acofp American College of Osteopathic Family Physicians
Advocacy • Education • Leadership

Archival & Historical Committee
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Interview with
Robert J. George, DO, FACOFP *dist.*

Committee Chair: Dr. George, thank you for being with us here today. We would like you to start off by having you tell us about how you got involved with the American College of General Practitioners (ACGP).

Dr. George: It was the "ACGP" way back when. Actually I joined in 1969. As soon as I finished my internship, the Ohio ACGP was soliciting for membership and thought that as long as I'm going to be in general practice, I might as well join. Dr. John Sevastos was my osteopathic godfather and he sponsored me for fellowship in 1979. And then he called me in 1983 and he says, "Bob, I'd like to nominate you for the ACGP Board." I was surprised and I said, "But why would you nominate me instead of maybe somebody from Cleveland?" He said, "No, I think you'd be good for the college. You're in education and you're practicing, so you would bring something to the table on both sides of the fence. You're actively practicing and you're also in graduate medical education." So I said, "Gees, I'd be honored."

My first Board meeting was in 1983. Dr. Edwin Doehring was president of ACGP at that time. The first meeting that I went to was in the Hilton Head. That summer was the Denver, Colorado board meeting. I'll never forget that. We were at a big ACGP dinner meeting, and they were introducing us and they said, "We'd like to introduce our newest member to the board, Bob George and

30 his wife Daisy." My wife's name is Goldie. I told them that I kind of like
31 Daisy and I might start calling her that but…that is something I'll never forget.
32 Anyway, every time we used to see Ed, we'd kind of laugh and joke about that;
33 it was really good camaraderie. Actually my roots go all the back to 1983 as
34 far as being on the Board. But I was an actual ACGP member as far back as
35 1969. I was on the Board three years; and then, poor Ray Saloom passed
36 away.
37 Committee Chair: So were you on the Board when he was there?
38 Dr. George: Yes, he was a Board member then.
39 Committee Chair: Tell us a little bit about Dr. Saloom.
40 Dr. George: Ray was a great guy; I'll tell you. He was great when it came to the finances
41 and the books and stuff. I was on the board only three years when,
42 unfortunately, he was killed in an auto accident in Pennsylvania. He was
43 actually coming home from a meeting of the PSRO or one of those meetings he
44 was heavily involved in. So right after that, I was asked if I would consider
45 being treasurer. I think it was Boxman that was President. And Boxman said,
46 "I'll have you work with our people and see if you feel that you can maybe be
47 treasurer." And I said, "Well I'll give it a try and I'll try to do a good job but I
48 don't know how good I'll be at this." Well eight years after that appointment,
49 they elected to move me out, rightfully so, and then I was president-elect for a
50 year, then president for a year and past president for two years, so that's how I
51 ended up being I think so far the longest member of the Board because I was
52 on for 15 years so. It was very, very enjoyable. I mean there were some crazy
53 times. There were some fun times. Of course there were some sad times too.
54 But that's kind of how I got into it. I had the opportunity of serving 14
55 presidents. So that was very, very rewarding and an honor to serve.

56 Committee Chair: What year were you president?

57 Dr. George: I was president in 1996/97, and then Terry Nickels followed me then Max
58 Helman, right Max? You followed Terry, right?

59 Dr. Helman: Right. I was the President in '98/99.

60 Dr. George: Right; so I'm just trying to think of some of the funny things that happened. I
61 had a nice close relationship with Mike Avallone and how we met is a gracious
62 story unto itself. But we were in Chicago for a meeting. They had called a
63 meeting of the ACGP Board and we were staying at the Marriott Courtyard or
64 something similar. It was right in that area. Well back then I used to be an
65 avid jogger, so I get this call in my room says, "Hey, Bob George." "Yes."
66 "This is Mike Avallone." I said "Hi." He says, "I'm one of the new board
67 members that just came on and want to know if you maybe like to have dinner
68 tonight." I said, "Yeah, I'd love to." I said, "But listen, I'm going to do a quick
69 run and then we can go to dinner." He says, "Well, how long do you think
70 that'll take?" I said "Probably about 20 minutes." So I leave, I come back and
71 as soon as I walked in the door, I'm sweating, the phone rings again. "Hey
72 ready to go?" I said, "No, Mike, I got to cool down a little bit, then we'll go."
73 So he says to me that night, he goes, "I called my wife and my wife said, 'Did
74 you meet anybody yet?'" He goes, "Yeah, I met this guy Bob George, but I
75 think he's an idiot. He's out running, first of all then he comes back and then
76 he says he has to cool down." He goes, "I don't what the....," and he used some
77 exclusivities," what's going on with this person." We finally met, we went to
78 dinner and it was like we were brothers from that point on. We ate a lot and
79 we laughed a lot. I told everybody, I said, "Michael was the cause of the end
80 of my running career. He converted me from running to eating." So I'm not
81 sure if that was good or not because when he had his open heart surgery, I said,

82 "Hey, Mike, what'd they find?" He goes, "Well in my left anterior descending,
83 they found a veal chop and my circumflex they found some calamari and then
84 my right they found, yeah, some pasta so…" That was him. God love him.
85 But I would say John Sevastos probably was the person that was most
86 influential for me as far as the osteopathic profession and my movement, my
87 getting involved in the profession because John was the Ohio's Osteopathic
88 Godfather. And so when he had nominated me to go on the Board, he was just
89 being nominated to go on the AOA board, so that left a position open for
90 ACGP.

91 Committee Chair: So about Dr. Sevastos, I have not heard that before, that he was the Godfather
92 of Ohio. Tell us about that.

93 Dr. George: Yeah, because he and Dr. Koplovitz, I think, really were the two big movers
94 and shakers to get ACGP up and running. They told me stories about they had
95 had financial difficulties early on and I think then the two of them kind of put
96 their heads together and worked hard and they got ACGP back on its feet again
97 and actually they were what I call the foundation for really what the
98 organization is today. They got it up and running and their dedication. I mean
99 other people like Dr. Namey, Joe Namey, Dr. Koplovitz, Dr. Sevastos, John
100 Burnett, Mary Burnett's husband, and I think Mary, they were all very, very
101 active, very much involved with the organization.

102 Committee Chair: Were you a part of the Board when the Burnett's were there also?

103 Dr. George: No, when I had come on, they weren't on the Board. Mary had already been on
104 and had served as President and I believe John had as well. But, no, they were
105 not Board members when I came on.

106 Committee Member: I think they turned out in 1962 or '63, something like that.

107 Dr. George: That's probably about right, because I came on, like I said, in 1983.

108 Committee Chair: What were some of the toughest issues that you had to deal with? You were on
109 the Board a long time.
110 Dr. George: Back then, we were renting a building; we were renting space in this building
111 and Mike Avallone was also a member of a bank, on the board of a bank, and
112 he was saying, "You know, it's silly for us to be payingrent," I forgot what our
113 rent was for the building, and he goes, "Why don't we think about maybe
114 building - - buying some property and building a building?" I said, "I think
115 that's a great idea." But the Board at that time was really kind of mixed. Half
116 of the people were saying, "Economic times, things aren't all that good."
117 Remember the '80s when the interest rates were like 18% I think and I was
118 concerned too. And Mike says, "I tell you what I think we can do." He says,
119 "Why don't we get our CDs?" We had, oh I don't know, how many of
120 thousands of dollars in CDs. He goes, "Let's do this. Let's pull the money out
121 of the bank that we're in, put those CDs into the bank that I'm a board member
122 of." And he says, "We'll get these people to give us a bridge loan." And I said,
123 "Well all right." So we went to the Board, the Board says, "Yeah, that sounds
124 like a good idea." We had already seen the property right there where we are
125 right now and I believe we had an opportunity to buy that at a very reasonable
126 price. Then the building was built for 1.2 million. So, getting back to the bank
127 issue…. At that time Joe Namey was on the AOBFB. he was on the certifying
128 board and so was John Burnett. So getting back to the financing, Mike says,
129 "The building's going to cost us 1.2 million. We've got about 700,000 in
130 reserves." He goes, "Here's what I think the bank will do: We don't want to
131 really take out a loan because of the high interest rates, so the bank is willing to
132 do this…" As the payments come due, the construction project over like two
133 years, you kept these checks every so often. He says, "What they're willing to

134 do is borrower against our own CD and then when we run out of those funds,
135 they'll give us a bridge loan." Sounds good to me. So long story short, we built
136 a 1.2 million building for $1,200 of interest. Now that's almost unheard of.
137 That's 1% interest and back in the days when that could've cost us 20%
138 interest. But because of his affiliation with the bank, the bank gave us that
139 bridge loan. Based on the value of the building, they knew that if we ever
140 defaulted, they'd own a beautiful building in Arlington Heights. Plus, they had
141 $700,000 of our money.

142 Committee Chair: Were you involved in the controversy that was stirred up over where to build
143 the building, whether we did it in Dallas versus Chicago? Were you involved
144 in any of those debates?

145 Dr. George: I think that was a little before my time. Well, no, it really wasn't because I
146 remember there really was a push for thinking about Dallas and some people
147 talked about Washington. John Sevastos even talked about Washington at the
148 time. We kept thinking: Wow, we have to worry about a couple things, like
149 Washington, the rent, the cost of the building, the upkeep. We just thought it
150 would really get out of hand. I really can't recall exactly… There was some
151 discussion about Texas, but I'm not recalling the reason why that didn't work
152 out.

153 Committee Chair: One of the things that we saw in those tapes that we are reviewing is that
154 Royce Keilers was probably pretty high on having it in Texas. And actually
155 there was even some a little bit of friction that came up when they decided to
156 put it in Arlington Heights.

157 Dr. George: Yeah, I definitely remember that, but I'm just trying to remember how
158 Arlington Heights won out. It was probably because we already had staff there
159 and they thought: Well Chicago's easy to get in and out of no matter where you

160 live. We thought about the building, this should be a multipurpose building -
161 use it for having programs, have seminars there, have different CME programs.
162 So the nice thing about having a building in Chicago would be that people
163 could fly in no matter from where they are, into O'Hare, quick drive and you're
164 at the building. So I think that was one of the things that prevailed.
165 Committee Chair: What was the status of ACOFP state societies in general?
166 Dr. George: There were maybe about 20 to 25 back then when I was on the Board, we
167 probably didn’t have any more than that.
168 Committee Chair: At the beginning of your tenure?
169 Dr. George: Yeah, and now we're up to, what, 35 now I think? Yeah, they really have
170 grown. I remember when there were only a few. We had one in Ohio and all
171 the big states, Texas, Missouri, Michigan, Florida, Texas, California, all up the
172 Northeast Coast too like New York and New Jersey had that - - they had that
173 program, it was EROC*. Was that what they used to be called?
174 Committee Chair: Yeah.
175 Dr. George: Yeah, they had like a tri-state programs, so I would say at the time when I was
176 President, there was probably about 25 state societies. I visited quite a few of
177 the states. I only regret that I didn't get to all of them, but I think I got to a
178 good many of them. In Colorado, I got a chance to lasso a cow and I still have
179 my boots and hat from Texas. I remember Oklahoma because, in just three
180 days besides the alcohol that was consumed, I went to a toga party, to a formal,
181 and to a Texas cookout in three different days, so it was unbelievable the
182 transition that way in Oklahoma. I went to, of course, Michigan and Florida,
183 and I went all through the Northeast part of the United States. I went to
184 California too. So it was all very enjoyable, and that was the nice thing about
185 being involved like that is I had a chance to meet so many people, make a lot

186 of friends, at least I thought I made friends. Maybe they didn't want to
187 befriend me, but it was just nice to see and meet all those people because we
188 truly put the word family in family medicine. I'll tell you that. Every place
189 Goldie and I went, it was like: God, I've known these people for 30 years and
190 we met them for the first time just last night, so it was a great experience.
191 Committee Member: As the secretary-treasurer, you probably worked with executive director a lot.
192 What's your recollection of George Nyhart? Also, did you really have
193 anything to do with Jack Hank?
194 Dr. George: No, actually when I came on Betty Vaught was the Executive Director.
195 Committee Member: Oh Betty Vaught, right. Can you tell us a little bit about Betty?
196 Dr. George: Sure, I worked with Betty Vaught and she was a very kind person, and I'm
197 speaking retrospectively now of course at the time. I remember that she had a
198 wealth of information because she had been through the transition from Jack
199 Hank and all those people to where we were today and I think Betty was a very
200 hardworking person and I think it just got to the point where she was having
201 some physical problems, some illness and thought it was time to consider a
202 new executive director, and that's when I met George Nyhart. George was a
203 real - - a showman, a real salesperson. George was, what I felt, a very good
204 person for the organization externally, to the public. He had a very nice
205 presence about him. I think he learned a lot very quickly about what we did. I
206 think he had his heart into what he was doing. And then of course when I left
207 ACOFP after the transition and I went through the officer positions, George
208 was still the executive director and then I think Betty Warner came in after
209 him. But Betty Warner came in after I was off the Board.
210 Committee Member: That’s right; Betty Warner came in after George Nyhart.

211 Dr. George: Yeah, but I was off the Board at that time. So basically the whole time was the
212 first maybe five or six years with Betty Vaught and the rest of the time with
213 George Nyhart.
214 Committee Chair: Tell us about your personal medical practice as you came out of school. We'd
215 like to know something about your personal history and the practice of
216 medicine.
217 Dr. George: I graduated from Kansas City in 1968. I did my internship at - - it was then
218 called Green Cross, which is now Cuyahoga Falls General and this was '68/69.
219 Back then, the Vietnam War was in full bloom and they told all of us - -
220 everybody in my intern class, that we were going to serve. They actually
221 called us up for our physicals up at Cleveland. So went to Cleveland and had
222 my physical. We all passed. They said, "Boys, we need docs in Vietnam, so
223 you're probably going to be called soon." There was a guy that I was planning
224 on going into practice with, Rex Dinsmore, I said, "Rex, I can't do this to you.
225 I can't go into practice with you." Because then there were no family medicine
226 residencies. It was internship and then into practice. And I felt I was really
227 well prepared after my internship. Rex says, "Well if you won't to get drafted,
228 would you consider it?" I said, "Yeah, I would." So the people at the hospital
229 were real nice about it. They knew that I was going to get drafted but they
230 said, "You know what, Ohio just passed a law now where you have to have a
231 licensed physician in the emergency room all the time." Prior to '68, you didn't
232 have to have that. Anybody could cover from anywhere. You'd have on-call
233 people. "You just finished your internship, you're licensed in the State of
234 Ohio; would like to do this?" And I said, "Yeah, I need a job." So I'll never
235 forget, the guy says, "Well we can pay you $17,000." And I thought: Boy, I
236 went from $300 a month as an intern to $17,000; I thought I hit the lotto. I

237 said, "Yeah, I'll do it, man. I'll do it. "I was working 12 hour shifts, five/six
238 days a week and loved it and said, "Man, I'm on easy street now." So after
239 about a year, nothing happened, so I thought to myself, I said, "Gees, I wonder
240 if I am going to get drafted." So I really enjoyed working in the ER, they kept
241 me on for a couple more years. I set up student rotations in Kansas City, my
242 alma mater, so we were getting students left and right. Finally they came to me
243 and said, "Since you like working with students so much, would you like to be
244 the Director of Medical Education?" I said, "Well I don't mind doing that, but I
245 still want to do some kind of clinical practice". I wanted to do family medicine
246 and do some ER, but I don't want to do this job administratively. And they
247 said, "Okay, here's what we'll do. We'll let you be the DME, if you want, and
248 we'll pay you salary for that, and we'll let you practice in the afternoons."
249 Because back then being the DME, you get all your work done by 12 noon, I
250 could see patients in the afternoon. So I saw patients five days a week from
251 like 1:00 to 5:00. It wasn't a big practice, but it kept me clinical, and I did that
252 for, oh, almost like 22 years, no 28 years because I was DME and then Medical
253 Director, but they still allowed me to maintain my practice. So I didn't work
254 the ER anymore because of my responsibilities as a Director of Medical
255 Education, but that allowed me the opportunity to start my practice. And they
256 let me have an office in the hospital so that I'd be available all the time. So
257 that's how my practice was: I went from my DME office on the third floor
258 down to the first floor, which is right around the clinics, had my own practice
259 in the hospital.
260 Committee Chair: Family medicine?
261 Dr. George: Yes, Family medicine.
262 Committee Chair: What was the patient flow like?

263 Dr. George: I would see probably maybe 15/20 in an afternoon; 30 during the flu season see
264 about 30 then in that five-hour period of time. I kept patients in the hospital,
265 in-patients. I didn't do OB. I did a couple OBs in the ER only because they
266 were delivering before they got up to OB … Even though I enjoyed OB, I
267 didn't do it or practice it. I had a lot of pediatrics. I did a lot of people that
268 delivered, they'd look for some place to take their kid, so I had those - - and I
269 inherited an internist practice, so I had a lot of peds, then I had a lot of
270 Medicare patients and that void in the middle started to fill up the longer I
271 stayed in the practice because the kids that I took care of, then became in their
272 20s, 30s, 40s so as the Medicare patients died off.
273 Committee Chair: For historical purposes, tell us how well prepared that you felt you were after a
274 one-year internship?
275 Dr. George: I'll tell you, what I did in my internship, I felt very well prepared. Think about
276 back then in 1968, I mean I was putting in central lines. I would suture just
277 about anything that came into the ER. I think today of some of the stuff that I
278 did that today may be considered a medical malpractice, but you know the end
279 results are still good. A lady came in with a glove injury of her hand, literally
280 her skin just nearly completely torn off. I took that thing, I flapped it right back
281 over, meticulously took my time, sewed it all back on. I put a padded dressing
282 on her hand. She came back in a week, I took the sutures out, and it was totally
283 healed. I mean today, it's probably a plastic surgery referral. They take to the
284 OR, charge her 6/7,000 dollars and I think I got 15 bucks because that was the
285 ER, reimbursement for an ER doc back then so. Yeah, I had to do a lot with
286 scrub and surgery. I did a lot of minor surgical procedures. I did some
287 orthopedics, joint injections. I did it all because that’s what we did.

288 Committee Member: What were some of the hot button things that you remember from the Board,
289 some of the things that the Board struggled with or - - some things that may be
290 in the history? Can you recall any that come to mind?
291 Dr. George: Yeah, I remember the building being right. That was like the major issue. That
292 transition that finally got everybody to agree that we're going to build a
293 building and not worry about going broke, that was number one. The other
294 thing too was that we had very successful conventions back then, and I think
295 there was also the worry about: One of these days, this is all going to dry up.
296 Whoever forecasted that was right because it's what we're living through right
297 now with the pharmaceutical industry putting a kibosh on a lot of things. But
298 gees, back then, I mean they feed you; they'd give you CME and of course the
299 PhRMA rules were a lot different back then; there weren't any rules. You had
300 a pharmaceutical company give you a grant, feed you, have a promotional
301 CME program and get credit for it, so I guess maybe we may have abused all
302 those in the past. That's probably why we have those issues today. What else?
303 What else?
304 Committee Chair: Transition, you were there a long time. You would bring in a unique
305 perspective on how difficult was it transitioning from one executive director to
306 another to another?
307 Dr. George: I was there just to see the transition from Betty to George, okay. And at the
308 time, we dealt with these were two different personalities altogether. Here we
309 had a woman who was established and had been there for a long, long time and
310 kind of wanted to do things her way and was kind of rigid. She didn't want
311 to… We'd say, "Well, Betty, why don't we do something…" "Oh, we did
312 that. We tried that. That didn't work." "Well let's try it again, it might work
313 this time." And then George of course was almost just the opposite. I said,

314 "George, we want to try and do this." "Okay." "Let's try this, George."
315 "Okay." Maybe he was too much latitude. I think George was worried about
316 saying no to us and he probably should've said no a few times. But, yeah, that
317 was the biggest difference I think.
318 Committee Chair: What were the highlights of your presidential year, specifically, besides the
319 toga party?
320 Dr. George: Yeah, going around the country, I really, really enjoyed that. I think having the
321 opportunity to go to some states where they kind of share their, I don't want to
322 say problems, but their issues with you, and you'd say, "I was just at so-and-so,
323 they had same problem and let me tell you how I think they're going to resolve
324 this" or "let me tell you what I recommended for them." The nice thing was,
325 having the background that I had in graduate medical education, a lot of those
326 issues at that time were GME issues and at least I had my finger on the pulse of
327 things. I was also president of AODME '85 to '87, so I kind of kept heavily
328 involved with the Academy of Osteopathic Directors of Medical Education,
329 that helped out quite a bit too, having that background in graduate medical
330 education.
331 Committee Chair: Were there any exceptionally difficult, again specific to your presidential year?
332 Dr. George: I was trying to think.
333 Committee Chair: Smooth sailing?
334 Dr. George: Nothing really comes to mind. Max [Helman], do you remember anything that
335 you had to deal with that were mistakes that I left behind?
336 Dr. Helman: The finances were always the problem and raising the tuition.
337 Dr. George: Oh, the dues you mean?
338 Dr. Helman: Yeah.

339 Dr. George: Yeah. Well actually you know what; I don't think we ever did. We didn't do
340 any dues increase because we were doing so well. I mean the finances were
341 very, very good. I think we were flush with money back then. But, yeah, we
342 probably should've built in a dues increase, kind of stepwise thing, because
343 we're suffering from the sins of our past now with trying to play catch-up so…
344 Committee Member: You were instrumental in starting something, I remember, you got the ball
345 rolling on the stepwise increments in our dues structure.
346 Dr. George: Yeah, the thing we did not want to do was come up and say, "Okay, guys, we
347 haven't had a dues increase and you're seeing what a lovely picture we've
348 painted for you about our finances." So instead of saying, "We're going to take
349 our dues from 150 to 200," we said, "Let's do this because things have gone up
350 in price now, we want to prepare for the future. Let's look at it as smaller
351 increments. But instead of coming in with a $100 increase or whatever, let's
352 go..." I think we did, what, 25 or 50 over a three/four-year period of time so
353 that you really wouldn't it feel that much. Because at the time, AOA was
354 increasing their dues, the specialty societies were increasing their dues and we
355 were really getting hit with a lot. Boy, you look at it today, you got, what,
356 AOA is 700. You have your state dues 400, and you're paying 2,000/2,500 just
357 in dues for the organizations you want, that's a good bit.
358 Committee Member: As an educator, what do you feel is - - how do you feel that the education
359 system of ACOFP has evolved since you were president?
360 Dr. George: Oh, it really has evolved. And I'll tell you the thing that I'm seeing now that
361 I'm the Dean down in LECOM, Bradenton, we're starting to see a swing again
362 back to primary care, and I think that's a great sign. A good example is that we
363 graduated our third class this year. Our first class was '08 and this year is third
364 class and what I'm starting to see now is we're seeing on average, this is the

365 average of last three years that about between 60 and 65 percent of our
366 graduates are staying within the profession. That's number one, and that's way
367 below the national average. Our average now is like in the 40s. So we're at
368 about 65 percent graduates going into osteopathic programs. But more
369 importantly of that, the majority of them are going into primary care. Like this
370 year, we had a 20/20/20, a 20 percent of the class went into family medicine,
371 20 percent went into internal medicine, and the other 20 percent divided
372 between like peds, OB, some went into ER. But I'm starting to see that swing
373 coming back now, so that's why I'm really encouraged. And I'm sure a lot of
374 this is coming from whether the students are rotating with people ACOFP, the
375 training… I think our training programs are excellent, our residency programs.
376 You're seeing a great product come out.
377 Committee Chair: So what's the distant future for family medicine?
378 Dr. George: I think it's going to be good. I really do. Here's what I see happening in family
379 medicine: Remember when it took like a nose dive, everybody wanted to join
380 all the specialties and stuff now. But I think with the onset of the medical
381 home, the encouragement now that I think a lot of people are getting is primary
382 care really is going to be the place to be is finally sinking in with our graduates.
383 It's interesting because when they first come in, all 150 want to be family
384 practice docs. They want to go to a remote site and practice so they get in.
385 After they get in, they all become orthopedic surgeons, vascular surgeons,
386 neurologists. But I'm still happy to see that still probably 40/50 percent of
387 those are still staying in the primary care realm.
388 Committee Member: Is it a reimbursement issue?
389 Dr. George: It is a reimbursement issue.
390 Committee Chair: The future of the ACOFP, what do you see as the future for the ACOFP?

391 Dr. George: I think with any special organization, that what really drives us is that the
392 medical society, organizes your specialty. I think if we just turn out family
393 physicians and there was really no organization to belong to, how do you
394 disseminate information to people like that? How do you give them
395 encouragement? How do you put on programs? They need a house. They need
396 a home, a church, and that's what ACOFP is.
397 Committee Chair: Do you see us as maybe being absorbed?
398 Dr. George: No. It's going to be difficult. Remember, you're the largest specialty college in
399 our profession and you're the largest affiliate group in our profession. Who's
400 going to absorb you? I mean really think about it, who's going to really absorb
401 you?
402 Committee Member: How do you think Obama's proposals, the health care is going to affect us, and
403 it should enhance us?
404 Dr. George: Yes, it is going to enhance us. Yeah, everybody of course worries about the
405 Medicare cuts now. What's it up to now, 23 percent?
406 Committee Member: Twenty one.
407 Dr. George: Yeah, but I mean eventually it's going to - - they're trying to look at 23 percent.
408 I mean that's a big chunk of the pie. But I really think with the plan now, if we
409 look at the medical home, the medical home today is what GPs did when Tom
410 and Max and I were having practice. You're still a little younger, aren't you,
411 Ron? Yeah.
412 Committee Chair: And got paid for it, is what you forgot to say - and got paid for it.
413 Dr. George: Yeah, and the same thing you went through with California. I mean you were
414 the medical home; we just didn't call it that.
415 Committee Member: No. Fact we, Medicare funded what turned out to be Medicaid because we
416 would give away what we made no Medicare to the people. On the excess to

417 Medicare, we were able to distribute to those people that didn't have insurance,
418 which then turned into Medicaid and we got mandated not to do that so…
419 Dr. George: Yeah, I just saw another thing that went on during my term, and that was when
420 the statins first came out, that was - - everybody was kind of worried about the
421 statins going to be that good. And I remember a guy by the name - - his last
422 name was George, but we weren't related. But he worked for Upjohn and they
423 gave us a ton of money way back when, you probably have to check the
424 archives, to do some Phase III studies on the effects of statins on coronary
425 disease and stuff. Tom, you followed up with that with the…
426 Tom: Spirometry.
427 Dr. George: Spirometry, yeah. And it seems like these days, if you're not a family medicine
428 specialist, you don't find internist with isolated specialty practices now. I hear
429 cardiologists talking about they're checking the blood sugars on the patients
430 and stuff now. All the specialists are trying to become primary care. They're
431 trying to take care of the diabetes, the heart disease and they're in the
432 hypertension. Whereas, they should be taking care of the heart disease, refer it
433 back to the primary care guys who referred the patient in the first place.
434 Committee Member: I think part of that is because Medicare is stopping the round robin.
435 Dr. George: Yeah. Oh yeah, they're feeling it to. They're feeling it as well.
436 Committee Chair: What kind of advice would you have for students today?
437 Dr. George: I tell students when I talk to them, and I talk to them quite often, I say, "Look,
438 we follow what's called a mentoring program at our school. It's a preceptor-
439 driven program, which means that when we assign somebody in their third and
440 fourth years, they're not assigned to internal medicine at Hospital X, okay.
441 They're assigned to Dr. Told* in internal medicine at Hospital X, okay. They're
442 assigned to Dr. Fowley*, a general surgeon at Hospital So-and-So. They're

443 assigned to Dr. Zall* in family medicine and what they do is they stay with that
444 person the whole 30 days or 60 days. It's not going to up to a hospital floor and
445 when three people hit the floor at the same time to try to make rounds. No.
446 I'm assigned to Dr. Told this month. I just go to Dr. Told in his office in the
447 OR or wherever the XEU, and we found that by doing this, they really are now
448 developing an allegiance more towards primary care and to the physicians
449 they're with because otherwise it is hit and miss, hit and miss. And I think
450 they're doing very, very well as far as their boards are concerned, at least from
451 our perspective, and I really think that it gets back to the preceptor model and
452 the mentoring model. If there with somebody good, a good mentor, they're
453 going to follow in that person's footsteps. That's what I think happens with the
454 allopathic side of this deal. If our students are only being exposed to allopathic
455 physicians, you can't blame them. These are the role models for these students.
456 That's who they're going to follow. But if you give them osteopathic mentors
457 and good people, they're going to stay osteopathic.
458 Committee Member: I have one of your young ladies with me right now, Kay.
459 Dr. George: Oh Kay.
460 Committee Member: She's with me for a whole month, but PCOM, when they have their month of
461 family practice, one week is spent doing OMT, one week is spent doing
462 geriatrics and end of life, and I get them for two weeks. You can't induce them
463 to go into family practice that way.
464 Dr. George: You can teach them OMM. You do it. We teach them end of life. I mean they
465 get some exposure.
466 Committee Member: I lecture on end of life. I wrote the chapter in the book on end of life.

467 Dr. George: Yeah exactly, it fits right in to family medicine. We have to be good examples
468 of osteopathic physicians in order to have our students drawn to primary care
469 and osteopathic principles
470 Committee Member: And they're pulling them away from us.
471 Dr. George: Yes, definitely. That's why we follow that model, and I think it's been
472 successful for us. It's been very successful. I only have three years to look at
473 from the standpoint of what we're turned out, but I think that our model has
474 definitely helped us succeed. And not only that, but the hospital in our town,
475 Bradenton, which never had a training program before, is starting an
476 osteopathic training program. A big MD hospital that never had a training
477 program is going to start with 65 DO approved slots starting in July of '11. It is
478 just incredibly exciting to watch.
479 Committee Member: That's great.
480 Dr. George: They have our students, now… we're missing something here. We need to
481 have a residency program. They didn't want to hear from me in 2004 when I
482 came to town. Well send us your students and then we'll see, send us one or
483 two. Why don't you send us five or six? Why don't you send us about ten a
484 month? How do we get a program in general medicine started? How do we
485 start a program in family medicine? That's just how it evolves.
486 Committee Chair: What's the name of that hospital?
487 Dr. George: Manatee Memorial. It used to be the county hospital, 560 or so beds. It'll be a
488 great teaching facility.
489 Committee Chair: Do you have any more comments, things that we missed?
490 Dr. George: No, I think this is a great idea because there's a lot of guys out there, some
491 older D.O.s, that have been through probably a lot more than I have and can
492 give you a lot more history, but I think whoever started this had a great idea

493 because you know you can't talk to them when they're on the other side of

494 those roses so better to talk to me now…

495