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Texas A&M Health IT Academy Part V of V

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Your Life Your Health

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Winston Churchill's response to the sinking of the Titanic juxtapositioned technology and humanity. Upon hearing of the tragedy of the Titanic's sinking, Winston Churchill wrote to his wife and said, "The Titanic disaster is the prevailing theme here. The story is a good one. The strict observance of the great traditions of the sea towards women and children reflects nothing but honor upon our civilization...I cannot help feeling proud of our race and its traditions as proved by this event. Boat loads of women and children tossing on the sea – safe and sound – and the rest – Silence. Honor to their memory."

"Forty-eight hours later, Churchill added the following comment: "The whole episode fascinates me. It shows that in spite of all the inequalities and artificialities of our modern life, at the bottom, tested to its foundations, our civilization is humane, Christian and absolutely democratic. How differently Imperial Rome or Ancient Greece would have settled the problem. The swells, the potentates would have gone off with their concubines and pet slaves and soldier guards, and then the sailors would have had their chance headed by the captain; as for the rest – whoever could bribe the crew the most would have had the preference and the rest could go to hell. But such ethics can neither build Titanics with science nor lose them with honor."

Trust Rather than Technology

This transformation will require the reestablishment of the trust which once existed between provider and patient to be regained. That cannot be done by fiat. It can only be done by the transformation of healthcare in to system which we had fifty to seventy-five years ago. The patient must be absolutely confident that they are the center of care but also they must know that they are principally responsible for their own health. The provider must be an extension of the family. This is the ultimate genius behind the concept of Medical Home and it cannot be achieved by regulations, restrictions and rules.

The transformation will require patient and provider losing their fear of death and surrendering their unspoken idea that death is the ultimate failure of healthcare. Death is a part of life and, in that, it cannot forever be postponed, it must not be seen as the ultimate negative outcome of healthcare delivery. While the foundation of healthcare is that we will do no harm, recognizing

the limitations of our abilities and the inevitability of death can lead us to more rational end-of-life healthcare choices.

Public policy can determine whether healthcare is reformed or transformed

First, that policy must acknowledge that governmental policy created the current conditions. Payment by "piece work" put the government's check book in providers' hands. The Providers only benefited; they did not create the system which rewarded over-utilization and expansion of services.

Second, the healthcare system must reward what is valued and what the system wants to promote. In that all of the transformative issues in healthcare are relational rather than technological, the system must promote relationships by rewarding efforts to restore the provider/patient relationship as the basis of care. Even specialist reimbursement should be increased for personal patient management even while the payment for procedures is decreased. The expertise of the specialist benefits patient care without necessarily requiring expensive procedures.

Third, public policy must place the patient at the center of concern in the healthcare equation, but also must place the patient at the center of responsibility. Patients cannot be allowed to be passive in their care and they cannot transfer their responsibility for their own care to anyone else.

Fourth, healthcare policy must pay for educational medical services but not in such a way as to create a new industry. Providers who create educational opportunities for their patients should be rewarded for doing so.

Fifth, as patients cannot be passive in medical decision making, they cannot be passive in the utilization of resources. No one would argue that a sick person should be denied care unless they can pay for it. However, if a patient continues an activity which adversely affects their healthcare, there should be consequences and those should be partially financial.

Sixth, one side of the healthcare debate argues that improved preventive care will produce dramatic savings in healthcare cost. The other side argues that dramatic decreases in care will be produced by tort reform. Neither is likely to be true. The transformation of healthcare delivery will result in improved preventive care and will result in fewer instances of patient dissatisfaction with their care and/or instances of patient injury, thus decreasing legal actions against providers. Neither, as a primary initiative, will transform healthcare.

Seventh, SETMA and many physicians, nurse practitioners and other healthcare professionals with whom I have contact are working toward transforming their practices of medicine to fulfill the promise of the metamorphosis of healthcare. They each and they all illustrate the final principle of transformation. To be lasting and to be effective, it will be done one practice at a time. At some point, we will reach critical mass and we will see the impact upon our community and upon our country.

Teams

While these concepts are necessarily philosophical rather than structural, the structures which result from the adoption of these ideals will support the Triple Aim with or without reward and regulations. Public policy will require some action to make changes in our healthcare system. What is imperative is that those changes which are directed at reforming the system do not ultimately prevent the transforming of the system.

The ultimate work force changes which will be transformative are those where vision and passion are shared between all members of the healthcare team. When that vision and passion is shared and when the images are shared, the organization will be radically changed. Work force adaptation to this internalized vision will be dynamic and relentless.

The uniqueness of SETMA's team approach may be that we recognize, respect and welcome the collegial partnership with nurses, nurse practitioners and others who traditionally worked "for" physicians rather than working "with" them in a collegial, collaborative, team approach to healthcare. The following quote defines SETMA's teams:

"Most of us at one time or another have been part of a great 'team,' a group of people who functioned together in an extraordinary way – who trusted one another, who complemented each other others' strengths and compensated for each others' limitations, who had common goals that were larger than individual goals, and who produced extraordinary results. I have met many people who have experienced this sort of profound teamwork – in sports, or in the performing arts or in business. Many say that they have spent much of their life looking for that experience again. What they experienced was a learning organization. The team that became great didn't start off great – it learned how to produce extraordinary results." (p. 4)

The lessons of this five part series is what should be the foundation of a Health IT Academy. With this foundation, the deployment and employment of an EMR is guaranteed.