

## A Critique of Author Jonathan Bush's Book "Where Does It Hurt?"

"They are caregivers and entrepreneurs who could give so much more and better care than they are allowed if they weren't *chained to a broken system*." Clayton Christensen, Harvard Business School, January 2014, p. XI.

"But health care doesn't work like a *normal industry*..." p. 4.

"I'm convinced that the true fix requires a *revolution*. It must *stir market forces*..." p. 6.

Jonathan Bush has seen the Promise Land that is home to a health care delivery system where all current patient care problems can be washed away by a revolution created by entrepreneurs, and far-sighted doctors (many the same people), and the wonders of our new, ever-expanding world of technology. Health care nirvana is close enough to reach out and grab it. But first one must believe, and convince multitudes to believe that there are numerous, rather simplistic new tools available for those who can perceive how a health care delivery system should look and function, and make it become real now.

As the author of three books on health care I believe strongly that non-fiction books on important subjects should be critiqued, and their authors should seek, and accept such critiques as an opportunity to further the discussion of the subject of those books. Why? It is impossible to fully convey one's deep understanding of a complex subject, i.e., health care, and condense those thoughts into a size suitable to be published, and hopefully read.

Therefore this critique of "Where Does It Hurt?" is offered in a manner that I would welcome for similar review of any of my previous books, and will be divided into segments focused on the **Good**, **Bad**, and **Ugly** aspects of Jonathan Bush's labor of love.

**Good:** Passion is the first, and strongest characteristic I took from reading Where Does It Hurt? If passion, and conviction were the most important elements necessary to transform our current health care system then a new day is dawning in health care as I speak. But, unfortunately, it will require far more than passion, and conviction to transform our current health care delivery system into something even approaching what the Public has always deserved.

**Specific Good:** Jonathan describes in some detail multiple examples of successful efforts using entrepreneurial thinking, and technological advancements to "transform" patient care in several states, and communities. And I will leave it to each reader to discover, and judge how well, and how rapidly similar patient care efforts can become active participants within the current health care delivery system. No one should be surprised by these assorted examples of health care entrepreneurial measures because such has been the lifeblood of advances made in every aspect of our society throughout its history. And as Jonathan so clearly illustrates, health care is a field of dreams for such efforts. I think it would be difficult to read "Where Does It Hurt?" without a high degree of excitement.

**Bad:** But *Prudence* should trump *Excitement*, particularly concerning a subject as important in everyone's life such as health care. The Subject of both Jonathan's book,

and my three books is NOT just health care, but rather Your Health Care, Your Children's Health Care, and Your Grandchildren's Health Care. Jonathan and I both agree that it is time for millions of people to recognize how important health care is to them, and their loved ones, and to decide how seriously they will choose to become involved.

Jonathan accepts that the current system is, *broken, convoluted, not a normal industry*, and has a *nonbusiness model*. What Jonathan apparently does not recognize is how crucially important the absence of those structural necessities are when it comes to trying to provide medical care where, and when it is needed.

**The current health care delivery system is a non-system,  
devoid of any systematic characteristics!**

Jonathan, like everyone else, finds it impossible to speak about health care without being compelled to use that totally misleading word *system*. Institute of Medicine (IOM) To Err Is Human 2000, and Elizabeth McGlynn's Rand Corp. article 2004 (see references) both recognized this thing everyone continues to call a "system" to be, in fact, a *non-system*. But no one then, or since, seems to have recognized the extreme importance of such a realization.

White House, Congress, state governors, and legislatures, and everyone else who is considered to be a health care expert apparently can't comprehend the enormous difference between trying to improve a true system, as opposed to trying to change a non-system none of them can first describe – in detail.

**Example:** Every new estimate of needless hospital deaths has been significantly greater than all previous such estimates *for the past quarter century*. That is an established track record of abject failure on the part of a vast army of quality of health care, and patient safety "experts". Yet all of the above listed in the previous paragraph continue to make promises of how "they" will incrementally improve a non-system none of them have ever even attempted to describe – in detail.

Jonathan made note of the latest estimate of needless hospital deaths (p. 174) while wondering "how do you define "harm"? I suggest he familiarize himself with the list of references provided below regarding the inglorious track record of needless hospital deaths since 1990, and ask how he, and his fellow entrepreneurs will factor that aspect of current patient care into their new world of health care. He should make special note of how Dr. Lucian Leape, and others strongly supported James' findings in a separate article in ProPublica the very same month in 2013.

Providing health care is one of the most important functions, accepted as a responsibility, of every civilized nation, and is one of the most important characteristics that separates civilized nations from third-world countries. But the delivery of health care should never be considered as just one more of any country's several "industries". Societal

responsibilities should demand, and receive, profound consideration. Yet our health care delivery system has evolved like a weed patch with no master gardener.

The nation that allowed men to walk on the moon, and return safely has never created, attempted to create, or even considered creating an organizational structure for one of the greatest responsibilities of every civilized nation. A thorough examination of how our current health care delivery system has evolved will indict every contributor during those decades of incompetent collaboration between multiple entities. Anyone who speaks of contributing to the “transformation of health care” should be required to provide their detail description of the current “system”, and how it became as it is today.

Molly Gamble, Managing Editor, Becker’s Hospital Review wrote *Close the Hospital, Fire the Physician: The Case For Harshness in Healthcare* on July 9, 2014 based upon an Aspen Ideas Festival panel discussion that included Dr. Toby Cosgrove, MD, CEO, Cleveland Clinic, Jonathan Bush, and others. The topic of too many hospitals was front and center, and Jonathan Bush expressed strong views similar to those found in “Where Does It Hurt”. A vigorous response to that article led Ms. Gamble to write *Close Hospitals? Not So Fast* in Becker’s July 16, 2014 issue (see references).

**The Point:** There are far more old controversial topics in “Where Does It Hurt?” than new ideas, but the new ideas, in Jonathan’s mind, and many others, seem to have overwhelmed rational thinking. This enormous, complex, non-system that seems to defy detail description has now become an entrepreneurs field of dreams. At no point in his book does Jonathan suggest how long his view of health care transformation will take, and how long thousands must continue to die needlessly in the existing “system”.

**Example:** South Carolina has 68 acute-care hospitals, and 65 surgery centers. How long would it take Jonathan, and other like-thinkers to work their magic in my state? How much longer must the nation wait for a 21<sup>st</sup> century health care delivery system? No one is asking that question but me.

**Ugly:** “Hospitals have ‘duped’ physicians for years. They’re not your friends. They’re your adversaries.” Dr. Kenneth A. Konsker, page 105.  
“We’ve lost the joy in taking care of patients.” Dr. Atul Gawande, page 9.

### **The Unspoken Disgrace of Health Care in America**

Medical care came long before Health Care, and its so-called “system”. And medical care occurs when well educated professionals *assume responsibility* for people they don’t know. But with time, and ever-increasing needs, first states, and then the federal government had cause to become greatly involved in how patient care was to be delivered. Every nation’s health care system should be one of their crown jewels, and instead, health care in every civilized nation has become a major bone of contention.

Why?

Drs. Konsker and Gawande provide just a hint. The three major contributors/creators of our nation's health care delivery system (federal, states, and all elements of the medical profession) have nothing but hostile contempt for each other. Peaceful and respectful relations between the above three may take place about the same time as peace between Israel and the Palestinians.

Medical care (health care) is, or should be, an act of benevolent service to others. The major components responsible for creating such a system have never come together with an attitude of mutual respect and a desire to collaborate in a positive manner. Hostility breeds contempt, and hostility has been the name of the game regarding every effort to create a health care delivery system worthy of those it seeks to serve. But don't just take my word for that tragic assessment of the prevailing atmosphere where the transformation of health care is expected to take place,

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May 1997 Dr. Clough - Retired as editor in 2007**

In the past, the state & county medical societies played a reactionary role in virtually every political debate affecting health care, & to some extent they continue on this path. They have acquired the reputation of opposing whatever the current reform proposal was, while rarely offering a reasonable alternative (or even directly addressing problems everyone inside & outside the health care system knew existed). The societies protected the interests of physicians, but were often blind to the needs of society & even to the needs of the patients they served. They were almost never seen as a part of the solution, & gradually they came to be viewed as part of the problem (see reference).

So one of the top medical leaders in the country recognized, and spoke out about the divisive nature within his profession 17 years ago, and before IOM To Err Is Human. Incremental changes offered in an effort to improve an enormous, complex non-system are only false promises made to an unsuspecting public.

Doctors are the greater disruptive force due to longevity. Doctors controlled the system for most of its history, and turn their profession into a Good Ole Boys Club. States came next because all 50 state medical examining boards are each over 100 years old, and each state has created several health care agencies. Federal government, empowered by Congress, decided that they knew best, and have dominated the attempts to try to improve that non-system for almost half a century, while never recognizing that in too many instances they were making things worst.

**Those who cannot remember the past are condemned to repeat it.  
George Santayana**

Does anyone know the history of our health care delivery system in great detail? Jonathan, and every other person seeking to improve the delivery of health care need to understand that their very positive measures can best become reality throughout that system if, and when, it is first transformed into a true system with an organizational structure, and all its necessary elements.

**A Perfect Analogy:** Seeking Peace between Israel and Palestinians has shown about as much mutual respect as one might expect when hoping to see the major participants in our current health care system (federal, states, and organized medicine) come together seeking to create a 21<sup>st</sup> century health care delivery system.

**My Vision:** I can provide a plan for a 21<sup>st</sup> century health care delivery system that would go far beyond anything ever imagined. But first there should be a major effort to describe in detail the current health care delivery system. Evidence provided by all of the efforts to improve the quality of health care, and patient safety during the past three decades clearly illustrates (or should) the delusion associated with continuing to try to incrementally change an enormous “system” no one can first describe.

**The Problem:** No one is ever permitted to ask hard questions, and expect to receive factual answers. The quarter century needless hospital deaths track record is established in the literature, and all of the “experts” are aware of the ongoing disaster that track record demonstrates. Yet there is no evidence of anyone in the army of quality of health care, and patient safety experts asking hard questions.

**First Question:** Since all medical care is local, and states license doctors (fundamental facts), is each state responsible to create, and maintain a functional health care delivery system that should contribute to the whole?

True progress in Transforming Health Care can only come after detail recognition of the structure, and function of the current system, and identification of all necessary participants. I know how to begin that process.

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