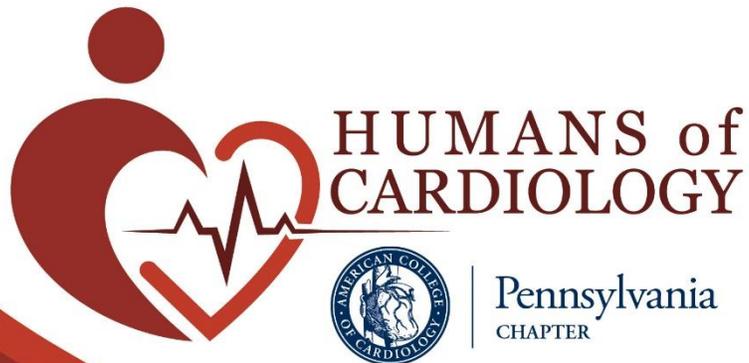


OPEN FORUM INITIATIVE



In 1983, at the age of 31, I finally completed my formal medical training. It consisted of 4 years of college premed, 4 years of medical school, 3 years of internal medicine, and then two years of cardiology fellowship.

It was an exciting time in my life. Professionally, I was stepping out of the training environment where there was always someone more senior to supervise and back me up. It was a time for job hunting, and there were a lot of decent opportunities to choose from. I decided to include my hometown, a small suburban town where I'd grown up in a family of 8 kids. There were no specific offers there but I really liked the town and knew it would be a good place to raise a family. So, I politely asked the local cardiologist if he were interested in a partner. He had been a solo practitioner, the only cardiology game in town for the past 10 or 15 years. He said he was not really interested in hiring, and added that there was probably not enough work for a second cardiologist anyway. He seemed like a nice enough guy but I was a little turned off by his response. I decided to explore a little further. So I called my Dad's general internist, introduced myself and asked him if his group wanted to hire a newly minted cardiologist.

Dad's doc was part of a 30-physician group consisting of various generalists - family docs, pediatricians, internists, Obgyns - but no cardiologists. I carefully explained to Dr. Bob that every patient has a heart, and what a great idea for his group to have their very own heart guy! Well, for whatever reason, he bit on the idea and discussed it with the rest of his group. Next thing you know, they offered me a job. They explained to me that the referral patterns in town seemed set in stone, and they might be really tough to break. But they were willing to give me a chance.

Oh, man, now what? I had young kids and debt out the wazoo. This was a pretty shaky job offer - I never really expected it to actually materialize. So, I took it.

On July 1, I reported for my first day of work as a real cardiologist. I met with Harry, who was the group business manager. Harry gave me a key and a beeper, and showed me my new digs. I was assigned a small office that was previously used as an exam room by pediatrics. Harry introduced me to the newly hired graduate nurse, Elaine. Elaine and I were now the Department of Cardiology. Elaine was perfect. She was all of 22 years old, had just finished nursing school, and had zero job experience. Better yet, she told me she never really understood cardiology and didn't really like it. But she was more than willing to assume role of NDPODC -Nurse Director of Patient Operations of the Department of Cardiology. I figured everybody loves lots of initials and long titles. Neither of us had any knowledge or interest in the day-to-day administrative needs of running a cardiology practice - billing, scheduling patients, organizing charts (all paper back then) - so we would share those functions. This was gonna be great - I could just feel it.

The patient load was a little light back then. Some days there were 2 or 3 patients on my schedule. But not every day was that busy. My new physician partners had been sending their cardiology work to the other guy for years. They liked him and he took decent care of their patients. They thought it would be unfair to just abandon him and shift all their patients to me, simply because we were now business partners. They would be willing to send me occasional new patients who had no relationship with the other guy, and they would send me stuff when he was unavailable. Over time, they would figure out if I was any good, and if I was, they'd send more patients. I found that pill a little tough to swallow, but it did seem fair. My initial plan was to get my face out there, make it known that I was available 24/7. I was all set to force a smile and a thank you for a 2AM train wreck - when the other guy might be unavailable.

The world of cardiology was absolutely on fire in the 80's. The development of echocardiography during the 70's gave us an incredible window to study the function and dysfunction of the living human heart. Game changing medical studies emerged - one such trial demonstrated survival advantage of coronary artery bypass surgery in patients with certain kinds of blockages. By 1985 there were about 250,000 bypass operations done in this country - up from 60,000 in 1975. As heart surgeons were sharpening their scalpels, a brilliant young German physician named Andreas Gruentzig successfully performed coronary angioplasty on an awake human being. Gruentzig threaded a small balloon attached to the tip of a thin flexible catheter into the narrowed opening of a blocked heart artery. He then inflated the balloon and crushed the blockage into the wall of the artery. The patient survived, the blockage was gone, and the era of non-surgical treatment of heart disease was born.

There was turmoil in the health insurance industry. For years, health insurance was driven by a fee for service mentality. The fee for service design was simple - sell more widgets, make more money. More than a few doctors were doing unnecessary tests. Patients were sometimes having operations they really didn't need. Hospitals were filling their beds and keeping them filled with people that weren't sick. Lots of people were making lots of money. But this model was not financially sustainable. More importantly, quality of care was not improving. Into this chaos, strides Leonard Abramson. This man had a background In Pharmaceuticals - and a bold vision. His

HMO - Health Maintenance Organization - was built on a premise that would gut the fee for service approach and instead incentivize doctors to care for the overall health of patient population. There was an all-inclusive fee paid to primary care physicians, who would function as the health care gatekeeper. In that role, PCPs were responsible for directing patients to expensive specialists only as they felt medically appropriate. Abramson's product stood as an attractive and affordable option to younger people in the Philadelphia market, and the company's growth throughout the eighties was remarkable. He stayed with the company until he sold it to AETNA in 1996. His profit from that sale was reported to be around 900 million dollars! The original HMO model failed to provide for much more expensive older patients, and the original HMO patients were now becoming part of that group. The original business model would need to somehow address the aging population. Clearly, this was a good time to sell.

I quickly learned the three A's of developing a successful cardiology practice. Availability, Affability, and Aptitude. Early on, I naively believed that Aptitude was critical to one's success. All I had to do was be smart and the patients would flow. It took me about an hour to learn that the number one requirement for getting referrals was Availability - you better be immediately available at any time for any case. Affability was second. A successful consultant had to be friendly and grateful for any referrals sent his way. A good sense of humor seemed to help. Aptitude was least important - it was assumed you knew your specialty. If you did not, you'd be found out and ostracized in short order.

And so I spent my days shaking the trees for business. I would walk around the office, visiting the pediatricians and telling them how much I enjoyed heart murmurs in children. If they ever had an interesting case, please call me. No need for formal consultations, I'd be happy to just go over the child and lend any expertise I could. I'd hang out at the hospital and make sure all the nurses knew who I was and how to reach me in case of an emergency - anytime for anything. I was an internist as well, and I was comfortable with non-cardiology stuff like pneumonia and diabetic crises. I also made it a point to form a relationship with my competition cardiologist. Truth be told, he was a great guy. We became good friends. Over time we covered each other during vacations and holidays, and he told me some really good jokes.

Hank Shuster was one of our pediatricians with a particular interest in cardiac problems in kids. He frequently called me over to his office to examine a child and discuss the case. This interaction was academically stimulating and a lot of fun for both of us.

One afternoon, Hank called me from our office to discuss a case. I was in the hospital reading EKGs. The hospital was about 3 miles from the office, on the far side of town.

"Joe, I'm with an 11 year old boy and his Mom. They're in another room, but I wanted to run this case by you".

"Sounds good, Hank, I'm all ears".

Hank goes on to explain that the kid had been playing outside with his buddies, and he came home a little earlier than usual because he wasn't feeling so well. The kid was pretty vague and clammed up when Mom pressed him for details. But he said something about chest pain and he seemed a little winded. Mom managed to drag out of him that they were playing with BB guns, and then she got a little scared. So she called the office and was instructed to come directly over. One of our doctors would see him and decide if he needed to go to the hospital.

"Jeez, Hank, what's he lookin' like?"

"Scared, he looks scared. Heart rate is up a little bit, but his blood pressure is ok. Chest and belly seem fine. Only thing I could find was a tiny nick, about a quarter inch long, just below his left nipple. There was a drop of blood stuck to it. I pressed him about it, but he just wouldn't talk. Just ignored me. I just don't know. This could be a big nothing, but I'm just not sure. What do you think?"

My head was racing, trying to figure what this might or might not be. We had to decide whether or not to pull out the stops and jump on this kid.

"I'm with you. Hank. I don't have the answer. But I think we should just get the kid to the ER. I'm in the heart station, I'll just walk over there and let them know what's going on. I'll see him when he gets here. If it's nothing, so be it."

"OK, Joe, thanks. Should I have his Mom drive him over or should we spring for an ambulance?"

We both started laughing.

"For God's sake, Hank, call the ambulance! If his insurance won't cover it, we'll take up a freakin collection. I promise!"

I hung up the phone and tracked down ER doc on duty, Bill Sanders. He was suturing up a nasty forearm gash on a guy sent over from a local meat packing plant. I told Bill about the kid, and asked if he'd mind if I saw the kid when he hit the door to avoid any delay from the traditional registration process.

"Hell no, Joe, go for it. One less that I have to see."

Minutes later, the EMTs wheel in Jimmy Silvestry. The ER nurses quickly situated him in room 8 and got his vitals while I introduced myself to his mother. Vitals were ok, afebrile, BP 105/60, HR 102.

I turned my attention to Jimmy.

"Hi Jimmy, my name is Dr. Joe Kraynak, most people just call me Dr. Joe. Is it ok if we talk a little

bit and I check you over? Your Mom said you're not feeling quite right."

He nodded ok, but he didn't really want to offer more than one syllable answers. I needed to talk to him alone.

"Mrs. Silvestry, this room will be very crowded in a few minutes as we get started with some examinations and tests. I would like to move through this as quickly as possible. Would you be ok with moving to the family reception room for a few minutes while we do that? I promise to personally update you with our findings and Jimmy's progress within the next 15 or 20 minutes."

Poor woman was scared to tears, mumbled ok, and followed our receptionist to the family waiting room.

Now I had Jimmy to myself.

"Jimmy, I know you must be scared, but I promise you that we're going to help you, and I promise to stay with you." He seemed to appreciate that.

"Great, first things first - how are you feeling? Does anything hurt? Are you short of breath?"

"I feel ok, it just hurts a little when I breathe".

I had my stethoscope on his chest as the words left his mouth. Heart sounded fast but otherwise normal. Lungs were fine. I did find that little nick below his left nipple. It was barely visible, only found it because Hank had mentioned it.

Nancy, the nurse assigned to Jimmy, whispered updated vitals. Heart rate up to 130, BP down to 90/40.

Only the 3 of us were in the room.

"Jimmy, I have a little bit of an idea what happened, but I need the real story from you, and I'm afraid we must hurry. What happened to you today, how did you get that little cut on your chest?"

"I don't know what happened, I was just playing."

"Jimmy, I know there were BB guns around. Is there any way you were accidentally shot?"

He burst into tears, babbling some nonsense about a gun falling out of a tree and somehow going off. He felt a little pinch in his chest, but thought nothing of it. Mostly, he was scared his Mom would find out.

"Jimmy, I will definitely have to tell your mom. But I promise she will not be mad. I'm going to get

an X-ray now and we're gonna take some blood tests and put a needle in your arm so we can give you fluids and medications. These things will hurt just a little bit, and I will stay with you. You are going to be ok, but we need to move fast!"

"Nancy, please get a chest X-ray stat with wet reading ASAP. Draw routine labs, including blood gases. He'll need 2 good sized IVs with saline running in both. Also, get an EKG. I'm going to update his mom. It'll only take a minute but please don't leave this room."

I looked at the monitor as I walked out of the room. The heart rate was up to 140, his BP was down to 85/30.

Shit.

Five minutes later, I was back in the room. I had tried to reassure Mom, but she was more than aware that her little guy was in some trouble.

Nancy had the X-ray in her hand and a handwritten note from the radiologist. "4 mm metallic foreign body, left chest ----intracardiac? No pneumothorax ."

"Joe, now what?" Mom's eyes needed answers. That metallic object was from a pellet gun. I'd shot enough rats at the old pretzel factory to know a pellet when I saw one.

This hole was getting deeper and time was running out. Throughout my life, whether in sports or medicine, there was always someone better or smarter who wanted the ball when we were down by one with 10 seconds on the clock. It was never me. I never had the confidence to be that guy.

Lord knows why, but on that day I wanted that ball.

"Nance, here's what we got. I think this little guy may have a pellet in his heart. If he does, that pellet made at least 2 holes in his heart - one in the pericardium, the sack that wraps around the heart like a baggy, and the other hole through the outside wall of the heart. I'm going to get our echo tech Cathy in here now and we're gonna do an echo. I'll need this info to give to the pediatric heart surgeon, Dr. Bill Tomkins. He's a friend, I worked with him during my fellowship.

In the meantime, please get a helicopter on standby. Tell them we will likely need them to transport this little guy to the operating room at St. Children's within the next 15 minutes. Make sure Jimmy's IV lines are wide open and running. Ask the unit secretary to copy Jimmy's records, including X-ray, to be taken to the city with Jimmy. I'm gonna update Mom. She's gonna need to sit down for this one. I'll be back here in 5".

When I got back to the room, Jimmy's HR was 145, and pressure holding in the 80's. He was awake but a little woozy. Cathy had the echo transducer on his chest. It was quickly apparent that there was a pellet stuck in the muscle of the inside wall of his heart, the septum. The pellet had also

pierced the pericardial sack as well as the outer wall of the heart, the right ventricle, before it finally lodged in the septum. Jimmy was slowly bleeding into the sack around his heart. He was very lucky, so far, that the sack held the blood despite the hole from the pellet. If that hole opened up, he would bleed out in seconds, and we would lose him.

Nancy had Bill Tomkins on the line, just as requested. I quickly gave him the scoop. As he hung up, he told me he'd have his OR team scrubbed and waiting for Jimmy. "Just get that damned bird flying, Joe".

Jimmy got to the OR in short order. Bill and his crew were able to close both holes without complications. The pellet was lodged inside the septal muscle, and was left there. Trying to remove it would have been riskier than simply allowing it to stay inside his heart.

He was back to school in 2 weeks, running around as usual, none the worse for the wear. My recovery took a whole lot longer.

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