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Leaders in the Patient Experience: Eric Manheimer, MD

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By Barbara Sadick

Angel*, a 36-year old illegal Mexican immigrant, was running out of time when he went to the Mexican consulate where Josanda Tonda directs a program to provide medical services to Mexican immigrants in New York City. He had been diagnosed with kidney failure and would not survive without a kidney transplant.

He had arrived in New York with his wife almost 10 years earlier to work, save money, pay some bills and eventually go home. His two children were born in New York. Although he may not have otherwise been able to afford it, he was without health insurance coverage due to his immigration status, but he had been sent to Bellevue Hospital to undergo dialysis treatments. By law, though, because he was in the country illegally, he was ineligible to receive the kidney transplant he would need.

Tonda had some ideas. She contacted her friend and colleague Dr. Eric Manheimer at Bellevue Hospital. She and Manheimer had developed a great working relationship and a solid friendship.

"Eric and I share the desire to help any patient with a medical need or problem, and we both have great affinity for Mexico and the Mexican people," Tonda says. "I called upon him to see if we might be able to find a solution for Angel."

Angel met with Manheimer, who agreed to explore possible options. "He was so supportive," says Angel. "He called me regularly to see how I was doing and to assess my situation." Meanwhile, the doctor had contacted a reporter he knew at The New York Times, who took an interest in the story, and soon Angel's case was written up in the country's most influential newspaper.

The publicity was so compelling that people rushed forward to help. Mount Sinai Hospital called the reporter the day after the story ran to offer to perform the transplant that would save Angel's life. All promised to protect his identity and donors came forward. The New York Times followed up with another story, and a very wealthy individual donated most of the money needed to pay for the cost of the procedure. Manheimer had once again devoted himself to finding a solution to a situation that seemed insurmountable.

For 15 years, until last year, Dr. Eric Manheimer was the Chief Medical Officer at Bellevue Hospital. He attended medical school at SUNY Downstate College of Medicine in Brooklyn, did his internship at The Johns Hopkins University School of Medicine, was on staff at King's County Hospital (also a public hospital) in the late 1970s-early 1980s, and spent 17 years on the faculty at Dartmouth-Hitchcock Medical Center. His interest in international health had taken him to Haiti and Pakistan to practice medicine. In 1997, at the urging of his wife, Diana Taylor, who grew up in Mexico and is now a professor of performance studies and Spanish at New York University, he moved back to New York where he took the helm at Bellevue.

As Chief Medical Officer, Manheimer oversaw operations and worked with people like Angel to find solutions to a wide range of health problems in a variety of social and economic contexts. "At Bellevue there is a great deal of poverty and diversity," says Manheimer. "The hospital's mission is to treat individuals regardless of their ability to pay, and patients manifest all social determinants of health." He sees Bellevue as a microcosm of America's social problems, and a perfect venue for a medical director to work at improving health care for everyone. Money, he says, is always an issue, and patients are more complicated because when they arrive at the hospital they're usually at a later stage of disease due to a pervasive lack of early detection.

"Bellevue is a window on the world," says Manheimer.

Founded in 1736 as a six-bed infirmary called Almshouse, Bellevue is the oldest public hospital in the United States. The hospital treats patients of all backgrounds whether or not they have the ability to pay, and funding comes from the city and state. Each year, about 500,000 patients visit the hospital's clinics, 145,000 show up at its emergency room, and 26,000 are admitted and treated in the hospital. The hospital's staff of attending physicians numbers about 1,800, with an in-house staff of more than 1,000 people.

Most of the patients come from New York City's underserved populations, but Bellevue is also the hospital in the city on standby to treat presidents, dignitaries, United Nations diplomats and injured police and firefighters. Its trauma center is the largest and best in the country.

Bellevue's history is one of great innovation. It founded a maternity ward in 1799, a medical college in 1861, and became the first hospital to implement a horse and buggy ambulance service in 1869. After his fatal duel with Aaron Burr, Alexander Hamilton was treated at Bellevue. Following graduation from Bellevue Medical College, Dr.

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Charles Augustus Leale was the first doctor to reach Abraham Lincoln after he was shot in 1865 at Ford's Theater in Washington, D.C.

In 1866, Bellevue doctors helped develop New York City's sanitary code - the first in the world. Stephen Foster, the composer of "Oh Susanna," died penniless in 1864 at Bellevue. The short story writer O. Henry died there a financially depleted alcoholic in 1910. From 1908-27, Ringling Bros. and Barnum and Bailey Circus performed in the hospital's courtyard. David Wechsler, chief psychologist at Bellevue from 1932 until 1957, developed the Wechsler Intelligence Scale for Children.

It is in the richness of this history that Manheimer assumed his post and later began his book "Twelve Patients: Life and Death at Bellevue Hospital," a compilation of medical cases including his own battle with throat cancer. During his tenure at Bellevue, he kept notes on what he saw and experienced, and some of the stories are retold in this book. They include the plight of a young girl who walked across the Brooklyn Bridge in a snow storm to reach the hospital to keep from being raped again in her foster home; a felon in the witness protection program ravaged by AIDS, tuberculosis, and chickenpox; a Mexican cancer patient who longed to die at home in Mexico and was subsequently accompanied by Manheimer to make that wish a reality. He writes of prisoners from Riker's Island jails being treated at Bellevue and of a drug addicted well-known Wall Street tycoon trying to recover without fanfare.

When asked about his views on health care in the United States, Manheimer speaks about the baffling reality of living in a country that does not see health care as a right for its citizens. "Every developed and undeveloped nation provides health care for its population," he says. "In the United States," he continues, "the cost of health care is much higher than anywhere else. If we continue on this path, we will have a bifurcated system, and we will become more and more divided."

He points out that currently we are spending \$2.8 trillion annually or almost 20 percent of our GDP on healthcare delivery, with costs increasing by 6 percent a year. The rate of inflation in health care, he notes, is higher than the average rate of inflation. He says there is so much administrative waste in the system due to over-testing, the over use of procedures, and massive duplication, but notes the irony in the fact that if all waste were to be eliminated, 2 million jobs would also be eliminated. "That means," he continues, "that change has to be implemented strategically over time. We all have to get creative when looking toward the future."

More than four years ago, Manheimer began to experience a hoarseness that was eventually diagnosed as throat cancer. Because he wanted to create space between himself and the staff at Bellevue he was charged with supervising, he chose to be treated at NYU Medical Center, Bellevue's private counterpart and the home of the medical school that sends its students to Bellevue for training. Radiation and chemotherapy were the treatment protocol, and cancerous lymph nodes were excised from the neck.

Manheimer chronicles his personal illness journey in "Twelve Patients," and describes how within seven weeks he had become so debilitated he was ready to stop and prepare to die. His wife, though, insisted he finish the treatment cycle. The cancer is now in remission, and he believes his personal struggle has made him a better doctor because he can now relate to those who are sick not only as a healer, but as one who has also been healed. "No amount of doctoring," he muses, "can prepare you for being a patient."

*Name has been changed to protect identity

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This article was written by Barbara Sadick, Association member and freelance health writer. Based in New York City, Barbara's clients include U.S. News & World Report, Healthline.com, the Chicago Tribune and **PatientsConnect**. In 2003, after the death of her brother from lymphoma, she began working as a freelance health advocate, researcher and writer. Her personal experience has been supplemented with an MA in Health Advocacy from Sarah Lawrence College and an MS in Health and Behavior Studies from Columbia University. Available for freelance writing and research, Barbara can be reached at barbara.sadick@gmail.com.