

## Fighting Addiction, One Patient at a Time

### Physician Profile: Kenneth Faistl, MD

**O**ver the course of more than four decades in family medicine, Ken Faistl, MD set a goal for himself.

“Fairly early on I developed the idea that I wanted to finish my career making sure no child was born to an opioid-addicted mother,” Dr. Faistl, who is board-certified in family medicine as well as geriatrics and addiction medicine, says. Difficult and impossible as the goal may have seemed, Dr. Faistl made it his priority to improve the lives of all patients, including those struggling with alcohol and drug addiction.

After receiving his medical degree from the College of Medicine and Dentistry of New Jersey (now Rutgers New Jersey Medical School) and completing his residency at RWJ Medical School at Monmouth Medical Center, Dr. Faistl honed his expertise and interest in treating addiction.

“The interesting thing about treatment for alcohol and drug abuse is that it’s really not about prescribing a lot of medication – the most important thing is listening to patients,” he says. “Listening helps you learn how to help not just the patient, but their family, who are impacted, too.” He has learned to ask himself one question when facing the task of enrolling a patient in a residential treatment program, “Are they better with us, or on the street? The answer is, very often, us – that’s how I make sure I’m doing the right thing for the patient.”

While practicing family medicine with a private practice in the 1980s – the height of the AIDS epidemic – Dr. Faistl was asked by Monmouth County to help evaluate proposals from health care

organizations to improve medical care in the County’s prison system. “We realized 70 percent of the prisoners were there as a result of drug and alcohol-related issues,” he remembers.

In reviewing the proposals, Dr. Faistl quickly recognized that none of the respondents seemed to fully understand the scope of work necessary to address the needs of the prison population. Just days after the decision was made, the group who had been awarded the contract returned to the County saying they had underestimated the scope of the project. Dr. Faistl was asked to step in and provide services on an interim basis. Ultimately, his practice bid on the proposal and received it. They went on to work with the County correctional system for 15 years.

“I received a tremendous amount of experience treating drug and alcohol abuse while running the jail medical program,” Dr. Faistl recalls.

He was then recruited to help develop the family medicine residency program at CentraState Medical Center in Freehold, where he served as director for several years. When it was time to move on and allow his associate program director to take the helm, Dr. Faistl was hired to revitalize the Family Medicine program at Mountainside Hospital in Verona.

All the while, Dr. Faistl continued working to help those struggling with addiction. For many years during his early career, Dr. Faistl was involved with New Hope Foundation, a residential and outpatient alcohol rehabilitation facility in Marlboro, where he ultimately served as medical director. In 2016, he accepted the role of Medical Director/Chief Medical Officer at Turning Point, an addiction treatment facility in Paterson,



while simultaneously continuing his family practice work, which is affiliated with Hackensack Meridian Health Medical Group.

“Now I’m nearing the end of my career, and we still haven’t achieved my goal of no child being born to opioid addiction,” Dr. Faistl says. “But some days I think that we are getting a little bit closer.”

He has seen many changes in addiction medicine over the years – some of them positive. Dr. Faistl credits the development of buprenorphine and naloxone as a positive change, as they allow drug users to be treated in outpatient settings, and provide an alternative to methadone staving, “It lets people stay in their own lifestyle, as long as they keep the psychiatric treatment and behavioral therapy working together

to help with their substance abuse disorder.”

Still, Dr. Faistl struggles against many of the challenges of addiction medicine. Patients with substance abuse disorders still face a stigma in their communities, and very often they do not have the means to receive treatment.

“By the time a lot of people get to treatment, they’ve burned every bridge and lost their financial resources – they present with no insurance, or a minimal amount of insurance like Medicaid,” Dr. Faistl says. “These days we’re getting some help with the expansion programs, but many of the insurers still require prior authorization.” Access to certain providers can be limited, and access to buprenorphine treatment requires prior authorization – all barriers for patients to get to a physician who can provide treatment. He remembers, “I once drove from Montclair to Cape May, and the whole drive I was on the phone with the insurance company in an attempt to get around all the red tape for a patient.”

And a challenge he foresees for

physicians practicing addiction medicine? The American Board of Medical Specialties has said it will recognize addiction medicine as a new subspecialty under the American Board of Preventive Medicine. “Are residents going to want to become board-certified when the reimbursement rate is limited?” he wonders.

The challenges of addiction medicine are many, and while his goal may be lofty, Dr. Faistl says he stays positive. He has made sure to avoid burnout by keeping his family and relatives close by, always practicing close to home and going the extra mile to develop a kinship with patients he sees in practice. “Developing the relationships and becoming engaged with the patients you treat makes one feel a part of something and connected, which in my opinion, is what creates the fun.”

Dr. Faistl says having friendly colleagues makes everything easier too. “I’ve had great relationships with the people I work with, as well – I’ve had many of the same employees for many years,” he says. “They become part of the

extended family. The relationships are what make it all enjoyable.”

An active member of NJAFP – he is a past president – Dr. Faistl maintains that leadership and service in medicine contribute to better work. He has served on several advisory boards including the VNA Health Group and chaired the Colts Neck Board of Health. “There are two statements I live by; I even have one on a paperweight on my desk,” he says. “The first is, ‘If you’re not at the table, you don’t get to pick the menu,’ and the second is, ‘If you’re not the lead dog, the view never changes.’”

But there is no magic formula to ensure work happiness in family medicine, Dr. Faistl admits. “The answer is that which works for you,” he says. “I do not care if we get our checks on our own, with a private practice, or get employed by others; use DPC, HMO or concierge; work in jails, nursing homes or academic centers. Do what you like. In the end, we choose what works for us as an individual, not as an Academy or as an employee or a group. We select what makes us happy.” ▲

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