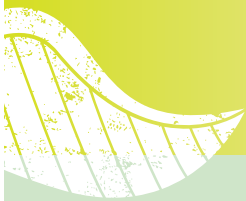




CARLOS JAVIER SANCHEZ | SABJ



**OUTSTANDING PHYSICIAN —
NONHOSPITAL-BASED**
DR. ELIZABETH GLAZIER
Chief of Palliative Care
WellMed Medical Management Inc.

Dr. Elizabeth Glazier, with her modern-day black bag, can literally bring the clinic to the patient, offering sophisticated diagnostics such as mobile X-rays and treatments like joint injections and immunizations. Yet her biggest strength isn't the high-tech nature of her work; it's her easy rapport with patients and families. Her most powerful intervention is often a simple hand hold or hug. A geriatrician with a subspecialty in palliative care, Glazier leads a team that is working with patients with very complex chronic conditions. Patients enrolled in the Bridges in Complex Care program are dealing with life-limiting illnesses — not yet ready for hospice, but struggling with one or more potentially fatal chronic conditions that may limit mobility. She started the program at WellMed, with a mission to improve quality of life for seniors facing life-limiting conditions. In 2014 more than 600 patients were enrolled in the program in San Antonio. By 2017, it was active in a dozen WellMed markets in Texas and Florida, serving more than 2,500 patients. The program is credited for drastically decreasing emergency room visits and hospitalizations. For example, the number of emergency room visits per thousand patients dropped from 1,882 to 877 in 2014.

What do you consider to be your top achievement in health care in the last year? I joined WellMed in 2013 with the sole purpose of creating a better model of care for our frailest elders, the sickest of the sick. I started with one clinic in San Antonio and modeled a patient-centered program focused on improving symptom management while providing continued care for chronic illnesses in the patients' homes. In the last year alone, our WellMed Palliative Care Program has grown dramatically, enrolling more than 3,000 patients across eight cities in two states. We have been able to successfully match our patient's

health care goals with the care that they receive. And in 2016, we helped more than 89 percent of our patients die in the manner that they chose — at home, surrounded by loved ones, with dignity and comfort.

Tell us about a significant event that makes you reflect: "This is why I do what I do." I met a patient last year who had not been out of her home for three years. She had "taken to her bed" and had not walked for unknown reasons. When I arrived at her home, I was taken aback by the poor condition of the home and the filth around her. With her macular degeneration, she had not been able to witness the degradation of her surroundings. With our entire multidisciplinary team, in addition to assistance from state agencies, her home was cleaned, a ramp was built, her medications adjusted, her depression and joint pain were treated, and her strength improved with physical therapy. Last week, when I visited again, she met me outside, beaming in her new wheelchair, her first foray out of her bedroom in over three years.

What would you like to be remembered for as a Health Care Hero? I hope that my patients will remember me as an astute, dedicated and compassionate physician who improved the quality of their life and those who cared for them. I hope that I will also be remembered as a pioneer who designed a better model of patient-centered care for patients and their families who suffer from life-limiting illnesses. I hope that when people think of modern, high-tech house calls for frail, homebound elders, they will think of me and will know that I was a champion for this all-too-often forgotten population.