

DR. ANITHA IYER

Well we're delighted today to be able to welcome Dr. Stephen Sisselman and Dr. Jill Sisselman with us. We have been so lucky to have Dr. Sisselman's support at our Mind Matters ECHO sessions that we've recently launched, as well as a variety of other initiatives and we're really excited to talk to them about their work and their experience presenting at Mind Matters and engagement with all the things that Mount Sinai offers. Welcome Dr. Stephen Sisselman and Dr. Jill Sisselman.

Dr. Stephen Sisselman you are an internist in private practice and Dr. Jill Sisselman you are a family medicine practitioner in private practice, and you're both co-founding, co-running the Sisselman Medical Group in Long Island?

DR. STEPHEN SISSELMAN

Yes, that is correct.

DR. ANITHA IYER

How long have you both been in practice together?

DR. STEPHEN SISSELMAN

We opened the practice in 2008. Jill joined the practice later. I started as a solo practitioner and realized her strengths and expertise would be very welcomed at our practice.

DR. ANITHA IYER

I imagine folks that are listening are wondering if you both just happen to work together and share the same last name or that there is a personal journey that mirrors coming to this place where you work together so I'm wondering if you could tell us a little bit about yourselves, about your career paths, and how you came to work together.

DR. STEPHEN SISSELMAN

Well it's definitely a journey. Do you want to?

DR. JILL SISSELMAN

Sure. We did meet together in medical school and finished that path and we both went to residency in two different hospitals but did overlap in the same town so it was fun to have all of the attendings in both hospitals connect the dots together that we were married. We did residency in Delaware for a little while and when we came back to New York we each went on a career path and were employed by other facilities and companies and then after a while it just came time where Stephen was thinking about going out on his own. So we set up the practice for him. I was going to keep my job in the meantime. I liked where I was.

DR. STEPHEN SISSELMAN

Jill actually worked as the receptionist, as a physician but as a receptionist in our office, and would very frequently answer patient questions and give advice and patients had no idea what was going on but Jill very seamlessly handled all aspects of the practice at that point.

DR. JILL SISSELMAN

True story. It is true that I did do reception for a while. We had one receptionist but she couldn't work every day and we were trying to keep the budget low while starting out so a lot of his patients didn't know who I was so I did reception for a while and when they asked questions I would give advice over the phone and nobody even questioned it. So that was February 2008 and then by November he got busy enough to be able to bring somebody else in and where I was working wasn't really working out so I decided to join him.

DR. ANITHA IYER

That's great. So your journey together began in medical school. Do you have any sort of interesting anecdotes from when the two of you were in training in medical school that you recall or that comes to bear now as you're practicing together?

DR. STEPHEN SISSELMAN

Well I will say that Jill and I fell in love studying renal physiology if you can believe that.

DR. JILL SISSELMAN

We would do more laughing than studying. He was very funny and it would just be hysterical and if anybody could laugh their way through medical school then I knew he was my guy.

DR. ANITHA IYER

That's great. If you can bond over renal physiology then you know it's for keeps I suppose.

DR. STEPHEN SISSELMAN

100 percent.

DR. JILL SISSELMAN

And we figured if you can get through the trials of tribulations of medical school and the stress that it comes with then it was setting us up for life and all of the rest of the stressors that would come with it.

DR. ANITHA IYER

That's such a great point and I appreciate your really insightful way of looking at how partnerships are made sometimes based on shared moments of struggle as well as shared moments of joy, so I really appreciate you sharing that. I'm curious of how it is to work together as a couple. We have other practices around our network that are family businesses essentially, sometimes it's parent and child, sometimes it's brothers, sometimes it's couples. I'm curious what it's like to work together as a couple.

DR. STEPHEN SISSELMAN

You know there's a lot of good days, there's some bad days. I tell Jill all the time we try to keep the home fights separate from the work fights, you know just to keep track of what's going on, but Jill and I have different skill sets within the practice, so we work very complementary together. I'm very operations, business analytics, and she's very human resources, scheduling, staffing and it just works. I do the things I'm good at and she does the things that she's good at. I don't want to deal with schedules,

she doesn't want to deal with QuickBooks and finance, and we work very well together knowing that we have complementary parts.

DR. JILL SISSELMAN

I will say the most important part of all of this is respect because you can't get through this without respect of each other. I have the utmost respect for Stephen as a physician, as a business person, as a partner. We've been in a lot of huge decisions together, sometimes on opposite ends of the fence of those decisions and we've had to find a way to come to terms with it and which way we were going to go. A lot of times for someone like myself, I have a very strong personality and I have to taper that down to be able to understand his side of things, and you know there are a lot of times where I've let it go and then it's come to a point where I'm not comfortable and he's always respected my conservative nature in decisions in business and I've had to understand his more aggressive decisions, but without that respect we would never have made it through the first year.

DR. ANITHA IYER

That's really great advice and it sounds like you're saying a lot of the same things that successful couples bring to bear on the personal front also manifest as helpful elements of working together as a couple so really appreciate you sharing that.

Switching gears a bit, Dr. Jill Sisselman, you presented a case recently at our [Mind Matters ECHO session](#) which was an older woman that you had treated who presented with anxiety. There was a lot of engaged discussion around the case and some varied perspectives on which direction to take her treatment. I'm curious about what that feedback was like, what the experience of presenting at Mind Matters was like, and what if any of that feedback has been helpful in the month since?

DR. JILL SISSELMAN

It was exciting presenting at Mind Matters. I'm not usually somebody who takes on extra roles. I do my work and then when I switch that hat I always had to come home and be a mother and take care of the kids and everything, so for me with both my kids away now I'm excited to be able to take on these extra roles and really take something that's a passion of mine. When I had this case and the email came across if anybody wanted to present I felt that with all of the help that everybody was getting in the Mind Matters conversations, I wanted to contribute and be able to help others and bring this case to light. It really was one that had very little to do with the physical medicine that we're all so used to doing on a daily basis, and this was really a time managing patient who required a lot of hand-holding, a lot of comforting, and a lot of listening, which is not something that doctors are always good at because they just see the problem and fix it and we're pressed for time.

I recently saw her and she ended up in the hospital again for a new heart condition, and it ended up that we were able to get her psychiatry counseling there. They have taken on her role and added a few other medications that's not necessarily in the armamentarium of things that I'm comfortable doing as outpatient primary care.

DR. ANITHA IYER

You noted the time constraints that folks providing primary care have around supporting behavioral health needs and I know that one of the points of feedback you received over the course of that

presentation was that you've gone so above and beyond and you've really tried to support this patient with individualized care which I imagine when you have to do that, you're pulling yourself outside the scope of what you typically would do as a family physician. I'm curious you know how that is. I mean I imagine that's not the only patient with behavioral health needs that you're supporting and where you find that you have to stretch outside the scope of what you typically would do as an internal medicine or a family medicine provider. What that's like to be in primary care and providing behavioral health supports for behavioral health needs?

DR. JILL SISSELMAN

It's finding a balance and it's hard to do that in your day because you don't know what you're walking into sometimes. There are some patients that you say "Oh you know I know this patient and I know it's going to take a long time to get through the visit, they're needy, they're talkative," and the one downside of primary care these days is time management and people need to see more patients to keep the same bottom line. So it is hard when you're not sure what you're walking into and somebody does need a lot of hand holding, and like I mentioned in my case I wound up on a 35 minute telehealth visit with this patient because sometimes you can lead them towards ending the conversation but she was not somebody you can do that to. So you have to hope that somewhere in your day you're going to be able to make up that time and what I always make sure to do with my patients if I'm running 5 minutes behind or 25 minutes behind, I always like to apologize to them and explain that I had a difficult patient and you know make sure that they understand that I understand that their time is as valuable as mine.

DR. ANITHA IYER

That's great. Dr. Stephen, curious about your perspective and in this same kind of scenario of supporting behavioral health.

DR. STEPHEN SISSELMAN

It's just something that's so incredibly important and I feel like I have this conversation often. Mental health is just so prevalent in primary care before COVID, but since COVID came along so many more people are struggling and the people who were previously somewhat controlled are now uncontrolled. You have so many new people joining the ranks of having anxiety and depression, even post-traumatic stress from being sick or having loved ones sick in the hospital. It's incredibly prevalent; it's all around us.

Much of what we do is counseling whether we think of it that way or not. We're providing advice, we're prescribing medication. You know everyone has a comfort level we do have to extend a little bit but patients need access to care and primary care is where they're going to have the greatest access to care so we need to keep our doors open. So many people over the last two years have had to close their doors so we're there for our patients. We need to be able to prescribe for them and when we need help like in a complicated patient like Jill described, in the Mind Matters session you do need mental health professionals to be available and I think that's one thing that we can all do a better job in is finding the right resources for our patients.

DR. ANITHA IYER

Yeah it's really well said. So speaking of resources you know curious what you would both identify as some of the biggest barriers in your efforts to support patients with behavioral health needs and what

systemic supports and resources and investment resources might look like. What do you envision would help to alleviate some of those barriers?

DR. STEPHEN SISSELMAN

Finding and having access to psychiatrists who have office hours and who take insurance. Whether it's social work or psychologists. People who can help with therapy whether it's telehealth or live in-person sessions.

We've been using psychologytoday.com as a resource to give out to our patients to find somebody who's seeing new patients perhaps in their insurance in their zip code, telehealth or otherwise. A lot of people don't know where to find care so a great thing that we can do for our patients is to at least point them in the right direction to get the care that they need.

DR. JILL SISSELMAN

That's where Mind Matters has been a huge help also because it's given us a place to go to get resources to help our patients and if we can't get them somewhere we have the advice and direction of them helping us help the patient through and manage it ourselves if need be. It's another place to talk things out with other physicians, other colleagues, psychologists and it's been a wonderful resource by helping us do a better job in our office and primary care as well.

DR. ANITHA IYER

That's really great to hear. I'll use this opportunity to share that a variety of projects that we're working on, including Mind Matters, are really geared toward recognizing that patients are coming to their primary care providers and telling them that they have behavioral health needs, they're feeling depressed, they're feeling anxious, something has shifted, there are stressors going on in their lives, as you said Dr. Stephen there's clearly an increase in stressors since the pandemic hit. Our efforts are really aimed at acknowledging that and finding ways to support patients where they are as opposed to expecting them to conform to the system and go to the places where sometimes care can be hard to access just because of the sheer volume of folks that are seeking the care and the capacity of the system to support it.

So Mind Matters is focused on creating supports for primary care physicians that are already providing these supports and these treatments so that's one aim. We also have a pilot in place to increase access to referrals from primary care which we're slowly scaling through the network. [We] hope to bring it over to your practice sometime in the future as well, so you know it's really helpful to hear this feedback so we can tweak and improve our efforts as we go.

I want to really thank you for the time that you gave us today to share these insights, to share your story, to share your sense of where the pain points are and how we might try to address them. I know that time is tight and you don't have much of it and so I appreciate you taking time out from your busy schedule and sharing your valuable insights with us.

I would love to give you the last word and ask if you could close out this chat with your vision for where healthcare overall needs to go, what would you want to see as doctors supporting patients in the community, what do you want to see our health care system become and so that patients with

behavioral health, as well as other chronic medical needs, get the care that you aspire to see them receiving?

DR. STEPHEN SISSELMAN

Well let me start and I'm sure Jill will have words on this as well but there's still a stigma out there when it comes to mental health. People don't want, well some people do, but some people don't feel comfortable talking about depression, anxiety, or other mental health concerns that they have with anyone, whether it's their friends, their parents, other support, or their physicians. One thing that we do is people walk through the door they fill out a PHQ-9, a depression screener, and I feel that a great jumping point to have a conversation because some people don't feel comfortable talking about it but you look on that piece of paper the next thing you know they don't say anything but their PHQ-9 is 15, 18, 21 and that just brings up an immediate conversation that I can have with the patient. How are they doing, how are they functioning, and it's just so valuable and so vitally important that we have these conversations with our patients because you don't always know when someone is struggling and it's important that you break down that barrier to care so that they can feel comfortable talking to you. I'm very passionate about that.

DR. JILL SISSELMAN

This is why we do well in practice together because it almost literally took the words out of my mouth as I was formulating my response to your question. The PHQ-9 is, there are studies that show, especially in children and adolescents, how poorly they're answered and sometimes the parents fill it out and they have no insight to their child at all. So when somebody comes in with a spouse or a caregiver or being family medicine I do take care of adolescents, I always make sure to ask who filled out the questionnaire. If the parent said they did, I will then have the parent exit the room and I have the child answer a new one themselves.

I think that if someone's going to be brave enough to put their thoughts on that PHQ-9 it is incumbent upon us to address it with them and some people may be using that form as a lifeline and hoping that "oh my God this is my chance. I don't have to speak or say anything. I can just put it here on paper and hopefully they'll open the door and then it won't be my responsibility to discuss it" so it's important that people actually look at those PHQ-9s and address them, and make the person feel comfortable. And what I find in mental health, anxiety, and I'm sorry if this gets long-winded but again I'm passionate about it, is acknowledging that it's okay to feel that way to that patient. It takes a lot of time in someone's day to start talking about the PHQ-9 which like I said before people just don't have the time in their day and may brush the whole thing over because it will put them behind but it is so important for that person to feel heard, to feel that it's okay to feel this way, and to say we're gonna get through it together. And I've given my patients, more so my younger patients who you know have a problem discussing it with their parents, my cell phone number and have said reach out to me anytime if you're struggling and you feel that you have nowhere to go. Call me, my cell phone is on 24/7. And they have texted me at times with some sort of struggle but physicians really need to take that PHQ-9 seriously and really open up that conversation if we're going to see an improvement in help for mental health come from the primary care office.

DR. ANITHA IYER

Well that is a really powerful note you know to close this chat out on. I really appreciate again both of your time and your engagement and involvement in providing such incredible care to members of our community. Thank you so much and wishing you both the very best.

DR. STEPHEN SISSELMAN & DR. JILL SISSELMAN

Thank you for having us.