Benedict, PhD, an assistant investigator with the Feinstein Institute for Medical Research at Northwell Health, is building her career around issues facing young cancer survivors. She has published numerous papers about their concerns and the need for a specialized approach to treat and support young survivors.

Looming large, especially for survivors in their 20s and 30s, are worries about fertility and family creation. “Patients need to start thinking about their fertility at the time of their diagnosis, but also after treatment is completed,” says Dr. Benedict. “Many young women will be at risk for experiencing menopause at a young age—in their 20s or early 30s—right at the time when they are ready to start building a family. If they wait too long after treatment to have their fertility evaluated, they may find that they have missed their opportunity to pursue fertility treatment or plan for alternative family-building options.”

Dr. Benedict’s research has tried to improve understanding of how young cancer survivors manage their fertility concerns after treatment and how they make decisions about whether to pursue fertility care. One study, published in the Journal of Adolescent and Young Adult Oncology in March 2016, focused on the experiences of young cancer survivors between the ages of 16 and 24. They found that among the 43 participants, more men (50 percent) than women (39 percent) reported uncertainty about their fertility, but women were more likely to feel distressed and overwhelmed. “In our discussions with young cancer survivors, we have found that fertility issues are very anxiety-producing,” says Dr. Benedict. “Many want to avoid those feelings, go back to their normal lives and forget about cancer. What’s more, some younger patients assume technology will fix any fertility problem they may experience in the future, without realizing that success rates are generally lower than people think. They don’t understand that if a woman loses all her eggs, there’s nothing that technology can do at this point to bring them back.”

Another study, published in Cancer in May of 2016, also reported fertility concerns. Dr. Benedict and colleagues surveyed 346 young female cancer survivors between the ages of 18 and 39 from across the country. The study found that only 8 percent of women had undergone a fertility evaluation since their treatment ended, yet 64 percent were afraid they would have fertility problems. The study also showed that many of their needs were not being met—86 percent said they didn’t have enough information about their options, 70 percent wanted more advice and 35 percent wished they had more emotional support to make decisions.

Coupled with fertility concerns is the huge financial burden that often comes with cancer. “Young survivors can have exorbitant levels of debt by the time they’ve finished treatment. They’re also at risk for many financial challenges stemming from ongoing healthcare expenses and disruptions to education and careers caused by cancer,” continues Dr. Benedict. “The cost of fertility treatments—from freezing eggs to in vitro fertilization—as well as adoption can be daunting on top of their other financial problems.”

To hone in on how young survivors are addressing these issues, Dr. Benedict has just received a grant from the National Cancer Institute (NCI) to learn more about their decision-making processes and their plans for building a family in the future. Dr. Benedict and her team are recruiting 120 young women between the ages of 18 and 39. They are focusing on cancers whose treatments are known to affect fertility: breast cancer, blood cancers and those that require radiation to the abdomen or pelvic area.

Dr. Benedict’s work has highlighted an important issue for young survivors, especially young women struggling with infertility issues. They often don’t feel informed or supported by the medical community. “We’re hoping that the NCI grant helps us better understand their concerns,” says Dr. Benedict. “We can use what we learn to build tools that will help them think through their options, talk to their providers and make decisions about these sensitive issues that are in line with their goals.”
A typical day for first-year medical school students at Hofstra Northwell School of Medicine may begin with a small group focused on thyroid disease, for example. The group would likely discuss lab results and findings from ultrasound studies, as well as gross anatomy of the thyroid and how to conduct a thorough physical exam. By learning about multiple systems simultaneously, students begin to develop a holistic view toward medicine from their very first day of training.

This approach hardly sounds revolutionary, but it does represent a sea change in medical school education. “In a traditional program, students wouldn’t have gotten to physiology, pathology and clinical care until the third year,” says Lauren Block, MD, MPH, a clinician-educator with an expertise in curriculum development and assistant professor of medicine at the medical school. “But at Hofstra, all the courses are integrated, requiring the faculty to work together to build a cohesive program for all students.”

This vision for the medical school is the brainchild of Larry Smith, MD, physician-in-chief at Northwell Health and dean of Hofstra Northwell School of Medicine, and David Battinelli, MD, dean for medical education at the School of Medicine. To help implement these ideas, they recruited Alice Fornari, EdD, RDN, associate dean, educational skills development; professor, science education, occupational health and family medicine at Hofstra Northwell School of Medicine; and assistant dean, faculty development at Northwell Health, from Albert Einstein College of Medicine to help them further refine the curriculum. Today, integration remains key, along with teaching students how to communicate effectively with patients—especially when delivering emotionally charged news.

A new push at the medical school is on cultivating clinical reasoning skills. Working in small groups, students learn the art of forming a differential diagnosis by taking a good history and performing a thorough physical exam. “We teach students how to approach thinking about symptoms, obtaining information by asking the right questions, and carefully documenting their findings,” says Dr. Block. “We encourage them to think about all they can find out before ordering expensive and potentially intrusive tests.”

Reinventing primary care
Designing a holistic curriculum for medical school isn’t the only area of interest for educators at Hofstra. Concerned about the projected shortage of between 15,000 and 35,000 primary care physicians over the next 10 years, a team from Northwell Health received a grant from the Health Resources and Services Administration (HRSA). The grant is called IMPACcT, or Improving Patient Access, Care and cost through Training. The program brings together trainees from four clinical specialties: medicine (residents and students), pharmacy, psychology and physician assistants. The goal is to establish a “clinic within a clinic” at Northwell Health. With 61 trainees and 700 patients, the program offers coordinated care for patients and ongoing mentoring for all trainees. Its overarching goal is to encourage trainees to seek careers in primary care.

Northwell Health also received a second grant from HRSA, called PACER (Professionals Accelerating Clinical and Education Redesign), which aims to foster collaboration among the primary care disciplines, nursing, behavioral health and other professional training programs. “The idea is to form a community of educators to develop a model for changing the way we teach and train faculty in primary care,” says Dr. Block. “We’re working to bring primary care to the forefront through collaborative interprofessional teams.”

Fellows benefit from creative thinking
At the fellowship level, too, education is on the cutting edge. Kenar D. Jhaveri, MD, professor of medicine in the Division

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Frances Wallach, MD, joins the Division of Infectious Disease

We welcome Dr. Fran Wallach to the Division of Infectious Disease. She joins us after having spent 20 years at Mount Sinai Health System. She is working primarily at Long Island Jewish Medical Center and North Shore University Hospital, in addition to caring for her discharged patients in ambulatory settings.

“I’ve been here only a few months,” says Dr. Wallach. “I’m still adjusting and trying to not get lost. During these early days, it has been gratifying how supportive the Northwell team has been.”

Dr. Wallach brings to Northwell a wealth of experience in many areas of infectious disease, including working with HIV/AIDS patients. Early in her career at Mount Sinai, she was among the first physicians treating these patients, trying to stave off the opportunistic infections that often appear among people with compromised immune systems. “As infectious disease doctors, our role is to provide supportive care, buying time for the immune system to improve,” Dr. Wallach says.

In addition, Dr. Wallach had a role in instituting a more sweeping infection prevention initiative at Mount Sinai—protecting against the spread of flu by requiring all visitors to the hospital who had not received a flu vaccination to wear a mask. This policy, put into effect about five years ago, is now mandated for all hospitals by the New York State Department of Health.

Dr. Wallach notes that the model at Northwell stresses continuity of care—a different approach from what she was used to at Mount Sinai. She sees patients in the hospital until they are discharged and then follows up with them in an outpatient practice. “This model is good for patient care and patient satisfaction,” she says.

Northwell is also giving Dr. Wallach an opportunity to go back to her roots in general infectious diseases, consulting with physicians across all specialties. For example, she is working with Gerin Stevens, MD, PhD, director of Heart Failure Services, to monitor infections among patients who have received left ventricle assist devices (LVADs).

“Dr. Wallach has a particular expertise in infections related to LVAD devices and has been put in charge of infection control and care of infections among LVAD patients,” says Bruce Farber, MD, chief of the Division of Infectious Disease at Northwell Health. “As our cardiac LVAD program expands, she will be very helpful in preventing infections, which can complicate an otherwise successful procedure.”

“Dr. Wallace is a demonstrated leader in the field of infectious disease, and her patients love her,” continues Dr. Farber. “We are lucky to have recruited someone with her experience.”
Three new books highlight Northwell Health’s research programs

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serves as a bridge between the two fields, providing practical information on diagnosis and treatment for conditions psychiatrists might encounter in an inpatient facility. These include heart disease, diabetes and thyroid conditions.

“What we often see are patients pinging between the hospital and the psychiatric facility, causing setbacks in their psychiatric care,” says Dr. Karlin-Zysman. “The book discusses steps psychiatrists can take, such as paying attention to lab results and certain symptoms, so we can catch problems before they snowball. On the flip side, at Long Island Jewish Medical Center, we have seen tremendous gains as our hospitalists have learned how to work with psychiatric patients more effectively with the help of our psychiatry colleagues.”

The project began nearly two years after Peter Manu, MD, a Northwell physician in the ambulatory service, sought out Dr. Karlin-Zysman to work on the second edition. It includes new chapters written by new contributors—many from Northwell—reflecting on changes in the field.

Dr. Pilapil attributes his interest in education to several mentors, including Dr. Fornari. “She piqued my interest in narrative medicine, which led to many of my ideas,” he says.

For Dr. Fornari, mentoring continues to be a strong interest. She designed the new Hofstra University School of Education Master of Science in Health Professions Pedagogy, a 10-month program that teaches professionals how to become stronger mentors.

“I’m committed to passing the baton to young educators like Lauren and Kenar,” notes Dr. Fornari. “Promoting early career faculty is the way to ensure that innovation continues to be a guidepost among academic physicians.”

Psychiatrists and internists need to have a more robust presence in each other’s worlds,” concludes Dr. Karlin-Zysman. “It’s better for the patient to have their medical and behavioral needs co-managed in one place.”

Care of Adults with Chronic Childhood Conditions

Published in 2016 by Springer, this new book addresses the needs of a growing population—pediatric patients with chronic conditions originating in childhood who need to transition to adult care as they age. Mariecel Pilapil, MD, MPH, a general internist in the Division of General Internal Medicine at Northwell Health and editor of this book, knows firsthand about this topic. She is board certified in both internal medicine and pediatrics and sees many patients who have trouble making the switch.

“As more and more patients with conditions like cystic fibrosis and type 1 diabetes survive into adulthood, we need to make sure that adult providers are prepared to treat them,” says Dr. Pilapil.

This book emerged from a Society of General Internal Medicine task force focused on educating adult providers.

Northwell educators bring new tools to learning

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of Kidney Diseases and Hypertension at Northwell Health, has collaborated with fellow nephrologists Joel Topf, MD, assistant clinical professor at Oakland University William Beaumont School of Medicine in Detroit, and Matthew Sparks, MD, assistant professor of medicine at Duke University School of Medicine, to make the nuts and bolts of education creative and appealing. They designed the first blog (ajkdblog.com) for a major academic journal, the American Journal of Kidney Diseases (AJKD). The blog includes quizzes, interviews, games and interactive discussion. Dr. Jhaveri also developed a series of nephrology comics that describe case discussions led by Detective Nephron, “world-renowned for expert analytical skills.”

Once the blog got off the ground, Dr. Jhaveri was approached by Springer to take on the job of bringing together available information into one volume.

The book covers a wide range of specific diseases and conditions, such as attention-deficit/hyperactivity disorder, autism and congenital heart disease, as well as psychosocial functioning, mobility impairment and decision-making and guardianship.

“We’re hoping this book will encourage internists to take on some of these patients by facilitating communication and answering questions pediatricians may have,” says Dr. Pilapil.

These three books reflect the growing emphasis on research throughout Northwell. “We have a strong academic group that has been able to produce these books over a relatively short period,” says Tom McGinn, MD, MPH, deputy physician-in-chief at Northwell Health and chair of the Department of Medicine. “We are looking forward to continuing and expanding our emphasis on academic and research achievements.”
Publications


Recently awarded grants

Catherine Benedict, PhD National Cancer Institute grant: Developing a Decision Aid for Adolescent and Young Adult Female Cancer Survivors Considering Future Family-Building after Treatment. This $82,500 grant was awarded to learn more about the decision-making process of this group of cancer survivors, with an emphasis on their concerns about fertility. This research will lay the groundwork for the development of tools to help in decision making.

Maria Torroella Carney, MD FACP United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. (“UJA-Federation”). “OASIS [Older Adult Services for Independence and Safety] at the Y: ‘Improving the Continuum of Care through Palliative Care Provision Across a Community Setting’, seeks to address this gap in care by creating a co-location of dementia medical care and supportive community-based services at one community organization.

Effie Singas, MD The Association of Pulmonary Critical Care Medicine Program Directors: Validation of a Novel Training Method to Assess Pulmonary Critical Care Medicine (PCCM) Fellows’ Competence to Perform Thoracentesis. A two-year grant to evaluate new techniques to assess procedural competency in graduate medical education.

Bani Chander Roland, MD The American Gastroenterological Association (AGA) Research Foundation: Received the Medtronic Research and Pilot Award in Technology to attend the GI Innovation & Technology Tech Summit.

Awards and recognition

Thomas McGinn, MD, MPH, has been named deputy physician-in-chief for Northwell Health.

Joseph Conigliaro, MD, MPH, FACP, has been named editor-in-chief of SGIM Forum, a publication of the Society General Internal Medicine.

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Highlights, news and notes from the Department of Medicine

Send your news and notes for this section to Jonathan Meyer at JMeyer4@northwell.edu.
Northwell’s four residency programs in internal medicine had a successful Match Day on March 17, 2017. Application numbers from around the country are up, and the programs had a choice among highly qualified, competitive applicants.

Northwell’s largest residency program, the Hofstra Northwell School of Medicine Program in Internal Medicine based at North Shore University Hospital and Long Island Jewish Medical Center, interviewed more than 550 applicants and welcomed 58 incoming residents. Five of the new residents come from the Hofstra Northwell School of Medicine. Of the remaining 53 members of the class, 34 are categorical and 19 are preliminary.

“This year saw a surge in highly competitive candidates from medical schools from all over the country,” says Karen Friedman, MD, program director for the Hofstra Northwell School of Medicine Residency Program in Internal Medicine. “And 17 percent of the incoming residents are from underrepresented minority groups, up from last year.”

Ethan Fried, MD, program director for the Residency in Internal Medicine at Lenox Hill Hospital, reports having a “spectacular year, with a high percentage of candidates in my top number of ranks accepting positions in the program.” Forty-two residents are coming to Lenox Hill, 26 categorical and 16 preliminary. Dr. Fried adds that he reached out to students from schools with high levels of underrepresented minorities, striving to bring together a diverse mix of candidates.

Northwell’s third residency program is the Residency in Internal Medicine at Staten Island University Hospital, and it is directed by Suzanne El-Sayegh, MD. Applicants to this program also increased—48 interns will be coming to Staten Island, 31 categorical and 17 preliminary. Dr. El-Sayegh attributes the program’s growing success to the possibility of a hospital medicine fellowship down the road. “Between 60 and 70 percent of our residents apply for fellowships, especially in gastroenterology and cardiology,” she says. “They are very competitive.”

Miriam Smith, MD, heads up Northwell’s fourth residency program, the Hofstra Northwell School of Medicine at Forest Hills Hospital Program. Fourteen residents started at Forest Hills on July 1.

The hallmark of all four programs is innovation and creativity. “We pride ourselves on experimenting with different teaching strategies and incorporating principles of adult learning,” says Dr. Fried. “We like to keep things fresh.”