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Article 1

From the Editor
From Chaos to Care

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## From the Editor

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### From Chaos to Care

Colleagues often recommend healthcare books to me aware of my interests in quality measurement and improvement. Recently, at a special Commonwealth Fundsponsored conference in Boston, the attendees all received a thin, little, hard-covered book entitled, *From Chaos to Care*, by Dr. David Lawrence. Lawrence just completed his decade-long role as the CEO and Chairman of Kaiser Permanente – the largest non-profit healthcare system in the world. As a result, I thought that *From Chaos to Care* would be a "managed care manifesto." As I cautiously read the book in preparation for the Commonwealth Fund conference, I found myself talking out loud, agreeing emphatically with most of what Lawrence had to say. Indeed, this little book spoke volumes about what is wrong with American medicine and how it

To effectively draw in his audience, Lawrence creates a fictitious family focused on the care of a child with a chronic illness, namely asthma. He cleverly juxtaposes standard pediatric care with his not too rose-colored view of so-called team-based care in the future. He lays out his main thesis and is emphatic that only team-based, integrated care can begin to tackle the critical seven challenges currently facing American medicine. Let me summarize these seven challenges and then outline how Lawrence proposes to tackle them.

The first challenge is the changing expectations of patients. It is interesting that he puts this particular one at the very top of his list. Lawrence notes that, today, patients expect their physicians to help them understand the choices, but they often want to make the decisions for themselves. Here, he reaffirms that nearly 130 million Americans are connected to the Internet and that health-related searches are one of the most common uses of the World Wide Web. Of course, this is no surprise to our team in the Office of Health Policy at Jefferson coming on the heels of our own book, *Connecting with the New Healthcare Consumer* (Aspen 2000). Challenge two is the expanding pace and scope of discovery in medical science and technology. Working at a major academic medical center like Jefferson, we viscerally understand this particular challenge.

Challenge three is the increasing number of Americans with chronic illnesses. This flows nicely from the recent work by the Institute of Medicine, which we have discussed in this space previously ("The Vision for a National Quality Report," Vol. 14, No. 3, September 2001.). Lawrence reminds us that 14% of the population is over 65 years of age and, by 2030, demographers estimate that one in five Americans will be over 65, and many will be over 80. Challenge four is the growing complexity of medical care. While space precludes a full recitation of this section, it is axiomatic that the resources, laws, regulations, and payment system are, in Lawrence's words, "mind numbingly complex."

The fifth challenge is the increasing demand for transparency. While this jargon may not be familiar to many of our readers, Lawrence is aligning with those who would call for greater accountability in the healthcare system. He points out the work of groups such as the Joint Commission on Accreditation of Healthcare Organizations

(JCAHO), the National Committee on Quality Assurance (NCQA), the National Quality Forum (NQF), and the Foundation for Accountability (FACCT). I am pleased that we have covered each of these groups in this space previously.

The sixth challenge is the nation's growing diversity and the need for our ability to recognize and treat conditions that cross the boundaries of race, culture, and socioeconomic status. Lawrence concludes with the seventh and final challenge of external threats. Here, of course, he is referring to the possibility of bioterrorism, the continued AIDS pandemic, and related international challenges in healthcare. He closes this chapter with a very provocative statement: "The seductive model of the autonomous independent physician craftsman is as ill-suited to meet the demands of modern medicine in a complex modern society as the Pony Express would be to deliver our mail, the telegraph would be to communicate with one another, or the horse and buggy would be to transport us from one city to the next." Obviously, this may not be to everyone's taste!

Having laid out these seven cardinal sins, Lawrence then takes the very pragmatic step of sharing with us, in Chapter 5, so-called beacons for the future – examples of care currently delivered in isolated systems that he feels address these challenges. For example, Lawrence highlights the work of groups such as Premier Health Partners in Dayton, Ohio, and Intermountain Health Care in Salt Lake City, Utah. There are also international examples. What these groups share is a willingness to search for better ways to provide care to patients using a wide range of tools that have emerged largely from industries outside of our own.

After teasing us with isolated examples of successful team approaches to care, Lawrence then offers us a detailed analysis of the fundamentals of teamwork and what lessons we might learn from the industrial sector. He is adamant that we can maintain the central focus on the individual patient and the sacredness of the doctor-patient relationship while embracing the concept of teamwork. He says that strategies that include the use of teams to deal with complex problems and systems to support, enhance, and assure individual knowledge and skills will be the watchword of the future. He calls for production design processes and both mass customization and quality improvement techniques. We will not detail all of this here except to say that his descriptions are the most vivid and gripping of the dozens I have read. While most doctors would readily agree that medical care is not akin to making widgets, Lawrence skillfully reinforces the link between teamwork, knowledge management, and a reduction in cost. He understands innately that the issue is "motivation and culture," not our capacity to adopt these tools in healthcare.

For me, the best chapter in the whole book is the seventh, entitled, "Putting it Together." Here, Lawrence details his notion of the so-called "integrated care teambased delivery system" and speaks to us in the language of patient care rather than in the language of industrial process control. For example, he notes that teams cannot and will not spring into existence simply because we want them to. They require practice, skill building, and a self-conscious effort to improve. He notes that team members must learn to make decisions together, talk with one another, share information, and discuss the choices, treatments, and results. Having just completed my thirteenth consecutive year of inpatient attending on our teaching service, I think I know where Lawrence is going with this notion. The care team needs organizational support in order to complete its vital tasks. Lawrence smartly calls for an expansion in our primary care capabilities and a recognition that the face-to-face doctor-patient interaction may not be central to the future of good care delivery. At the close of

Chapter 7, Lawrence lays down the gauntlet when he says, "Medical schools continue to train physicians to be independent professionals with little or no experience working collaboratively in care teams either with other medical professionals or with patients." There certainly is plenty of blame to go around. No sector is immune.

Given all of this, how does Jefferson Medical College stack up with regard to teambased care and preparing the doctor of the future? I am proud to say that we are making progress, albeit it modest, on many fronts from the ninth annual rendition of the freshman course, "An Introduction to the Health Care System," to our regionally prominent C.R.E.S.T. program – Chief Resident Education for Success Training. Certainly, the new ACGME Requirements have reinvigorated our 56 residency and fellowship programs to begin the difficult job of tackling issues such as systems-based care and practice-based learning. Even the prominent chairs of all of our clinical departments are involved in an ongoing leadership training program. Our five-year MD/MBA program in conjunction with Widener University gets more applicants every year.

While we are making this incremental progress, what is the research evidence that Lawrence is right? Namely, that the system is hopelessly broken, and only a teambased approach will lead us to a path of salvation. Not surprisingly, Lawrence is right on target. In recent major reviews in both the *Journal of the American Medical Association*<sup>1</sup> and *BMJ*<sup>2</sup>, Shortell and his colleagues have demonstrated that even in some of the most highly integrated physician-run, nationally prominent group practices, doctors generally do a poor job of caring for patients with chronic diseases. The use of computer-based information systems, standardized protocols of care, and ancillary health care personnel are still lagging woefully behind publicly espoused targets.

I am reenergized from my reading of *From Chaos to Care*. I have gone so far as to purchase dozens of books and have required our Health Policy staff to read it as well. In my dreams, I think about a faculty-wide book club where we review nontraditional books like this one. Finally, in my clinical role as a primary care giver, I am going to try to rededicate myself to a better understanding of the integrated care team approach. We have a long way to go! As usual, I am interested in your views. You can reach me at my email address david.nash@jefferson.edu. To purchase the book, you can contact Perseus Publishing at www.perseuspublishing.com.

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