Leeway

A Memoir

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PREFACE

Many friends and colleagues of K.J. Lee (aka Ahchu, Melvin, Keatjin, Keat-Jin), including Steve Xue and Bruce Zhang, suggested that a memoir on K.J. Lee may inspire and impart wisdom to certain young people of humble origins to work hard to achieve a better life. K.J. is a common soul. He is not a Jeff Bezos, Warren Buffett, Bill Gates, Steve Jobs or Mark Zuckerberg. What he has done is his life is achievable by everyone. Four writers from Columbia University volunteered to interview K.J. and pen this memoir.

"The Road to Success is not straight.
There is a curve called Failure,
A loop called Confusion
Speed bumps called Friends,
Red lights called Enemies,
Caution lights called Family
and Flats called Jobs.
But, if you have a spare called Determination,
An engine called Perseverance,
fuel called Hope,
insurance called Faith,
and a driver called Lord,
you will make it to a place called Success."
– Author Unknown

Our greatest glory is not in never falling,
but in rising every time we fall
– Confucius

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PROLOGUE

This memoir starts with K.J.'s birth through his childhood in then a third world country, Malaya. It progresses to his formative days at Harvard University and Columbia University College of Physicians and Surgeons. It describes his career path, his passion and dedication of treating "a patient at a time." At the same time, seeing the big picture, he is a student and a visionary of healthcare reform and healthcare economics. His hybrid provider payment model projects an understanding of human nature and healthcare economics. The following interview of medical leaders by Katherine Keyu Liu at the Chicago medical convention in 2017 documents the era of K.J.'s professional life in otolaryngology-head and neck surgery.

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Reminiscing and Looking Ahead

Our Brief History from Those Interviewed in Chicago

Some say that K.J. Lee's Essential Otolaryngology-Head and Neck Surgery is a "bible", a must read. In this 12th and the 45th anniversary edition, we are adding a historical perspective of our great specialty. Within the past 45 years, we have witnessed the explosive growth of ENT from being a less than desirable specialty among medical students to one that is very competitively sought after. Otolaryngology-Head and Neck Surgery is currently one of the most broadly encompassing specialty. Not only have our leaders pioneered and invented new diagnostic and treatment modalities, we have performed better in subspecialties that used to be in others' purview through achieving better outcome for patients and offering great educational opportunities for young physicians. We are now the rightful "owner" of these subspecialties.

The story of how our specialty grew in the past half century to its current grandeur is hard work as well as a tale of hard-fought victory mixed with cheers and tears. With combined efforts of a group of exemplary individuals that Dr. Lee was honored to learn from and work with, Otolaryngology- Head and Neck Surgery climbed to a peak that spreads its influences across the fields of medicine.

"Head and Neck Surgery" was originally not part of the name of our specialty. An ENT doctor in the 1960s was not allowed to perform neck dissection, thyroid or parotid surgery. Dr. Stuart Strong, one of the esteemed practitioners of Head and Neck Surgery, recalled with a smile how "ENT was regarded a field of the dropout students". He humorously recalled how ENT doctors needed to book a thyroid tumor case as an excision of "a lump in the neck." Dr. Eugene Meyers, one of the major contributors to this subspecialty of Otolaryngology, recalled the "bittersweet battle" between the Society of Head and Neck Surgeons established by general surgeons in 1954 and the American Society for Head and Neck Surgery established in 1958 by ENT doctors.* The former was not ready to share its "ownership" of Head and Neck practices with ENT surgeons. Through improvements in surgical trainings of ENT doctors, ENT doctors gradually

improved in surgical expertise and gain the respect of general surgeons. Eventually the two associations merged and formed the American Head and Neck Society in 1998.

Plastic surgery procedures such as facelifts, rhinoplasty, otoplasty, mentoplasty and blepharoplasty are the purview of general plastic surgeons. Giants like Jack Anderson, Irving Goodman, Bob Simmons, Howard Smith, Eugene Tardy among many other otolaryngologists branched out to perform these surgeries with great outcome and taught the procedures well. When Dr. Smith performed his first facelift in New Haven, the chief of general plastic surgery was furious. Dr. Smith and other leaders collaborated on developing the Facial Plastic Surgery Board Exam in the 70s, Dr. Lee was a mock candidate taking the exam and giving feedback. The resulting test was carefully structured to thoroughly examine the knowledge and skills of the testee. Today it is a respected Board Exam. Today, many general plastic surgeons take the American Academy of Facial Plastic Board Exam to gain prestige and respect. The diagnosis and treatment of allergic conditions were incorporated into the field of Otolaryngology due to the efforts of practitioners interested in this field such as Dr. Donald Nalebuff and Dr. Richard Fadal. Dr. Michael Setzen recounted the work of the American Rhinologic Society led by Dr. David Kennedy and many others to launch endoscopic sinus surgeries. Dr. Derald Brackmann recalled the development of cochlear implants by Dr. William House and many other cochlear implant surgeons. Dr. John Shea, Dr. Howard House, Dr. Schuknecht and others introduced and refined stapedectomies. Dr. Brackmann recalled with fondness and excitement how Dr. William House pioneered acoustic neuroma and vestibular nerve surgeries which ultimately led to what is now known as skull base surgery. Dr. Brad Welling stressed the collaborations with basic scientists to cure tinnitus.

The fields of laryngology, pediatric otolaryngology and sleep medicine have also witnessed an expansion of knowledge. Dr. Gavin Setzen, the 2017-2018 President of the Academy, remarked, “There has been an increase in collaboration among institutions and the public sectors. The sleep center project we are currently developing is a mutual effort with an orthopedic group and hospital. We aim to integrate ambulatory surgery center into our private practice model, with the true hope of offering efficient diagnostic services and robust patient network”.

The future of our specialty is guided towards a beacon of light, a scope of influence that spreads across the continents to reach an international scale. Dr. Pablo Stolovitzky remarked on how the Academy has grown in its enormous worldwide outreach. With the help of many leaders including but not limited to Drs. Eugene Meyers, K.J. Lee, Greg Randolph and Dr. Pablo Stolovitzky, the American Academy of Otolaryngology- Head and Neck Surgery is well regarded worldwide.

The Academy of Ophthalmology and Otolaryngology was reorganized into 2 academies, the American Academy of Otolaryngology and the American Academy of Ophthalmology in 1979. Later the Academy was renamed to be the American Academy of Otolaryngology-Head and Neck Surgery. Currently departments in most universities and hospitals are called the Department of Otolaryngology-Head and Neck Surgery. After graduating from Columbia University College of Physicians & Surgeons, K.J did his PGY I and PGY II in general surgery at St Luke’s Hospital, New York City, a teaching hospital of Columbia University. At the academic year end dinner, all graduating residents as well as departing PGY II residents leaving for specialized

surgical residencies needed to announce where they were going in July. Some were going into Neurosurgery, some into Orthopedic Surgery, some into Cardiac- Chest Surgery, some into Urology. K.J was too embarrassed to say ENT or Otolaryngology because in 1966, as Dr. Stuart Strong mentioned, ENT is a field for the "dropouts". KJ stood up and under his breadth said "I'm going to Harvard to do Head and Neck Surgery "and sat down quickly. There was a rumbling among the dinner attendees "what specialty is that, there is no such residency". Hence in June 1966 KJ unknowingly coined the term Head and Neck Surgery for Otolaryngology-Head and Neck Surgery residency.

With the current super-achievers in our midst and the pool of talented residents following us, Otolaryngology-Head and Neck Surgery will enable all to hear, smell, breathe, sing, swallow, free of imbalance, pain and cancer.

(The above is an extemporaneous summary from the leaders whom Keyu (Katherine) Liu was able to interview in Chicago during the AAO-HNSF annual convention in September, 2017. We apologize for not mentioning the other great leaders and pioneers who helped transform our specialty to its current preeminent position.)

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References:
Shaha, Ashok, et al. "AHNS Society History." *American Head & Neck Society*, www.ahns.info/about-ahns/history-ahns/.

*The following is an excerpt from American Head & Neck Society's website:

AHNS Society History

On May 13, 1998, The American Head and Neck Society (AHNS) became the single largest organization in North America for the advancement of research and education in head and neck oncology. The merger of two societies, the American Society for Head and Neck Surgery and the Society of Head and Neck Surgeons, formed the American Head and Neck Society.

The contributions made by the two societies forming the AHNS are significant in the history of surgery in the United States. Dr. Hayes Martin conceived the Society of Head and Neck Surgeons in 1954, a surgeon considered by many to be the "father of modern head and neck tumor surgery." The purpose of the society was to exchange and advance the scientific knowledge relevant to the surgery of head and neck tumors (exclusive of brain surgery) with an emphasis on cancer of the head and neck. Two years later, The American Society for Head and Neck Surgery was organized with the

goal to “facilitate and advance knowledge relevant to surgical treatment of diseases of the head and neck, including reconstruction and rehabilitation; promote advancement of the highest professional and ethical standards as they pertain to the practice of major head and neck surgery; and to honor those who have made major contributions in the field of head and neck surgery, or have aided in its advancement”.

The new Society remains dedicated to the common goals of its parental organizations.

AHNS – Tenth Anniversary

The new American Head and Neck Society was founded as a merger of two head and neck societies, the Society of Head and Neck Surgeons (SHNS) and the American Society for Head and Neck Surgery (ASHNS), in 1998. The SHNS was founded under the leadership of Hayes Martin, William MacComb, Grant Ward, and others in 1954. It was initially dominated by general surgeons. A parallel society (ASHNS) was established by John Conley, George Sisson, and others in 1958. Even though there was considerable rivalry and animosity between the two societies initially, over a period of time, many cooperative activities were undertaken by the two societies. Several leading head and neck surgeons with an ENT background trained many young otolaryngologists with a special interest in head and neck surgery.

Over the years, both of the societies became well established, and ran parallel to each other. The SHNS membership consisted primarily of general surgeons, plastic surgeons and surgical oncologists interested in head and neck surgery, while membership in the ASHNS was comprised of otolaryngologists. Early on, significant hostility and disrespect was evident in members of both organizations who saw each society as being competitive, however, rational individuals from each group recognized that the two societies possessed similar goals and objectives. Several combined activities were undertaken, beginning first with the Advanced Training Council and occasional combined annual meetings of the two societies, and annual head and neck workshops. In 1984, under the leadership of Paul B. Chretien, MD (SHNS), the first combined International Conference on Head and Neck Cancer was planned by a committee representing leadership of both societies. This meeting followed a successful NCI Head and Neck Oncology Research Workshop initiated in 1980 to address the clinical and research advances in multidisciplinary care. The success of these collaborative activities brought head and neck surgeons from both societies closer together, bridging the gap. As the workshops and quadrennial International Conferences continued for a period of approximately 10 years, the members of both organizations came closer and closer.

The issues of merger, unification, and amalgamation were discussed as early as 1960. The formal first meeting was held in Atlanta on October 15, 1989. The discussions continued over a period of time, with several ups and downs. These issues were brought for discussion in each individual society, as well as the joint training council. After the 1996 International Conference on Head and Neck Cancer in Toronto, the leaders of SHNS seriously considered the merger of the two organizations, and the

discussions began. After extensive discussions, the merger agreement was prepared, and a new society was born in 1998 – The American Head and Neck Society. The first two co-presidents were Ashok Shaha and K. Thomas Robbins.

It is now 50 years since the founding of the ASHNS and 10 years since the birth of the new society. Many young members may not be aware of the tumultuous history of the two societies. Clearly, the new society represents a stronger bond amongst head and neck surgeons and a broader representation of the multiple disciplines countrywide with a special interest in furthering the care of head and neck cancer patients. Happy Anniversary, American Head and Neck Society.

Ashok Shaha, MD

K. Thomas Robbins, MD

Gregory Wolf, MD

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CHAPTER 24 – **Epilogue**
Author ?

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

— *Maya Angelou*

In his twilight years, looking back at his life, K.J. feels privileged to have listened to his papa, becoming a doctor instead of becoming a nuclear physicist, possibly developing new bombs. His papa mentioned that an eminent nuclear physicist might get kidnapped or assassinated. His clinical practice has helped thousands of patients in Connecticut, the United States and abroad. His books and lectures have educated otolaryngology-head and neck surgeons for five decades around the world.

In the last decade he has also been keenly aware of the caregivers' well-being. The government and the business industry have imposed more rules and regulations upon the practice of medicine. Many of them could have been implemented differently in a less punitive manner. The climate in healthcare has caused unnecessary stress among providers to the point of causing many to retire early or switch careers. At this stage of his career K.J. has been called upon to give seminars on increasing physician morale and decreasing stress. K.J. firmly believes that the practice of medicine is a noble profession and a great career and will always be. Even among those who complained vociferously about the practice of medicine in this day and age are quick to "brag" to friends and family when their children get admitted to medical school, start residency or become an attending doctor. K.J's seminars customarily start with recognizing the increasing external "interfering elements." He calmly points out those elements that rightfully improve patient care and outcome. He boosts their morale by introducing strategies in workflow "work around" for the mandates that interfere with patient care. (Addendum 1) The PowerPoints in this chapter give the gist of how K.J. imparts information to providers of healthcare, starting with running a more efficient practice focusing on patients. He then analyzes the business aspects of

medicine, investment strategies and estate planning for the family. His PowerPoints include the "kumbaya philosophical" moments. He closes his seminar teaching the participants techniques in negotiation. To him, negotiation is far from being confrontational.

At the writing of this biography, healthcare spending has reached over $3.3 trillion per annum in the US, 17.9% of GDP, $10,348 per person per year (Medical Economics March 10, 2018 Edition Page 15). In 2000, healthcare premium for a single person was $2,500 and for a family was $6,400. In 2017, it was $6,700 for a single person and $18,800 for a family. K.J.'s analysis concluded that 20% to 28% of that can be saved without compromising care. It is achieved by eliminating waste and inefficiencies.

His healthcare policy emphasizes efficiency, outcome, quality of patient service and affordability. He specializes in using technology-based solutions to help hospitals and practitioners improve operational efficiency, reduce administration costs, and increase patients' access to quality healthcare services. He emphasizes that technology has to be simple, accurate, usercentric and reliable. He teaches that in spite of all the technologies, nothing beats the human touch. He has been recognized for his vision that practical clinical guidelines and the correct digitization of medical records are the backbone of successful healthcare reform. He has been awarded three Academy Presidential Citations by three Academy presidents. The most recent 2017 citation was for his energetic diplomacy to the worldwide medical community and his expansive forward thinking approach to finding solutions for problems. At the time of publication of this book. K.J. estimated that about 28% of tests, procedures and non-cosmetic elective surgeries are not necessary. Besides raising the cost of healthcare, they cause pain and suffering as well as temporary disability for the patients. To that end, he published "Healthcare Reform Through Practical Clinical Guidelines." It was endorsed by Congresswoman Rosa DeLauro. (Addendum 2)

K.J.'s Step-Wise Solutions at This Juncture of History:

I. Introduction of a "Pay for Value" hybrid system consisting of both "Pay for Outcome" and a small proportion of "Pay for Each Service"

What is the problem?

- An inherent conflict of interest exists between generating more income through over booking, performing unnecessary tests, procedures, and surgeries on patients instead of using the most cost effective treatments. (Addendum 3: Excerpts from Healthcare Reform Book on Practical Clinical Guidelines)
- Lack of medical knowledge prevents patients from evaluating whether they have been treated with appropriate, cost effective treatment methods.
- Lack of preventive care.
- Lack of coordination of care and over utilization of emergency rooms.

How can we solve it?

- He cofounded The Patient Is U Foundation™ (TPIU) described in Chapter 22 to help laypeople navigate the complex healthcare system. He also published a book to help potential patients understand differential diagnoses and evaluate different treatment options. (Addendum 4: Differential Diagnosis)

- Deploy "evidence-based practical clinical guidelines for patients" to slowly empower the patients to make proper decisions. These guidelines can also be seamlessly and unobtrusively embedded in the App linked to the providers' electronic health records. (Addendum 5: Pay for Performance, "P4P") This will facilitate the clinician's workflow thus decreases their stress.
- While following practical clinical guidelines could save over 20% of the cost, the practical clinical guidelines also address the incentive to prevent overutilization as well as underutilization thus ensuring quality. Assigning part of the "Pay for Value" compensation to "pay for each service" is wise. (Addendum 6: "Pay for Value": Addendum 7: Hybrid Payment System)
- Offer low cost high yield comprehensive preventive checkup. (Example from Japan) (Addendum 8)
- Invigorate the "Home Room Doctor" concept similar to the "Home Room Teacher/Counsellor" in school. (Addendum 9: Healthcare: Affordable Quality Coverage for All; Addendum 10: Universal Healthcare: A Bold Proposal) This helps care coordination and decrease overutilization of the emergency room.

II. Streamline Healthcare Billing Process and Increase Price Transparency

What is the problem?

- President Clinton once stated that the "paperwork" in healthcare made up as much as 32% of the healthcare expenditure. On both the payers and payees' side, huge numbers of clerical and IT staff are hired just to fill the paperwork and input data. The billing and collection process is burdened with inconsistent and conflicting rules and regulations. Is this incompetency or by design?
- There is little transparency or rationale in the listed prices, billed charges, maximum allowable fees, deductibles, and copays. (Addendum 11: "How Doctors and Hospitals Have Collected Billions in Questionable Medicare Fees")
- There is no uniform way to identify a patient. Currently, one uses name, address, telephone number, date of birth, and social security number. There is no practical, efficient interoperability between different electronic health record products.

How can we solve it?

- Hoping to work with and learning from entities such as Amazon, Berkshire Hathaway and JPMorgan's healthcare company to devise a streamlined "billing and collection" process. This will be embraced by all providers. It will decrease the operational costs for all parties. (Addendum 12: Super Management Service Organization – MSO designed by K.J.; Addendum 13: How to Reduce Healthcare Costs – Medical Economics)
- Amazon has proven that it can deliver goods and services at a lower cost coupled with quality and great customer experience. Solicit know-how of Amazon or companies like Amazon to deliver cost-effective, unsurpassed outcome healthcare with superb patient experience.
- Reduce significantly the time of data entry and increase the transparency of the billing and collection processes.

- Collaborate with the provider communities with the help of data analytics, discover the actual cost of care minus the "red tape" for each service.
- Negotiate with the provider communities to discover the most reasonable payment they will accept for each service.
- Identify each patient by a unique thirteen digit healthcare number attached to their password-protected, patient-owned electronic health record. This is unlike the numerous "patient portals" offered by hospitals and EHR companies.
- Offer practical usercentric interoperability. This technology is within reach.

III. Enable, Expand, and Encourage the Use of Telemedicine

What is the problem?

- Time away from work or family, long waiting period for diagnosis and treatment of diseases.
- Current text/email exchanges between providers and patients often create slipshod record keeping and less than accurate or complete information.
- Telemedicine is currently insufficiently refined and appreciated among patients, providers and payers, creating barriers for physicians and patients to take advantage of it.

How can we solve it?

- Deploy telemedicine on a larger and fuller scale by standardizing the appointment scheduling and the patient record procedures for telemedicine. Compensate for telemedicine through the proposed hybrid payment system mentioned previously.
- Full and proper usage of telemedicine would save significantly the cost for the patients' healthcare as well as bring acceptance by patients and providers.

IV. Facilitate the use of *specialized* mid-level practitioners to increase access

What is the problem?

- Mid-level practitioners (advanced nurse practitioners and physician assistants) are qualified to treat certain patients but are underutilized.
- The predicted shortage of physicians can lead to longer waiting time and higher costs.
- Currently substantial amount of physicians' time involves treating basic symptoms that could be equally well-cared-for by *specialized* mid-level practitioners.

How can we solve it?

- Deploy the use of *specialized* mid-level practitioners paired with telemedicine will improve quality, increase access and decrease cost. To be successful, the mid-level practitioners need to receive specialty specific training.

V. Healthcare technology

- Introducing a user-centric App customized to each practitioner's workflow, as the front interface of the provider's electronic health record (EHR). The metrics of practical clinical guidelines will be in the App. This will further maintain and improve outcome, access, and reduce cost. (Addendum 14: "MACH IV") Simultaneously, it will solve the almost unanimous dissatisfaction of clinicians with the current EHRs in the market. (Addendum 15)
- The patients such as the employees of Amazon, Berkshire Hathaway and JPMorgan can be more involved in their healthcare decisions. They will have easy 24/7 access and control of their password-protected healthcare records through "Easy Patient Record." (Addendum 16) Unlike today where their records are scattered and not coordinated, "Easy Patient Record" will aggregate the records and streamline the process. Easy Patient Record solves the interoperability or interconnectivity issue.

Is U.S. Healthcare Broken? K.J.'s vision is that it is not broken. Once we eliminate bureaucracy, waste, over- and under-utilization as well as excessive profits, with his fundamentally common sense, clinical and business remedies, it is not broken but will thrive like a beacon for others to emulate.

K.J. believes through the grace of God and serendipity he has learned so much from and encouraged by family, including his children, friends, colleagues, teachers and even adversaries. As a toddler, he started with "selling rice" in the jungle to his maternal grandmother and two sisters. He values his mother's teaching of "good accounting and arithmetic makes good friends," forwarding or lending money to friends and family can ruin the relationship. His father taught him to be careful and hardworking. He values so much his parents teaching him not only to make a daily "to do list" but also to look at it many times a day and act on it. To check and double check can prevent many ills. It is always better to appreciate others and yet not be blind to their deficiencies. His kids taught him "less is more," diplomacy and management of people. Since early childhood he has learned to be persistent but not stubborn. At times it is wise to compromise. At times it is smarter for one to change than expect others to change. When coming to an impasse, he learned to think outside the box, be ingenious. Regardless of how creative one gets, honesty and keeping one's word are important to him. In his life he has witnessed the relief and at times even rewards of not holding grudges. He has cured, treated and comforted thousands of patients and their families. Through his publications he has educated five decades of otolaryngology-head and neck surgeons around the world. Together with Linda, his beloved and very capable, loving wife of 52 years, a wise counselor, and a "cannily accurate diagnostician," he has raised three boys, Harvard graduates, decent human beings with great work ethics and a passion for their work. They are married to three beautiful, accomplished, caring women. K.J. and his wife are also enjoying their four grandchildren who are well brought up by their parents. (Addendum 17: UK International Journal Article, Connecticut State Medical Society Bulletin, Brief Biography) He counts himself fortunate to have met serendipitously four talented writers from Columbia University to pen this biography. He also wants it to be known that he is fortunate to have a very able, accurate and patient publishing/editing assistant.

To him, this memoir is not about a famous man but about an ordinary soul. He is no Nobel Laureate, Einstein, Warren Buffett, Bill Gates, Jeff Bezos or Steve Jobs, although he did his Harvard senior paper under Nobel Laureate George Wald, had lectures with Novel Laureate James Watson and is a personal friend of Nobel Laureate Eric Kandel. He believes that his hybrid provider compensation model (Addendum 7) though simple is the ultimate formula that will solve

healthcare economics. It is as simple as the Law of Supply and Demand: Basic Economics Investopedia. What he experienced in his life can be shared and achieved by ordinary hard working young people. He is humbled that you are reading Leeway. He hopes his offspring will know a little bit more about K.J. through Leeway.