

What is Healthcare?

Healthcare is NOT ObamaCare, RomneyCare, ClintonCare, Medicare, Medicaid, health insurance, or any other form of how to pay for healthcare after-the-fact. You do not begin to heal the sick or injured by changing how such treatment will eventually be paid for. Yet insights such as *The Economist Who Exposed ObamaCare*, (WSJ Feb. 7, 2014) provides no indication how some are beginning to realize that changing how one pays for healthcare after-the-fact is NOT the most beneficial place to start in finally trying to create a healthcare system we can be proud of.

Healthcare is initiated when a person (patient) seeks the services of a doctor for medical care regarding an illness or injury, i.e., the healthcare delivery system. And that most important aspect of the actual healthcare system is based upon two fundamental facts; all medical care is local and states license doctors, therefore each state is responsible for the creation and maintenance of their state's healthcare delivery system.

Beginning in the Oval Office, and permeating throughout the Nation are numerous professional politicians, and healthcare experts, both real, and imagined, who are bound and determined to "change" an enormous "system" none of them can describe in detail, and in fact, is not, and has never been a true "system".

When is a System Not a True System?

When that "system", if ever described in detail, is found to be devoid of those characteristics necessary for that label, including the ability to function in a systematic manner, and which should include recognized points of authority, delegated authority, and the means for acceptable accountability as close to the point of need as possible.

Case in Point:

Michelin North America Tire Company headquarters is located in Greenville, SC, where I live. A recent news announcement stated that there are nine separate tire-producing plants in South Carolina alone. Could such an industrial system function effectively, as Michelin appears to do, without all of the characteristics necessary for "systematic operation"? Of course not! Yet that is what has always been expected of one of the most important aspects of our nation's infrastructure, healthcare, while never recognizing, and addressing the fact that that "system" is, and has always been, a non-system.

The Nation that allowed men to walk on the moon, and return safely has never created, or even attempted to create a healthcare system with an organizational structure, and all of the characteristics necessary to function in a systematic manner. An enormous army of healthcare experts continue to try to improve a "system" none of them can describe in detail, thereby continuing to demonstrate Einstein's definition of insanity.

Republicans claim to be the Champions for States Rights, while never recognizing that since all medical care is local and states license doctors, states (each state) must be responsible for their state's contribution to the nation's healthcare delivery system, (there's that word again).

Why is Semmelweis So Important Today?

Dr. Ignaz Semmelweis did not create the facts that hand hygiene and instrument sterilization would save lives. He recognized, tested, and proved the value of those, new in his day, invaluable patient safety measures over a hundred and fifty years ago, and they remain invaluable, and too often violated today.

I did not create those two facts regarding the healthcare delivery system that all medical care is local and states license doctors, therefore each state is responsible to create and maintain a functional healthcare delivery system. But unfortunately, I seem to be the only person with healthcare delivery system expertise that has recognized them to be FACTS! Unrecognized facts typically are at the root of most unresolved problems, and that is why the estimates of the annual rate of needless hospital deaths during the past two decades have consistently been greater than the previous estimate. All of the quality of healthcare experts have failed to either recognize, or chose to ignore those undeniable facts.

Medical leaders, first in Vienna, and later in Budapest, refused to accept Semmelweis' proven findings, and instead chose to continue to needlessly kill mothers, their newborn infants, or both in order to save face in their communities. Dr. Joseph Lister, fortunately for mankind, had sufficient standing in his medical community to force the recognition of those patient care measures, and to publicly acknowledge Semmelweis as the original source of their recognition. That Mothers Might Live is a short film made in 1938, and it is, or was, in the archives of Turner Classic Movies. It would be hard to estimate the millions of lives that have been saved from needless death due to those two, now considered basic, rules for acceptable patient care since the mid-nineteenth century.

Question: Can the quality of healthcare army of experts prove me wrong regarding the fundamental facts of all medical care, and therefore each state's responsibility regarding the healthcare delivery system?

Healthcare consumes almost 20% of our national economy, and impacts the lives of every living person from beginning to end. Yet no one, and I do mean no one, has ever recognized that this invaluable social aspect directly affecting every person has been allowed to evolve like a weed-patch with no master gardener.

Example: South Carolina, where I live, provides a convenient illustration of the current makeup and shortcomings of our healthcare delivery system. South Carolina has, as of the last available figures, 68 acute-care hospitals and 65 surgery centers providing a wide range of medical specialties. I have identified 16 different components that contribute in

some way to the current system, with a few of those components representing out-of-state entities, i.e., Joint Commission, etc.

My Challenge: Identify one person qualified to describe, in detail, the current healthcare delivery system in this, or any other state, by naming each component, describing how each component functions, and then describing how at least a few of those components collaborate together in a systematic manner.

It is understandably difficult for persons recognized as experts in their fields to publicly acknowledge that they have failed to recognize, or chose to ignore basic fundamentals that have been clearly evident throughout the entire period of their labors, resulting in all of their past efforts to have been completely misdirected. But unfortunately one can only assume the obvious, the estimates of the annual rate of needless hospital deaths has consistently been increasing because all efforts thus far have failed to take into consideration the above two facts, and each state's inherent responsibility.

I have had direct contact with several of the top leaders in the quality of healthcare and patient safety field of endeavor, and several of them have received copies of my book Find The Black Box, and only after stating a willingness to accept a copy. One of the top quality of healthcare leaders at one of the most prestigious medical centers in the world sent the following email;

“Ira, wonderful book...your work is impressive.”

Unfortunately, I have not been invited to join in the concerted efforts that continue, and I have no indication that those fundamental facts regarding all medical care are now being incorporated into those future efforts. Perhaps history is repeating itself in medicine.

So how can the best healthcare system in the world be, at the same time, the third greatest cause of accidental deaths? Far easier than one might imagine. Receiving medical care is like taking a trip on a commercial airliner. When all goes well, as it does most of the time, one deplanes and goes about their business. But, when things do not go well, questions should be asked, and answered, and as rapidly as possible, and as close to the event as possible. That happens with commercial aviation, but rarely if ever within our healthcare delivery system. Why?

Hospitals are the only place in America where an accidental death receives NO immediate review by a state-created source of authority. That fact is one of the numerous reasons why the public is only supplied with highly speculative “estimates” of the rate of needless hospital deaths, even two decades after the first major estimate of such carnage was established in 1990. States license doctors, and all medical care is local, but no state has the slightest clue regarding their state's contribution to the annual estimate of needless hospital deaths. What does it take to get the attention of decision-makers?

Estimates (just that word), is an additional point of consideration. Over two decades after that original *estimate* of needless hospital deaths annually in 1990, the quality of healthcare, and patient safety experts can still only provide highly speculative *estimates* of how many patients (people) needlessly die in hospitals in any state or region of that non-system, and that lack of precise understanding is readily accepted.

Reason: accountability is a byproduct of authority, and meaningful authority can only exist in a system containing an organizational structure, something that has been sorely lacking in our nation's healthcare system throughout its existence. Hopefully, if it ever becomes possible to devote as much time, and consideration to the healthcare delivery system as has been given to how to pay for healthcare lives will become more important.

My Attempt to Summarize the Healthcare Problem(s)

- Healthcare began in America: First day a man stepped ashore and said, "I am a doctor and I treat patients."
- 1847: AMA created.
- Late 1800s: States began to license doctors and created state medical examining boards.
- 1910: Flexner Report: Foundation for modern medical education began to be created.
- G I Bill: Post WW II – Dawn of modern medicine and medical specialization.
- States began to create agencies to regulate the construction and functioning of hospitals.
- 1966: Medicare & Medicaid (a last minute add-on), and also Joint Commission, a component of Organized Medicine, was deemed by Congress to certify hospitals for Medicare payment, and Congress and the Federal Government began their deliberate process to regularize the healthcare system as we know it today.
- States were forced to create a third healthcare agency, DHHS for the implementation of Medicaid.
- 1990: First major estimate of needless hospital deaths – 98,000.
- 2000: IOM To Err Is Human promised to reduce that number by 50% in 5 years.
- 2010: Sully Sullenberger "200,000 NHDs annually – 20 Boeing 747s weekly"
- 2013: John James, PhD estimates up to 400,000 NHDs annually.
- This latest estimate was rapidly supported by three leading quality of healthcare experts, including a Co-Leader of the initial 1990 study.

This greatly abbreviated history of healthcare in America has one sole purpose; there is no evidence in the entire history of healthcare that there as been any attempt to create an organizational structure for that most important social element, or to recognize each state's responsibility to actively participate in that endeavor.

People will only get the quality of healthcare they demand, but first the public needs to know what has always been missing in that non-system, and where their efforts for a far better system need to be focused.

<http://is.gd/UK4Uk0>
<http://is.gd/kQzZ1u>
<http://is.gd/LTnBli>
<http://is.gd/2MSBhR>
<http://is.gd/26uxXj>
<http://is.gd/GzKOg3>
<http://is.gd/Gag91b>

Find The Black Box (Index available on web site)
The Economist Who Exposed ObamaCare
Brennan, Leape, et al, 1990
To Err Is Human IOM, 2000
Sully Sullenberger, 200,000 quote Politico, Aug. 1, 2013
John T. James, PhD, 2013
ProPublica article supporting James, Sep. 19, 2013