

Improving the Quality of Care for Children

An Interview with Suzette Oyeku, MD, MPH, Chief of the Division of Academic General Pediatrics, Children's Hospital at Montefiore (CHAM), and Professor of Pediatrics, Albert Einstein College of Medicine

EDITORS' NOTE Dr. Suzette Oyeku is a general pediatrician and health services researcher. She is Chief of the Division of Academic General Pediatrics at the Children's Hospital at Montefiore. She is also Professor of Pediatrics at the Albert Einstein College of Medicine. Dr. Oyeku has focused her career on improving care and patient outcomes for children with chronic diseases such as sickle cell disease. On a regional and national level, Dr. Oyeku has also served on advisory panels and committees focused on sickle cell disease and improving healthcare quality for children and adolescents. She has also served as Treasurer for the Academic Pediatrics Association. Dr. Oyeku received her MD from NYU School of Medicine and her MPH from the Harvard T.H. Chan School of Public Health. She completed her residency at the Boston Combined Residency Program in Pediatrics at Boston Children's Hospital and Boston Medical Center. She also completed a Harvard Pediatric Health Services Research Fellowship Program at Boston Children's Hospital. Dr. Oyeku was a recipient of the Dean's Award for Community Service from Harvard Medical School. She is an alumna of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program of Drexel University College of Medicine.



Suzette Oyeku

What interested you in a career in medicine and did you always know that serving others was your passion?

I knew early in my life that I would be in a field that allowed me to serve others. As a child, I was inspired to pursue a career in healthcare by watching my mom and aunt who were both registered nurses. I saw how they cared not only for their families and our local community, but also for their patients. Their example intrigued me. I decided to become a physician after shadowing a pediatrician during a high school summer internship program at a local hospital in New York. My interest in sickle cell disease started during college when I began working alongside my mentor, Dr. Doris Wethers, a pediatrician and a leading sickle cell researcher. Dr. Wethers was an incredible role model and mentor for me. She showed me that one could

have an academic career that involved clinical care, teaching, research, advocacy and policy development.

Will you provide an overview of your practice and key areas of focus?

As a general pediatrician, I have specific training and expertise in pediatric care for children and adolescents with and without special healthcare needs, including children with sickle cell disease, behavioral and mental health conditions. I oversee a division of 65 pediatricians and 10 support staff who provide ongoing primary care to children from newborns to 21 years old in our ambulatory practices in addition to providing care in our newborn nursery and inpatient units. I also supervise and teach pediatric resident physicians and fellows.

I have expertise in health services research, implementation science and the use of quality improvement methods to disseminate effective care strategies and improve care and outcomes

INSTITUTION BRIEF Montefiore Medicine (montefiore.org) is the umbrella organization overseeing both Montefiore Health System and Albert Einstein College of Medicine. Montefiore Health System is comprised of 11 hospitals, including the Children's Hospital at Montefiore and Burke Rehabilitation Hospital, employs nearly 40,000 people, and has nearly 8 million patient interactions a year throughout four New York counties: the Bronx, Westchester, Rockland and Orange. In addition, Montefiore recently ranked among the top 1 percent of hospitals in seven specialties by U.S. News & World Report. For more than 100 years, Montefiore has been nationally recognized for innovating new treatments, procedures and approaches to patient care, producing stellar outcomes and raising the bar for health systems around the country and around the world.



Children's Hospital at Montefiore

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for children with chronic diseases, such as sickle cell disease. My research activities are focused on understanding health services utilization patterns and improving the quality of care for children and adolescents with sickle cell disease.

As division chief of academic general pediatrics, I also manage the clinical, research, advocacy and educational missions of the division in addition to being responsible for faculty and staff professional development.

How did you have to adapt your practice to address the challenges caused by the pandemic?

Early in the pandemic, like other health systems, we leveraged technology and shifted some clinical services to telemedicine visits. We continued to see infants and young children in person to ensure they received their childhood immunizations and were protected from vaccine preventable diseases such as measles, mumps and chicken pox. We worked hard to maintain high vaccination rates in our patients less than 36 months old during the height of the pandemic.

In addition, we leveraged our electronic health records to communicate with patients and families and coordinate care. Our team continued to screen for developmental, social and emotional issues, as well as for unmet social needs in our primary care practices.

You view medicine as much more than treating sick patients. Will you discuss your focus on addressing the root causes of illness, such as housing instability, food insecurity and unemployment?

Even prior to the pandemic, families in the Bronx, New York, struggled with housing instability, food insecurity and high rates of unemployment. Over the past 20 months, these issues have been exacerbated and families were stressed even more. Early in the pandemic, I, along with my colleagues including Dr. Miguelina German, who is a psychologist and Director of our Pediatric Behavioral Health Integration Program, raised thousands of dollars to secure items such as diapers, formula and clothes for families who were financially struggling.

We also screened our families in our pediatric primary care practices for unmet social needs as part of a broader effort at Montefiore Health System and then connected families to services through the assistance of either a community health worker or social worker. Our division made several referrals to food pantries or community-based

organizations to help families secure food. Our division also provided essential items, such as winter coats and school backpacks, to Bronx children which was made possible through generous donors.

What do you see as the role that hospitals and health systems have in being engaged in the communities they serve and addressing societal needs?

We know that only close to 20 percent of health outcomes are solely due to healthcare, and that other social determinants of health, such as socioeconomic factors and physical environment, have a huge impact on our patients’ health. This provides the rationale for hospitals and health systems to become more engaged in the communities they serve and work collaboratively to address societal needs. Hospitals and health systems can begin to screen for unmet social needs and work to develop linkages to community resources. Our work in this area at Montefiore has been led by one of our faculty members, Dr. Kevin Fiori, who is Director of Social Determinants of Health, Community & Population Health at Montefiore Health System. Screening efforts also need to be coupled with education and training of staff. Health systems can also work to help families with coordination of care and services that are delivered not only in the healthcare sphere, but in other settings such as schools.

You have been a leader in addressing the importance of the COVID-19 vaccine for under-served communities. How are you getting the message out about the safety of the vaccine and working to build confidence for the vaccine to those who are still uncertain?

I have been working in various ways to provide information to our communities about the COVID-19 vaccine and address specific questions people may have about it and related vaccines. In addition to education efforts with families in our primary care practices, I am also an ordained deacon at Grace Baptist Church in Mount Vernon, New York, and lead of our Doctor’s Ministry at the church. In this capacity, I have dedicated my time to dispelling myths and sharing fact-based information about COVID-19 and the vaccines with our local congregation and broader community. I also serve as Medical Consultant for the Conference of National Black Churches/Institute of Church Administration and Management. This effort

brings together trusted voices, such as faith leaders, who work in trusted spaces (churches and places of worship), with trusted content about COVID-19 and related vaccines. In this role, I lead trainings of faith-based leaders across the U.S. to help increase vaccine confidence and acceptance as a part of an initiative funded by the Centers for Disease Control and Prevention. To date, I have participated in training almost 1,000 faith-based leaders and pastors who then share the information with their congregations and set up pop-up vaccination sites at houses of worship and community centers. This work has been exceptionally gratifying and reminds me of the power of community. I have also been featured in local and national news media, sharing factual updates related to COVID-19 and the vaccinations.

Do you feel that there are strong opportunities for women to lead in the industry?

Yes, there are many opportunities for women to lead in medicine in several roles related to administration, clinical operations, research, or education. In addition to having an incredible mentor, I have been fortunate to have sponsors who supported my professional career. I have appreciated all the opportunities to lead teams over the course of my career.

What advice do you offer to young people interested in a career in medicine?

I would encourage young people to seek out internships or shadowing experiences so you can be exposed to what a career in medicine looks like. The seeds of my career were planted early when I was in high school and started working with pediatricians and watched them take care of patients, teach residents and medical students, and conduct research and lead their teams. I was fortunate to have mentors who paved the way forward and modeled for me what was possible. I would also encourage you to embrace your authenticity. As the first physician in my family, I recall being the first, the only and being different in so many contexts. This provided useful and important insights for me when I was in various spaces and an opportunity to connect with so many people. Medicine is an incredible field. Every day is different. We work collaboratively to care for patients and their families, build meaningful and lasting relationships, develop creative solutions to challenging issues, and serve our communities. ●