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XiMed Board Member Martin Griglak Sees Culture of Cooperation One of Biggest Changes in Emergency Medicine Over the Years

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Martin Griglak, MD, member of the board of directors of XiMed, is a 30-year veteran emergency medicine physician practicing at Scripps La Jolla.

Emergency medicine has been Dr. Griglak's focus throughout his career. Certified by the American Board of Emergency Medicine, he brings a wealth of experience and a long-term perspective to his work.

A 1980 graduate of Georgetown University Medical School, where he attended under a scholarship from the U.S. Navy, he completed his internship and residency as a Navy physician and spent a year embedded with the Marine Corps on Okinawa as the battalion physician. He completed his residency in emergency medicine at Brooke Army Medical Center in 1984.

Dr. Griglak joined the emergency medicine team at Scripps Mercy in 1986 and then in 1988 moved to Scripps La Jolla, where he continues his emergency medicine practice to this day.

Reflecting on the early days of his practice, he recalls that they were marked by "turf battles" with other physicians over who handled what cases and when, and with primary care physicians and specialists weighing in on their then-perceived superior qualifications in caring for emergency patients.

"In the intervening years, the culture of medicine has changed," Dr. Griglak noted. "Time has gone by, the expertise of emergency medicine has improved, with the specialty now recognized as equal to other specialties."

In Dr. Griglak's view, one of the biggest changes in the culture of medicine is one of cooperation in caring for a patient.

Emergency room physicians and hospitalists now "work together," Dr. Griglak said. "We communicate about the patient to their primary care doctor."

With the emergency handled and the hospital stay completed, the patient is returned to the care of the primary

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care physician, whose job, Dr. Griglak said, is to "keep them out of the hospital." With this process, primary care physicians maintain control of their patients, knowing they will get them back.

"Primary care physicians are most efficient working at their offices," Dr. Griglak observed. "They remain the key and important part of the system that has evolved, which is basically a continuum of care from the primary care physician, to the emergency physician, through the hospitalist and back."

Among the many changes Dr. Griglak has witnessed during his years of practice are the expectations of patients who often come to the emergency room with the understanding that more immediate resources may be available to them in the emergency room setting.

"The expectations of patients is that more can be done in a more timely fashion," Dr. Griglak observed of emergency room visits. "More technology is available; doctors don't have to get pre-authorization; and there is immediate care, which often works in the favor of both patients and doctors," he said.

While Dr. Griglak noted this efficiency might drive up costs, it eliminates delays, with the average patient at Scripps being seen and released in three hours or admitted in four hours.

Continuity of care is a matter of concern in this system, Dr. Griglak said, but "no one person can know enough" to care for every patient, especially because emergency room patients are often much sicker than the patient population as a whole. According to Dr. Griglak, 25% of emergency room patients are admitted to the hospital.

As the quality of medical care has improved, it is keeping people alive longer, Dr. Griglak noted. He often sees older patients with multiple chronic medical conditions.

Dr. Griglak said that the challenge for him and other emergency room physicians is "keeping up" with advances in medicine across multiple specialties. He said an emergency room physician must be "comfortable providing rapid diagnosis of any condition that would fall within any of the specialties."

Dr. Griglak said he enjoys his work and is proud of what he does, while acknowledging the many inefficiencies and challenges of medicine.

Among his greatest satisfactions with medicine, he said, is that he has been able to practice as an independent physician throughout his career. As such, he is strongly philosophically aligned with XiMED's focus on the independent physician in the private practice of medicine.

"With regard to feeling that we are an independent physician group, we generally feel that we work for the patient," Dr. Griglak noted. "And, as we work equally well with whoever is responsible for the overall patient care, we work seamlessly with whoever is the primary care provider for the patient."

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