

# Editorial

When the editor asked me to write an editorial feature, he told me it could be a topic of my choosing. I could issue a 'call to arms' on something that impassioned me or offer musings on industry developments. Well, the two happen to coincide in my mind. Simply put, healthcare in the USA is a discombobulated mess, it is getting worse and it infuriates me no end.

First, let us recount the problems. We have a complicated system that is continually evolving with every new piece of legislation and update to a provider manual. From my vantage point, these changes only add to the complexity of the system, which leads to both more frustration and, ultimately, expense. The most maddening aspect of these regulations and rules is that politicians and bureaucrats typically vote on them or adopt them with no basis of understanding for implementation, much less the impact on physicians or patients.

Second, we have taken health-care decisions away from physicians. We are forcing them to be secretaries, executives and customer service specialists. Payors and patients are driving the system. Do not get me wrong; the business side of medicine is an important element. Patient experience is equally important for many reasons aside from the experience including improved compliance. I simply believe we should let everyone focus on his or her strengths. Physicians go to school to take care of people. These individuals sacrifice their young adult lives in training, at significant expense, only to emerge from school to find that someone else often has veto power over their best clinical decisions. We live in such a litigious society, many physicians are afraid to not order everything but the kitchen sink. Patients walk in having self-diagnosed and self-prescribed. The unsatisfied patient leaves

one doctor for another, at the very least, and often goes on a social media campaign sharing his or her 'negative' experience. Patients have a right to information and genuine understanding, but they should not be directing clinical decision-making. As for the business side of medicine, practice executives are trained to lead organisations. Leave them to their strengths and expertise.

Third, our focus seems to be on creating rules to manage outliers. I understand there is fraud and abuse in healthcare, but treating all physicians and facilities as fraudulent is not the answer. The money we spend second-guessing physicians, reviewing charts and creating more quality metrics really does nothing to improve the care for patients. The penalties should be steep when we catch someone doing wrong, but if we did not treat doctors like criminals, maybe some of them would not act that way. Redirect that money to cover the poor and uninsured. Or — here is a revolutionary idea — why do we not initiate preventative health-care measures that focus on preventing problems for future generations before they develop? It boggles my mind that there are people in the United States who cannot access care and medication or that there are children who go hungry.

Fourth, everyone is so busy espousing the concept of rewarding value without any real definition of quality or what really represents quality care. You have to face facts at some point. Not every patient gets better, and it is not always the physician's fault. Not only are patients non-compliant, but sometimes there are simply no viable treatment options. Physicians want to see patients and help them get better. Payors want lower costs, quick outcomes and better bottom lines. Patients want lower costs and convenience. Until these definitions come into congruence with one another, we will

continue to spin around, trying to create a value-based system.

Finally, everyone is advocating for his or her own piece of the pie. At the end of the day, we have only so many resources that can be expended. It seems like every segment of the healthcare arena is always fighting a battle to increase or just maintain their share of the pie. Moreover, as that pie shrinks, the table manners change. The reality is we need everyone — physicians to order care; and hospitals, nursing homes, home care agencies and hospices to deliver it. If everyone could come to the table and work to solve the problem from the perspective of what is best for us all, including the patient, it seems to me we could create a better system. We

started with only a dream and managed to put a man on the moon. Surely, with our technology, personnel, dedication and ingenuity, we can figure out how to provide the best care to the most people. It will take impassioned, qualified, selfless people to do this. If you are one of those people, I urge you to rise up and use your voice to advocate for the right thing.

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