Over the past 35 years, two important shifts occurred: the number of people in the world doubled, and the number of adults diagnosed with diabetes worldwide nearly quadrupled. In 1980, 4.7 percent of the global population had diabetes, and over the next 35 years the rate surged to 8.5 percent, according to the World Health Organization. This rise is correlated with an increased number of overweight and obese individuals worldwide.

For Leonid Poretsky, MD, Chief, Endocrinology/Metabolism at Lenox Hill, and Yael Tobin Harris, MD, PhD, Chief, Division of Endocrinology, Diabetes and Metabolism at Northwell Health, these numbers are a wake-up call. They illustrate that we need to change how we approach diabetes prevention and treatment. Past approaches have been insufficient.

Many activities are in place to realize this vision. At Lenox Hill, a larger, enhanced facility has recently opened that can accommodate a greater number of diabetes patients. The Gerald J. Friedman Diabetes Institute, for which Dr. Poretsky served as the founding director and brought with him to Northwell Health from his previous position as chief of the Division of Endocrinology at Beth Israel Medical Center, has moved into a new, 9,000-square-foot facility on East 59th Street. The facility is open to all, regardless of ability to pay, and houses robust nutrition and pediatric programs, as well as a demonstration kitchen, an exercise program, and a research laboratory.

The endocrinology team at Lenox Hill is growing as well. Soon six full-time physicians will be onboard, with the long-term goal of having a full-time faculty of eight to ten physicians. In addition, a fellowship program in endocrinology has been approved by the Accreditation Council for Graduate Medical Education. The first fellow arrived in July 2016.

**Inpatient care a priority**

Throughout Northwell Health, physicians receive a great deal of support to ensure that their diabetes patients receive the best possible care. Two innovations—the Diabetes Champion program and multidisciplinary inpatient diabetes teams—form the cornerstone of this effort.

Initiated in 2010, the Diabetes Champion program brings certified diabetes educators to the inpatient setting to provide specialized training in key components of diabetes management. The role of the diabetes champions is to collaborate with nurses, nurse
On May 20, 2016, The New York Times published an article about a study chronicling the status of the winners of Season 8’s reality television show, “The Biggest Loser.” Kevin Hall, PhD, a senior scientist at the National Institute of Diabetes and Digestive and Kidney Diseases, led a team that followed the contestants for six years following their successful experience on the show. Their work produced some important findings about the physiology of weight loss.

Researchers have long known that following a weight loss, the body’s resting metabolism slows down. This means that individuals must exercise more and eat less just to keep the weight off. The new development made clear by this study, however, is that over time, the resting metabolism did not recover. In fact, for these contestants, it became even slower, pointing to the body’s intense effort to bring their weight back to what it once was.

At Northwell Health, patients who are overweight and obese have powerful allies in their effort to keep their weight under control—and weight-related conditions such as diabetes at bay. In this issue of Reporting Out, we look at several programs geared specifically to this population.

The lead story focuses on the work of the Division of Endocrinology, which has put diabetes front and center in its education and research efforts. The goal behind the programs described in this newsletter is to ensure that all patients with diabetes receive state-of-the-art care. The diabetes champions work closely with a multidisciplinary team, which includes a full-time endocrinologist, to ensure that all patients with diabetes receive close monitoring.

Throughout Northwell, numerous diabetes-related research endeavors are underway. For example, at Lenox Hill and at an ambulatory site in Great Neck, researchers are examining Toujeo®, a recently approved super-concentrated, long-acting form of insulin that has potential to work for some patients.

One of our newer enterprises is the Center for Weight Management, headed by Jamie Kane, MD, a specialist in obesity medicine. Dr. Kane has big plans for the center. His long-term goal is to develop strategies to prevent obesity and potentially reverse some of its accompanying complications. He’s also started a continuity clinic for residents to give them the training they need to meet the physical and psychological needs of overweight and obese patients.

I think the all-system approach we are taking in the Department of Medicine toward combating obesity has the greatest likelihood of success in addressing this worldwide epidemic on a local level. Our goal is not only to help people maintain their weight loss and to train physicians how to do that, but to reach a point where shows like “The Biggest Loser” become irrelevant and unnecessary.

Thomas McGinn, MD, MPH
David J. Greene professor of Medicine and chair of Medicine
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Senior vice president and executive director, Medicine Service Line

From the Chair
Fighting the good fight against obesity
For Jamie Kane, MD, director of the Center for Weight Management at Northwell Health, working with patients to help them lose weight is only the beginning. Ultimately, his goal is to prevent obesity altogether.

“The complications of obesity are not only treatable, but potentially reversible and even preventable,” Dr. Kane says. “And the best way to deal with obesity is through prevention, often by discussing lifestyle issues with patients. This goes beyond traditional conversations about smoking and drinking habits and includes eating and exercise habits, sleeping habits and stress management, as well as potential comorbidities like diabetes. There’s a lot of psychology in obesity medicine.”

In fact, Northwell is fast becoming a leader in this field. The Department of Medicine is building a cutting edge, comprehensive program. Dr. Kane was recruited in 2015 to lead this effort.

Originally based at Syosset Hospital, the center has expanded access to care to hospitals in Manhasset and in Manhattan.

Dr. Kane also sees educating physicians about how to care for this population as an ongoing challenge. “Part of the problem is that physicians struggle with how to discuss obesity,” he says. “Some physicians may have a bias against obese patients.”

To address this issue, the center is reaching out to residents, providing them with the skills they need to treat overweight and obese patients, who often have diseases that cause or are affected by obesity. In June 2016, Dr. Kane launched a continuity clinic for five residents, with the goal of teaching them how to deal with both the psychological and medical issues involved in treating overweight and obese patients. Providing this type of training to residents is a new concept nationwide.

Each resident rotates through the clinic once every fifth week, ensuring the presence of a resident each week. Dr. Kane uses a curriculum he designed specifically for this purpose. The curriculum covers 10 topics, including evaluation and treatment of obesity; lifestyle (diet and physical activity) and obesity; metabolic syndrome; obstructive sleep apnea; endocrine disorders; and surgical interventions for obesity. Residents learn the material through lectures, readings, and discussions about theoretical cases, as well as by treating their own patients.

“The residents are soaking up the material like a sponge,” Dr. Kane says. “They are very receptive to learning how to spend time with their patients to conduct a lifestyle assessment and to better understand what gets in the way of patients’ ability to manage their weight and accompanying diseases.”

Each resident has between two and five patients, and they focus on the continuum of care—from taking a comprehensive history during the first visit to developing a personalized action plan to help patients lose weight and maintain the weight loss and manage their comorbid conditions. “This is not just a weight loss clinic,” Dr. Kane stresses. “There is a strong focus on the diseases linked to obesity.” Beginning in July 2017, Dr. Kane will be introducing the first fellow into Northwell’s newly established fellowship in obesity medicine for internists interested in further specializing in the field.

“The center’s mission is to deliver the highest quality of clinical care, resulting in the best possible results for the patients we serve,” Dr. Kane notes. “We are committed to getting the word out about the most effective ways to approach obesity, including the one that’s available but often overlooked—prevention.”
Dr. Poretsky is working to build a world-class institution

Since arriving at Lenox Hill in September 2014, Dr. Poretsky has already made his mark, emphasizing both research and education. This is no surprise from a physician who, while a Harvard research fellow, was the first researcher to identify and characterize insulin receptors in the human ovary, a finding that proved to be important in developing new therapies for patients with polycystic ovary syndrome.

In addition to his ongoing research, Dr. Poretsky is engaged in several education efforts. Working with the Feinstein Institute for Medical Research, Northwell’s research center, Dr. Poretsky has conducted two system-wide research symposia focused on diabetes, obesity and metabolic syndrome. He also has two book projects in the works. He is preparing the 3rd edition of the textbook, Principles of Diabetes Mellitus, to be published by Springer in 2017, and editing an ongoing series, Contemporary Endocrinology, also a Springer project.

“These activities point to the system-wide, national and international impact of the division’s work,” says Dr. Poretsky. “They are part of our effort to build a world-class institution, with unique clinical, educational and research programs.”

Continued from page 1

practitioners, physical therapists and other healthcare professionals. The training involves a mix of in-person and online courses on a range of topics, including the kinetics of different forms of insulin, how to operate an insulin pump and how to help patients become comfortable using tools such as an insulin pen or glucose meter. After completing these courses, participants become “diabetes champions.”

“Nearly every unit in the hospital has a diabetes champion, often a nurse,” Dr. Harris explains. “The champions increase awareness and knowledge of diabetes care and complications.”

The champions also work closely with the diabetes team, which includes a full-time endocrinologist, diabetes educators and nurse practitioners. “By having an endocrinologist based in the hospital, we increase the number of diabetes patients we can help,” Dr. Harris explains. For patients admitted to the hospital with other problems, such as heart disease, the primary physicians know there is a team that can help guide the diabetes management of these patients.

Once patients with diabetes leave the hospital, Northwell has an outpatient option for them as well—the Diabetes Wellness Program. The program offers services to those who need help managing their illness. Individual and group education sessions teach patients about diabetes self-management, including how to administer insulin and establish an exercise and healthy diet regimen. “General internists often don’t have time to provide this level of help,” Dr. Harris says. “The program fills an important need and helps patients stay adherent with their care.”

Robust research agenda

Research is central to our approach to diabetes at Northwell, with researchers investigating the best way to match the patient to the form of insulin, devise strategies to find undiagnosed cases, and develop approaches to improve medication adherence. Under the direction of Caroline Messer, MD, a team at Lenox Hill and an ambulatory site in Great Neck are assessing how a new insulin product, Toujeo®, works in some patients. Toujeo is a super-concentrated, long-acting form of insulin that has recently been approved by the U.S. Food and Drug Administration.

“The new product has some advantages for properly selected patients,” Dr. Poretsky says. “For those patients who require large doses of insulin, there is a slightly lower risk of hypoglycemia at night, but we’re still studying it.”

In addition, the Friedman Diabetes Institute is a site for a National Institutes of Health (NIH) trial examining whether type 2 diabetes can be prevented with vitamin D supplementation. The Institute also has a grant from the Empire Clinical Research Investigation Program (ECRIP), managed by the New York State Department of Health, to examine innovative ways to reduce hospital readmission rates in patients with diabetes.

Of equal concern are the high numbers of patients identified at the emergency department at Long Island Jewish Medical Center with previously undiagnosed diabetes and prediabetes: 9 percent of the population had diabetes and 52 percent had prediabetes. Having this information earlier can be helpful, potentially hastening treatment and encouraging changes in diet and exercise.

But adherence to prescribed medications tends to be problematic among many diabetes patients. “We’re finding that patients are ambivalent about taking their medication, perhaps because they think that taking medication means they are weak,” Dr. Harris says. “We plan to examine whether psychological techniques such as cognitive behavior therapy or motivational interviewing can help improve adherence.”

Another approach under investigation is the use of telehealth to reach out to patients, especially those who don’t have easy access to transportation. Alyson Myers, MD, is working on a pilot study with African-American and Hispanic patients to see if this approach has potential.

“We’ve cast a wide net to improve diabetes care in all environments,” Dr. Harris says. “We need to provide the best possible diabetes treatment for all patients across the spectrum of health care.”
Johanna Martinez, MD, MS, the new Director of the Graduate Medical Education (GME) Diversity and Inclusion Program at Northwell Health, intends to bring culturally sensitive health care to everyone, especially the most vulnerable patients. Since arriving at Northwell on September 1, 2015, she has set out to accomplish that goal by focusing on diversity among the workforce and health equity for patients.

Dr. Martinez’s passion is rooted in her family experience. Raised by a single mother, an immigrant from El Salvador who worked as a housekeeper to put herself through school, Dr. Martinez feels strongly about giving back to society. “My mother became a certified home care provider, and her example led me to my career in academic medicine,” she says. “I am driven to teach future learners and providers about social justice.”

As a starting point, Dr. Martinez has been surveying the current landscape to see how many of Northwell’s programs meet recommendations set forth by the Accreditation Council for Graduate Medical Education (ACGME). This initial work could lead to changes in the GME curriculum. She is also working with other institutions which, like Northwell, received a five-year grant from the Health Resources and Services Administration to increase the number of physicians, including those from underrepresented minority populations, going into primary care—another concern of the profession.

Dr. Martinez believes that improving communication skills among residents and showing them how to build trust with patients, especially patients from backgrounds different from their own, is central to improving patient outcomes. “If doctors can gain the trust of their patients, everything else will follow,” she says. “That includes being sensitive to cultural nuances and being aware of barriers that affect medication adherence and keep patients from receiving the care they need.”

In her previous position as assistant professor at Weill Cornell Medical College, Dr. Martinez grappled with similar issues. She was part of a team that developed a curriculum on systems-based practice, one of six core competencies required for accreditation by ACGME. The course focused on changes occurring within the health system and encouraged students to think critically about the risks and benefits of these changes.

Looking ahead, Dr. Martinez says that her goal for the graduate medical education program is “to become excellent at what we do, to gain traction at the national level.” She adds that “by addressing cultural competency and health disparities, building a strong, diverse workforce, and instilling in doctors the importance of communication skills, we are on the right path.”
Valerie Barta flourishing in Nephrology Fellows Program

Valerie Barta, MD, a second-year nephrology fellow at Northwell Health, won an award at the New York Society of Nephrology Fellows’ night for her research on pregnancy and dialysis. She presented her research project at this event in May 2016 while she was a first-year fellow.

Dr. Barta, working with co-fellow Jyotsana Thakkar, MD, and faculty members Mala Sachdeva, MD, and Ilene Miller, MD, conducted a national survey to determine how many pregnant women are undergoing dialysis, how dialysis is done for this population and how these women are doing overall.

“We found that dialysis is more common during pregnancy than we expected, and the outcomes are better than prior estimates,” Dr. Barta says. She points out that they also identified the dialysis practice patterns of U.S. nephrologists that lead to the best outcomes in pregnant patients. Pregnant women need to be dialyzed more frequently—six times a week—and generally have longer sessions to avoid the buildup of uremic toxins. Their research also discovered a possible association between increased dialysis in pregnancy and the incidence of pre-eclampsia.

Dr. Barta brings a unique perspective to the program, which includes four first-year fellows and four in their second year. She attended medical school at St. George’s University School of Medicine as part of the Keith B. Taylor Global Scholars program. She spent her first year on the Northumbria University campus in Newcastle, England, with subsequent years in Grenada, Oakland, California and Brooklyn, New York.

The program had an international focus, and she learned much about low-income countries and patients with limited access to health care.

Part of a unique learning community

One of the things that Dr. Barta finds particularly valuable about the nephrology fellowship program at Northwell Health is the faculty’s innovative approach to education. In fact, Kenar Jhaveri, MD, and Hitesh Shah, MD, the fellowship program director, engage in research about the best ways to teach fellows. Case-based debates have proven to be an effective strategy. For the debates, the fellows are divided into two teams to analyze a challenging case. The teams take turns selecting diagnostic options from a “Jeopardy” style screen until one team comes to the correct diagnosis—and is declared the winner. This approach also brings out the competitive spirit of the fellows and faculty team leaders.

“The fellowship program has been a rich learning experience,” says Dr. Barta. “It has afforded me numerous opportunities in service, research and education.”

As Dr. Barta begins to think about her career options, she is looking forward to staying in academic medicine, with a continued focus on women and kidney disease. “I love the idea of adding to the literature through clinical research, but I also love working with patients,” Dr. Barta says. “The prospect of establishing long-term relationships with patients with kidney disease and working with them to prevent the progression of disease resonates with me.”

Long Island Jewish ICU Grants Last Wish to Dying Patient

Jesus Chalarcagil, 76, from Colombia, came to New York for one reason: to see his children and grandchildren before he died. Suffering from throat cancer, he knew he didn’t have much time left.

Shortly after he arrived, Chalarcagil experienced an episode where he had difficulty breathing. He was brought to Long Island Jewish Medical Center and admitted to the intensive care unit (ICU) on a ventilator. At this point, it was clear that he would not be able to survive without it.

While still in the ICU, Chalarcagil asked if his last wish could be granted. He wanted to go outside and sit in the sun. As it happened, the date was May 20, his birthday, spurring the ICU team to figure out a way to bring him outdoors. Mangala Narasimhan, DO, regional director for critical care at Northwell, and Seth Koenig, MD, MICU director at Long Island Jewish Medical Center, worked hard with staff to ensure that the last wishes of patients like Chalarcagil come true while not threatening their care or well-being (primum non nocere).

Equipped with a portable ventilator, oxygen, a monitor and a small army of caregivers, Chalarcagil was moved outside to the esplanade in front of the hospital. Feeling the sun on his face, he cried tears of joy, as his family and the hospital staff watched and cried with him. Then everyone sang happy birthday, making it a good day for all.

Chalarcagil was discharged to home, and moved off the ventilator as he had requested. He received hospice care until his death.

Dr. Narasimhan says that honoring dying patients’ last wishes is the hospital’s way of bringing some comfort to families during very trying times. In fact, under the direction of Eric Gottesman, MD, at the medical ICU at North Shore University Hospital, and Dr. Koenig at Long Island Jewish Medical Center, formal programs are in place specifically designed to grant last wishes to patients.

“Over the years, patients’ wishes have included having a member of the New York Yankees squad come visit, a last meal of favorite foods, and the chance to share a glass of wine or beer with loved ones,” Dr. Narasimhan says. “These gestures provide tremendous consolation to both the patient and family.”
Highlights, news and notes from the Department of Medicine

Send your news and notes for this section to Jonathan Meyer at JMeyer4@northwell.edu.

Publications


**Rifka Schulman, MD, and colleagues** published an article in *Endocrine Practice* on the effect of intravenous pamidronate on clinical outcome in patients with chronic critical illness.


Continued on back page
Recently awarded grants

Northwell Health Sleep Disorders, led by our Division of Pulmonary, Critical Care and Sleep Medicine, was selected by the New York Metropolitan Transport Authority to be one of four providers of care to offer specialized screening and treatment for sleep apnea found among MTA train engineers, conductors, and bus operators. **Dr. Harly Greenberg**, Chief of the division, is directing this important work.

**Negin Hajizadeh, MD, MPH**
Patient-Centered Outcomes Research Institute (PCORI) Grant: *A Comprehensive Disease Management Program to Improve Quality of Life in Disparity Hispanic Patients Admitted with Exacerbation of Chronic Pulmonary Diseases*

$1.5 million grant from PCORI for development of a telehealth system for pulmonary rehabilitation for patients with COPD. Pulmonary rehabilitation is one of the most effective interventions for patients with COPD but current delivery systems are limited in scope. A telemedicine-based pulmonary rehabilitation program has the potential to broaden access to this essential disease management tool for our patients with COPD.

**David Rosenthal, DO, PhD**
Medical Director of the Center for Young Adult, Adolescent and Pediatric HIV and Attending Physician in the Division of Allergy and Immunology received more than $2 million in new funding for “Pre-Exposure Prophylaxis (PrEP) Services in General and HIV Primary Care Settings” in Nassau/Suffolk and Queens. He was awarded the New York State, Department of Health, Commissioner’s Special Recognition Award for his “commitment, contribution and response to improve and promote the health and well-being of all New Yorkers”.

Awards and recognition

**Paul Mayo, MD**, Received Master Teacher Honors Award, international award for excellence in teaching presented at the 2015 Annual Meeting of the American College of Chest Physicians, CHEST, October 2015.

**David Bernstein, MD**, American Liver Foundation Physician of the Year, 2016.

**Kenar Jhaveri, MD**, recipient of the 2016 Candee Award for Excellence in Education.

**Seth Koenig, MD**: Named editor of “Ultrasound Corner” for CHEST, a premier pulmonary medicine journal.

**Arunabh Talwar, MD**, recipient of the Spielman Award for Excellence in Research, 2016.

*Authors in bold on pages 7 and 8 are Northwell faculty.*