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Dan Ivankovich, surgeon, talks with a patient.

"TO SEE SOMEONE LIKE (DR. IVANKOVICH), WHO SAW A NEED AND FIGURED OUT A WAY TO SERVE IT, IT'S INSPIRING."

[Mark Loafman, chief clinical integration officer, Norwegian-American Hospital]

ONE-MAN SAFETY NET

Robin Hood of poor hospitals treats patients few others will

BY MIKE COLIAS
Photograph by Erik Unger

Dan Ivankovich recently gave Victoria Harbin something that dozens of other orthopedic surgeons wouldn't: an appointment.

During a half-hour surgery last week, the surgeon relieved a painful condition in the 44-year-old patient's hand that prevented her from straightening her middle finger and thumb. Medicaid, the state health plan for the indigent, will pay Dr. Ivankovich about $525—a fraction of what he'd get from a private insurer.

"Medicaid is like a four-letter word for most doctors," he says. "They don't want it."

The 45-year-old son of Yugoslavian immigrants is a rare breed among private-practice surgeons: Most of his patients are on Medicaid or uninsured. Trained at top medical programs including Northwestern and Rush universities, he could be clearing a half-million dollars a year replacing joints and fixing spines at a university or suburban medical center. Instead, he earns less than half that by shuttling among some of Chicago's poorest hospitals, implanting artificial hips for old ladies on Medicaid and fixing gangbangers' broken bones.

He performs more than 800 surgeries a year, double the norm. Dr. Ivankovich is "probably one of a kind" in terms of the volume he handles, says Joan Sheforgen, CEO of PrimeCare Community Health, which runs several clinics on the West Side.

Finding willing specialists such as Dr. Ivankovich is the most vexing problem for low-income patients. Wait times stretch several months for appointments. But it could get worse if Congress passes reforms that would extend Medicaid coverage to millions of uninsured people. Some worry that new enrollees will continue to clog costly emergency rooms because not enough doctors would want to treat them.

Among the specialists who do want them, Dr. Ivankovich stands out—something he's accustomed to. The 6-foot-10-inch

former all-state basketball player strides into hospital lobbies in rough city neighborhoods wearing a black leather cowboy hat and goatee, chatting up nurses and security guards. His personal vehicle was a military ambulance during his years as a medical resident. He's since upgraded to a souped-up 2008 black Jeep Cherokee with huge rims and neon accent lights.

To compensate for his skimpy Medicaid checks, Dr. Ivankovich has to hustle. He's on staff at about a dozen of the city's "safety net" hospitals, which treat mostly needy patients and rely on Dr. Ivankovich and scarce others to provide specialty care—and revenue.

His niches are joint replacements and spines, but public-aid medicine demands versatility: He might surgically repair a construction worker's shattered arm one day, then amputate the lower leg of a long-neglected diabetic patient the next.

He cobbles together a few hundred bucks here and there from emergency departments for being on call. Mixing in some patients who have good insurance coverage or Medicare helps boost the father of four's income to about $200,000, less than half the $476,000 median salary for orthopedic surgeons, according to the American Medical Group Assn.

His favorite part: seeing significant improvement in very sick patients.

"A suburban patient who has a little arthritis wants a knee replacement but is still doing pilates," he says. "My patients can't even walk. If you can't walk in the ghetto, you can't live."

A report released in December by the Chicago Department of Public Health says it "is increasingly difficult for the uninsured and Medicaid population to access specialty care," and cites as a key reason relatively small physician payments.

"The trend is that more and more specialists are refusing to take Medicaid," says Lee Francis, CEO of the Erie Family Health Center, which handles 130,000 visits annually from public-aid and uninsured patients at clinics across the North and West sides.

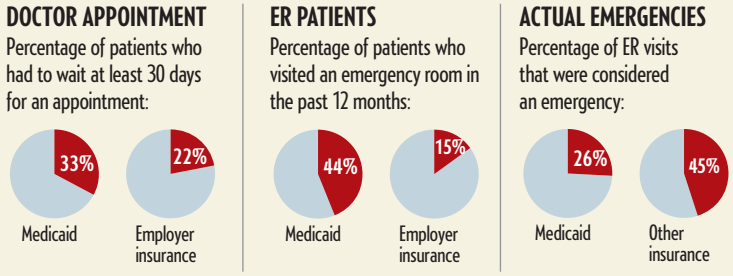
But pay isn't the only reason. Those patients are more likely to develop complications because they can't afford their medications, for example, and are less likely to make rehabilitation visits. Many have volatile home environments—if they have a home at all. That's why Dr. Ivankovich operates at hospitals that treat high numbers of Medicaid patients and have social workers, rehab therapists and other services to handle them.

A few months ago, Dr. Ivankovich says, he surgically repaired a woman's arm that had been broken by her husband in an alleged assault. She returned weeks later with the same injury. That time, the surgeon put her in a brace and called a social worker.

"I don't fault the guys who aren't taking these cases," Dr. Ivankovich says. "Unless you have the infrastructure in place to handle them, you're just asking for trouble."

CARE CRUNCH

Medicaid enrollees have a tougher time scheduling doctor appointments and use emergency rooms more frequently than people with private insurance:



Source: PricewaterhouseCoopers survey in "Jammed Access: Widening the Front Door to Health Care," July 2009

Colleagues see Dr. Ivankovich's work as equal parts altruism and entrepreneurial moxie. Public-aid patients represent a vast untapped market of orthopedic cases with few competitors. Still, few question his commitment to the underserved.

"I think it's more service-driven for both of us," says Mark Sokolowski, a spine surgeon who also treats a significant number of Medicaid patients and operates alongside Dr. Ivankovich on some cases. "The guy's training afforded him a lot of opportunities, but he chose this urban initiative thing."

Dr. Ivankovich's mother is a primary care doctor; his father, Anthony Ivankovich, is a renowned anesthesiologist at Rush. The younger Dr. Ivankovich caught the bug for urban medicine after spending a year as an intern at Stroger Hospital. "Probably the best year of my life," he says.

Working in some of the city's neediest neighborhoods fits Dr. Ivankovich. He grew up in Uptown, and played basketball with black kids all over the city, which gave him perspective on some of their hardships, he says. He's the guitarist and only white guy in a blues band that performs at Kingston Mines and other spots.

"I think this medical mission I've been on, taking care of people in the black community, has helped me pay my dues as a blues man," he says.

Some in the field are hoping the next generation of medical-school students will help solve access gaps in needy neighborhoods as Dr. Ivankovich has done.

Mark Loafman, the chief clinical integration officer at Norwegian-American Hospital in Humboldt Park, is starting a doctor-training program in family medicine there with residents from Northwestern, where he is an assistant professor.

The social aspect of medicine "sort of gets beat out of us in our training and the reality of making a living," he says. "But to see someone like (Dr. Ivankovich), who saw a need and figured out a way to serve it, it's inspiring."

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