

# PUBLISHER'S PROFILE

## MEDICAL SPECIALISTS AND HEALTH CARE

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Medical care has come a long way in the past 50 years. Our parents or grandparents would go to a family doctor that would handle most issues ranging from pediatric care, delivering a baby, and caring for the elderly. Obviously, those days are ancient history.

With the vast development of medical technology and advent of thousands of medications, almost all medical care is subspecialized. For example, if you have a complex skin issue, you go see a dermatologist and not the primary care physician.

While caring for our seniors, I have realized that utilizing the appropriate specialist in conjunction with our primary care/geriatric service, helps with outcomes, improves quality of life, and longevity. When a senior has a chronic cardiac issue like atrial fibrillation or congestive heart failure, we work closely with the cardiologist to help reduce exacerbations, lower emergency room visits, and hospitalizations. We work hard to coordinate the specialists' recommendations in the outpatient setting to maintain great continuity of care. Again, this helps improve outcomes, reduces health care utilization and expenses, but most importantly, keeps our patients healthier.

The difficulty sometimes is getting the patient to their specialist's outpatient office. It puts a burden on family members, like sons and



daughters, to take time off from their work or day, to get a family member to the appointment.

After hearing this feedback from senior community staff, patients, and families, we decided to create a specialty program within the practice. Now we are able to bring the specialist to the patient, in the senior communities.

Many patients are already comfortable with their current outside specialist, so we encourage that relationship to continue. The idea is not to take a specialists' patient away from them, but to bridge the gap when patients can't make it to appointments. Then communi-

cating back with the patients' longstanding specialist to help with care coordination and again improving outcomes.

The five specialties we are planning include cardiology, pulmonary, nephrology, neurology, and urology. Testing or procedures would still have to be performed at outside facilities such as hospitals, surgery centers, or specialists' offices. With a structured health plan and consistent visits by the primary care and now specialty teams, I am excited to see what a difference we can make in our patients' health and their families' lives.

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