

Michael Malouf, MD

Medical Director, La Amistad de Jose Family Health Center, and Hospice



What brought you to La Amistad?

While in graduate school for a music program I started comparing job openings with a friend who had a copy of *JAMA*.* I'd only found about five positions around the country in music, but *JAMA* had two pages of physician opportunities just in Southern California.

In 1987 I did my community medicine rotation once a week for a year at La Amistad Clinic. The clinic's first medical director, Dr. John Millane, was a great influence on me. He never seemed nervous or in a hurry and he always finished by 5:30. I liked it here so much that I took over his position when he moved on. At that time La Amistad was located on the second floor of a building near the Santa Ana/ Garden Grove border serving patients in a very poor barrio, which is where the Sisters wanted it to be. OSHA had a problem with the building not having an elevator, and when the MRI moved to the newly opened Pavilion, that opened a spot for us on Main Street. We went from doing basic primary care for all ages to treating more complicated illnesses for

chronically ill adults referred to us by our Emergency Department and discharge planners. Because there is such a need it's difficult for new patients to get in, but the decision was made early on to do a good job with the patients we have rather than be a basic walk-in clinic.

I used to think this was a stepping stone in my career, but I can't see leaving such a special place. It has its frustrations but I don't worry. I've seen what real problems are from our patients: Can I keep living in the same place? How will I feed my family? Will I lose a leg because I've been noncompliant with my diabetes?

I see La Amistad as a microcosm of what the St. Joseph Health System would like to do with its Sacred Encounters, Healthy Communities and Perfect Care initiatives. Even though our clinics cost the hospital over \$2 million a year we've had nothing but goodwill from everybody. Doctors from virtually every specialty contribute generously to the care of our patients, who receive the same high level of care as if they were fully insured. We're blessed with doctors like **Larry Lewin**, a nephrologist who has been coming here as a volunteer once a month for 15 years. Their expertise, by phone and in person, has helped me develop as a clinician.

Describe being Medical Director of Hospice.

I get to be Charlie to the angels who go around town to see patients. We meet weekly to develop care plans with medical and psychosocial support. My favorite part is home visits (in three area codes) for 15 to 18 patients a month who may need an extra look, haven't seen a doctor for awhile or have no attending physician. Patients really like it and are surprised that a doctor is visiting. Families tend to be nervous about treating the patient's symptoms and need to be reassured they're doing the right things.

What is your outlook on healthcare reform?

It seems to me that outpatient, primary medical care should be as affordable as a good haircut or a shopping cart's worth of groceries. I'm 100 percent on board with medical savings accounts. Medical insurance will always be necessary for hospitalizations and other costly interventions, and the poor will always need to fall into a safety net. I'm not sure that third-party payment for primary care medical services and most outpatient, office-based medical services is really necessary. The current system in which no one really knows the actual cost or value of anything because "someone else" is paying for it is too arbitrary. I also like the idea of encouraging medical insurance firms to be non-profit entities.

* *These days Dr. Malouf enjoys playing the cello with the Saddleback College Symphony.*



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