

Five Great Mistakes in Health Care and a Solution (Becker's Hospital Review Aug. 20, 2014 article expanded)

Our Nation's health care system is broken, and that indisputable acknowledgement is a national disgrace. Furthermore, every governmental, and professional entity that has taken part in establishing the current, deplorable state of unorganized dysfunction shares in that enormous blame. The use of Five Great Mistakes is merely a device to use in an effort to convey the extent of colossal failure(s) that have accumulated through the years leading to the current social contradiction. The order of presentation is not indicative of their degree of contribution, but the sum of their totality is indicative of the ineptness of those who through the decades have sought to create one of the most important aspects of every civilized nation, while failing to first create a creditable master plan.

The "System" is Not a System:

One of the greatest fundamental failings in any large endeavor is the constant misuse of descriptive terms necessary in every form of discourse regarding that endeavor. And the constant use of the word "system" in relation to the current health care apparatus is glaringly misleading. System: an assemblage or combination of things or parts forming a complex or unitary whole. Every person who enters the current health care "system" does so by utilizing multiple anatomical "systems". Close examination of the current so-called health care system will demonstrate that each separate component functions as though they each speak a different language.

Institute of Medicine (IOM) *To Err Is Human 2000**, and Rand Corp. article authored by Dr. Elizabeth McGlynn 2004* both recognized that system to be a non-system, but both also failed to recognize the fundamental importance of such a misclassification. The persistent failure to recognize such a monumental misunderstanding is just one of the Great Healthcare Mistakes that continue to plague the efforts to improve the quality of healthcare and patient safety.

The Difference Between Health Care and Medical Care:

Health care is initiated by medical care. Yet anyone attempting to read and hope to understand the efforts to "improve health care" are left to believe that health care is primarily statistics derived from data concerning the cost of care throughout that system. Cost, as with every other aspect of attempting to provide medical care to individuals, is important. But one should not attempt to improve the quality of a product, and medical care is a product that can be judged, primarily by better controlling the cost of that product. Quality improvement in medical care must come at the doctor/patient interface.

The current quality of health care is clearly demonstrated by the fact that every new estimate of needless hospital deaths has been significantly greater than all previous estimates – for the past quarter century. Yet that deplorable track record has received less national attention than periodic episodes of sporadic acts of violence. Dr. Marty Makary is a nationally recognized Johns Hopkins surgeon, and patient safety expert, and the one word title of his book *Unaccountable* succinctly describes the deplorable status of the quality of patient care that routinely takes place throughout the entire "system".

Health care will only improve after meaningful accountability of questionable patient care replaces statisticians utilizing data while seeking to reduce cost. Both considerations are important, but how to truly determine the quality of care, at the doctor/patient interface should be considered the most important. Case in point, the public continues to be left with only highly speculative “estimates” of needless hospital deaths after a quarter century of effort to reduce such tragedies because no element of that non-system can provide even semi-precise numbers. And rarely do most needless hospital deaths receive meaningful accountability.

The State Responsibility for the Health Care Delivery System:

All medical care is local*, and states license doctors. Those two irrefutable facts have been consistently ignored as to their collective importance. In addition, each state’s medical examining board is over 100 years old, and each of those boards’ mission statement contains the phrase “to regulate the practice of medicine”.

And each state has no one else to blame but them-selves. Each state created a medical examining board long before anyone ever imagined that the nation’s health care system might require some semblance of an organizational structure, and each state’s responsibility for such was clearly evident. Furthermore, each state had created a second agency for the “regulatory control of hospitals” long before the enactment of Medicare and Medicaid. Unfortunately, no state governor or legislature has every recognized their importance in the larger scheme of the nation’s health care system. But the Federal Government, and its multiple health care agencies have compounded each state’s original mistake for the past half-century.

Examples: Institute of Medicine (IOM) Crossing the Quality Chasm is a series of seven books (2000-2004). To Err Is Human was the first, and most heralded of that series. I have reviewed six of those seven books, and reproduced a compilation of the 53 recommendations contained in those six books.

Agency for Healthcare Research and Quality (AHRQ) is one of the dozen or so divisions of Department of Health and Human Services (DHHS) and that agency has an established track record of effort to improve the quality of health care.

National Quality Forum (NQF) was created by the Clinton Administration in the late nineties, and thus far that agency has created over 600 standards of care.

Results: None of the IOM 53 recommendations, AHRQ offerings or NQF standards even mention each state’s responsibility to contribute to the whole, and many of those actively seeking to improve the quality of health care, and patient safety appear to strongly favor a federally controlled health care delivery system. The current VA system is clear evidence of how well centrally controlled systems “function”.

I have identified sixteen components that contribute to the South Carolina health care delivery system, but have identified no real systematic collaboration between any of those elements of one of the most important aspects of state responsibility. There must

come a time when every effort to improve the quality of health care and patient safety recognizes each state's responsibility to contribute to those efforts.

The Hostility Between the Major Health Care Components:

Doctors controlled the delivery of health care throughout the majority of the entire history of our nation, and sadly turned their profession into a Good Ole Boys Club. Every state medical examining board has been a regulatory agency in name only.

States recognized the need to "regulate" doctors, and hospitals, but failed to recognize that the regulatory agencies they each created were suppose to function in an effective manner otherwise the needless hospital deaths crisis might be based upon more precise numbers rather than highly speculative "estimates".

Presidents, Congress, and federal health care agencies have been promising that they were the source for creating a highly effective, and efficient health care system, and the results after almost fifty years are – "the system is broken!" People should run and hide when politicians say they are "going to fix things."

But the most significant aspect of the above brief descriptions is that each of the major components necessary if a truly functional health care delivery system can ever become reality treats the other components as inferior considerations.

A health care delivery system worthy of that name can only become reality if, and when, each of the major components recognize that all three must join together with mutual respect, and combine their efforts for the good of the nation.

The Medical Profession's Reliance on Civil Litigation for Accountability:

Every call for more medical malpractice tort reform is another promise that doctors will continue to leave the public with Sue or Forget It. But don't take just my word for that. Read Dr. Makary's book Unaccountable. Doctors wonder why they have lost the reverence they enjoyed for so long. The answer is quite simple for one who spent many years serving in their system. Hospital medical staffs have been dominated by their members' "Code of Silence", and that failure to put the rights of their patients first is so clearly illustrated in both Dr. Makary's book, and in Find The Black Box.

The blind acceptance that medical malpractice litigation, Sue or Forget It, is and always will be, the primary system for the review of questionable patient care clearly indicates the lack of intelligence (the s word) by everyone who helps to perpetuate that irrational conclusion. The public deserves far better from their medical profession.

The Solution:

The two most important characteristics of the current health care delivery system's problems are; it is broken, and no one seeking to improve it can first describe, in detail, its present structure. A solution must begin with a definitive understanding of the current entity to be changed by identifying every contributor, and their contribution to the current

dysfunction. Such an exercise would rapidly illustrate each state's responsibility to be included in any effort of creating a modern-day patient-care system.

But no progress can be anticipated unless the three major components, federal, state, and doctors, are able to come to the table in a respectful manner, and begin to truly serve the public. One of the greatest follies of every civilized nation is how little fundamental thought and understanding each of those nations has given, or failed to give, in the construction of one of their most important elements, the delivery of health care, and how such consistent and long-standing failures have been so unrecognized, and unreported.

“The health care system is broken!” That irrefutable national disgrace has been passively accepted, rather than igniting a public firestorm. The public deserves far better, but then I am repeating myself. Perhaps if repeated often enough someone will notice.

I can provide a logical and doable process leading to a plan for a 21st century health care delivery system that would go far beyond anything previously imagined. My plan, however, demands every quality of health care and patient safety expert to finally recognize that those two fundamental facts; all medical care is local, and states license doctors, require that each state is responsible to create, and maintain an effective health care delivery system, with systematic characteristics.

References:

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