

Doing It Wright With No Fear

Claresa Levetan, MD

Editor's note: In the "Practice Profiles" department of Clinical Diabetes, we spotlight clinicians who have chosen to dedicate a significant portion of their time to the care of patients with diabetes. Suggestions for clinicians to interview in the future are welcome and can be e-mailed to levetan@juno.com.

I was impressed by an article your health system wrote about you. I appreciated that you place "a premium on others' ideas and developing their trust." It seems like you are a natural physician, but before you went into medicine, you had another career?

Before attending medical school I was an electrical engineering major at Princeton University and worked for a year as an electrical engineer at Carolina Power and Light Company in Raleigh, N.C.

When and how did you decide to become a physician?

I decided to pursue a career in medicine while working with a physician on a project in the South Bronx, New York, as a junior in college. I was developing a database of patients for a community health center for the purpose of tracking disease.

Where did you grow up? Where have you lived?

I grew up all over as a military dependent. I was born in Wilmington, N.C., and lived in France for 4 years between the ages of 9 and 13. We then relocated to Cheyenne, Wyo., where we lived for 2 years. I then moved to Denver, Colo., where I graduated from high school. I

Who? Eugene E. Wright, Jr., MD

What? Medical Director, Cape Fear Valley Health System

Where? Fayetteville, NC

attended college in Princeton, N.J., for 4 years. I returned to North Carolina to work as an engineer in Raleigh, and then attended medical school and completed an internal medicine residency at Duke University in Durham, N.C.

When did you first get interested in diabetes?

My first clinical rotation was pediatrics, where I worked with a child who had cystic fibrosis and diabetes. During medical school, I worked as a counselor at the Eagle's Nest Camp for Children With Diabetes in Brevard, N.C., under the tutelage of Dr. Jay Skyler and Dr. George J. Ellis. Through my years of practice, I have found diabetes to be a most interesting and challenging illness to treat.

How did you end up in the Cape Fear area?

I moved to Fayetteville, N.C., in 1981 to set up solo practice. By 1982, I brought in a partner, and our practice continued to grow. In 1995, when our practice had grown to four internists, I left to work as a medical director for Integrated Provider Networks, a for-profit physician practice management company. In 1996, I was asked to join the general medicine faculty at Duke and to take over the practice of Dr. Charles Johnson, who was retiring. Dr. Johnson was the first African-American physician on the fac-

ulty at Duke and was my mentor while I was a medical student and resident.

After practicing and teaching at Duke for 4 years, I moved back to Fayetteville for personal and family reasons and was asked to become the medical director for Primary Care Practices of Cape Fear Valley Health Systems. Fayetteville is the sixth largest metropolitan area in North Carolina and the most ethnically diverse community in the state. It is home to both Fort Bragg and Pope Air Force Base. The city has its roots on the Cape Fear River, which runs through the city.

Tell me a little about Cape Fear Valley Health Systems.

Cape Fear Valley Health Systems is a county-owned nonprofit health system with four hospitals. There are two acute care hospitals: Cape Fear Valley Medical Center, a 500-bed acute care facility with 425 active medical staff members; and Highsmith Rainey Memorial Hospital, a 133-bed facility. Cape Fear performs all medical procedures except transplants, whereas Highsmith Rainey is a medical-surgical facility with a very active outpatient surgery program. The Southeastern Regional Rehabilitation Center is a 78-bed rehabilitation facility adjacent to the acute facility on the main campus of the medical center. The Behavioral Health Center is a 139-bed mental health facility also operated and staffed by the health system.

What are your duties as medical director? Does your job allow you time with patients?

My position is Medical Director for Primary Care Practices, which is a vice-

president-level position in the organization. I report to the chief medical officer and the senior vice president for network services for the health system.

My primary responsibilities are to oversee the financial and operational concerns of 12 primary care practices with 40 providers. We have pediatricians, family physicians, internists, hospitalists, geriatricians, physician assistants, and a nurse practitioner. I am responsible for these providers and the office staff that support their activities.

These activities are sufficiently time consuming that I have limited patient care opportunities. I have tried to spend a half-day each week in a chronic care clinic at the Care Clinic, a free clinic operated through Catholic Charities.

What is the hardest part about being a medical director?

One of the most challenging aspects of my job is operating a clinical network with the mission to see all patients regardless of their ability to pay while producing a financial margin sufficient to support this mission.

What type of program do you have for patients with diabetes?

The health system has a diabetes program that seeks to educate patients and their families on ways to control diabetes. One of the providers in our primary care network is a certified diabetes

educator, and we are utilizing her skills in both the inpatient and outpatient environment to facilitate care of patients with diabetes who become hospitalized.

Do you have many type 1 diabetic patients in the health system?

We have a few patients with type 1 diabetes who are followed primarily by an endocrinologist.

If you could create a perfect health care system in the United States, what would it look like and how would it differ from what exists today?

My perfect health care system would be one in which quality health care would be a right, not a privilege. The health care needs of all would be met regardless of means. Preventive health care and maintenance of health would be valued and covered.

How can we take concrete steps to achieving the ideal health system you describe?

Health care financing needs to shift its focus to more preventive and health maintenance strategies. We need to treat chronic diseases more aggressively earlier in their course to reduce the complications that are much more costly.

What career would you like to do that you have not done already?

I would like to work for a philanthropic organization and assist those who are

seeking to help others through worthwhile programs.

In your spare time, what do you have fun doing?

I have been married for 32 years to Kathy F. Wright, and we have two wonderful children. Melusian R. Wright is 31 years old and a musician. Eugene E. Wright, III, is 17 years old and a high school senior who plans to study architecture. We look forward to family vacations that allow us to travel to new places where we enjoy sightseeing, skiing, water sports, and tennis.

How have the events of Sept. 11 and beyond affected you?

These events have made me realize how precious life is and how we all need to find ways to live each day to the fullest. Here in our community, there has been tremendous support for our local military personnel and uniting of people from many cultures against terrorism. Our differences have become less important to us now that we are under attack from an enemy who makes no distinctions among us. The challenge we face is to find the leadership to sustain this sense of community beyond the horrific events that united us.

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