

Living My Dream - Sara B. Leonard, MD

■ AMANDA BRUCK, MS



Amanda Bruck is a Marketing & Communications Specialist with the NJAFP.

Sara B. Leonard, MD, a Bergen County native, dreamt of becoming the type of doctor that conjures up images of a small-town family physician – visiting patients with a traveling doctor’s bag, and treating them from their earliest breaths through the course of their lives. She even started making house calls as a youth member of her local ambulance squad.

But, as often happens, life got in the way.

After starting a career as a special education teacher, an old friend encouraged Dr. Leonard to return to school to finish prerequisite courses and apply to medical school. After receiving a medical degree, Dr. Leonard returned to New Jersey where she completed a residency in family medicine through the UMDNJ – Robert Wood Johnson Medical School, now Rutgers Robert Wood Johnson Medical School (RWJMS), at CentraState Medical Center in Freehold.

During her three-year family medicine residency, Dr. Leonard served as chief family medicine resident and became involved in NJAFP, serving as a resident trustee. From there, Dr. Leonard began to work for a hospital-owned family medicine practice with more than a dozen physicians and a handful of offices.

But she realized she was not living her dream.

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how I was providing care and in the experience patients had when visiting the office,” says Dr. Leonard.

When the opportunity to leave the hospital-owned practice – and a stable salary – presented itself to Dr. Leonard, she thought long and hard about both the appeal and the risk of being a solo practitioner.

“Employment provides an attractive salary, the ability to practice medicine without worrying about billing and details of the business side, and a host of other benefits,” she says. “But in the end, some of the decisions made by other people conflicted with the kind of care I envisioned providing to my patients.”

Ultimately, Dr. Leonard decided to leave the hospital-owned practice and strike out on her own – a risky decision and one against the current trend of hospital employment for physicians. According to data from the American

Medical Association, it is estimated that the number of physicians employed by a hospital or in a practice partly owned by a hospital rose from 23.4 percent in 2012 to 26.7 percent by 2018.

“I was fortunate enough to have a unique opportunity where two more seasoned family physicians who shared a practice were transitioning to hospitalist work. Being able to share resources – an office, staff members and supplies – helped make it possible to start my own business,” said Dr. Leonard.

Life soon had other plans – again.

Although she was enjoying the work and found fulfillment in seeing patients in a smaller practice, Dr. Leonard soon realized the difficulties of swimming against the tide. Learning and managing the business side of a practice, in addition to treating patients and attempting to meet the numerous requirements placed on the practice by

insurance companies became a daunting task, hindering Dr. Leonard's ability to practice the way she wished.

Ultimately, Dr. Leonard returned to school again to pursue a fellowship in geriatrics.

"In my practice, I witnessed firsthand the help that older adults need in navigating the increasingly difficult health care system," she says. "I knew that this time around, I needed to do something that was going to work for me and really felt that I had the right skillset to support the geriatric population and keep them at the center of their care."

After completing a fellowship through Rutgers RWJMS at CentraState, Dr. Leonard joined Visiting Physician Services, a member of VNA Health Group, which exclusively provides home-based primary care to home-bound individuals.

And thus, she finally realized her dream.

As medical director of the group, Dr. Leonard supervises the clinicians and the practice's participation in CPC+, in addition to making house calls and treating patients. The approximately 40 physicians, nurse practitioners and physician assistants in the group reach nearly 3,500 patients each year in eight New Jersey counties. For Dr. Leonard, the change has been amazing.

"While the approach to treating the patient remains the same, it's an entirely different perspective when we see a patient in their home. We are able to see how they are functioning, get a sense of family dynamics and socioeconomic status – all of the things that we may not see in an office but provide us with a lot of information about their health status, medical needs and how we can better treat them," she says. "We still work to put the patient's wishes at the center of everything we do, but it's more about how we meet them where they are and try to enhance their quality of life."

And although she still encounters the challenges of practicing medicine – the overwhelming amount of paperwork, an increased reliance on technology and EMRs – Dr. Leonard has found her current work highly fulfilling.

"Part of what makes it such an amazing job is just how grateful patients and their families are. These are patients who may have been unable to see a primary care physician for months or years. Sometimes they've been denied refills on prescriptions or have faced transportation requirements that were just too great. They often cry because they're just so relieved to hear about the

services and care we're able to provide," she says. "I wanted to practice medicine a certain way and I thought I'd find that in private practice, but I didn't. It took me a little bit longer to figure out how to get there, but now I'm exactly where I want to be, treating patients the way I imagined." ▲



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