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Clinic sees people, not dollar signs

OnePatient, which treats patients regardless of ability to pay, worries about proposed Medicaid cuts

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Dawn Turner Trice
March 7, 2012

At nearly 7 feet tall, Dr. Dan Ivankovich is the larger-than-life Chicago orthopedic surgeon who sports a black leather cowboy hat, goatee and earrings. He plays a six-string electric guitar in a blues band and is known in those circles as the Right Reverend Doctor D.

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Dr. Daniel Ivankovich, right, and earthquake victim Suy Bazelais in a Haitian hospital camp in 2010. (Photo provided by Daniel Ivankovich / January 28, 2010)

Ivankovich is the co-founder of the Chicago-based OnePatient Global Health Initiative. The mission of the health initiative is to treat patients — in Chicago and beyond — who have musculoskeletal health disorders, regardless of their ability to pay.

I first wrote about Ivankovich in 2010, when he went to Haiti to help out with the earthquake survivors. Last week, I got to spend time with his partner, Karla Carwile, who's the

initiative's president and co-founder. She's 5 feet 3 inches tall, and while she doesn't have a cowboy hat, goatee or guitar, she's a powerhouse in her own right.

You understand that when she talks about how potentially devastating the state's proposed \$2.7 billion cut to the projected Medicaid budget would be on her patients, 90 percent of whom are indigent and receive Medicaid, and on the nonprofit health initiative itself.

"Medicaid is a four-letter cuss word in the health care industry," said Carwile. "But we have to stay true to our mission, and that is to provide preventive care, outreach education and treatment to underserved populations, the people who need it most.

"By the time people reach us, they're train wrecks and it costs more to care for them and they need more services."

Kelly Kraft, Gov. Pat Quinn's budget spokeswoman,



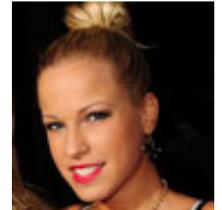
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said Medicaid provides health care for 2.9 million Illinois residents and is expected to cost \$11.5 billion in 2013. She said the cost has been increasing about 6 percent a year since 2008 and reforms are needed.

"If we don't make reforms, the safety net will collapse and we don't want that to happen," said Kraft. "We have to make sure people who use Medicaid don't overuse services ... and make sure providers aren't providing the most costly services. We'd like to take a look at all the inefficiencies."

While Ivankovich and Carwile agree that the program needs to be overhauled — they say it's also mired in bureaucracy — they worry that patient care will suffer most from the cuts.

Ivankovich said many of their patients have been passed over by other providers and specialists, and it's not uncommon for simple fractures or wounds to have deteriorated into more complex and sometimes life-threatening conditions.

"As an orthopedic surgeon who accepts Medicaid insurance, I wind up getting patients from all over the state," said Ivankovich. "There's a shortage of doctors, especially specialists, wanting to take these patients."

Carwile said that's why so many Medicaid patients use emergency rooms as their primary source of health care.

"The emergency rooms too often engage in what I call a 'Treat 'em and street 'em,' methodology," she said. "(They) give just enough care to send patients on their way. And yes, they say, 'Follow up with your primary care physician or a specialist.' But that's why (the patient was) in the emergency room; there's no primary care physician."

She told me about a man who went to an emergency room for an open sore on his knee and was discharged to a nursing home with instructions to follow up with the health initiative. Carwile said the man thought the nursing home was supposed to handle his follow-up care.

She said he didn't arrive at the health initiative until eight weeks later, and by then he had a



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gaping wound and a horrible infection in his leg.

"There was a strong likelihood that he needed a below-the-knee amputation, but Dan was able to save his leg," said Carwile. "That was only after multiple surgeries and a more extended stay in the nursing home. The state paid thousands of dollars for care for a problem that could have been prevented."

The health initiative, which began in 2009, has offices in several hospitals around the city and serves residents in embattled communities such as Humboldt Park, Englewood and Roseland. The health initiative is based in a second-floor wing of a nursing home in the Austin neighborhood.

When you walk into the office, you're immediately struck by the red walls, which may seem a bit out of the ordinary for a doctor's office. But ordinary isn't the purview of the health initiative, whose five full-time staffers, including Ivankovich and Carwile, call themselves the Bone Squad.

Carwile, who's a doctoral candidate in health psychology, said their philosophy is that health and wellness are not solely based on a medical model.

"We've created a wraparound, bio-psycho-social approach to medicine," she said. "When patients lack transportation, they miss appointments, and illnesses get worse. So if I have to help them with a Pace bus application, I'll do that. If I have to help them figure out what pharmacy to go to, I'll do that, too.

"As a professional, I am sometimes overwhelmed by the Medicaid system. Can you imagine what a patient, who's not as savvy, has to go through?"

She said a small but growing percentage of the health initiative's Medicaid patients are people who used to have private health insurance through their employers.

"Some people assume Medicaid is only for the poor or the unworthy, the incompetent and the unmotivated," she said. "But mostly it's for people who are in need, and these days many have been economically devastated."

She said she's hoping the state looks at more innovative strategies for dealing with Medicaid's budget problems. And that may mean putting a higher premium on preventive

care.

"That's what we do here. My goal is for patients to never see Dan," she said. "We hope to treat things like obesity, arthritis and diabetes in the early stages so patients don't come in when their condition is so bad that it costs so much more to care for them.

"This matters because we have to remember that we're all (potentially) just one bad day away from being unemployed or disabled and in need of a safety net."

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