



Medical Column

Philosophical Thoughts from the Swamp

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Dr. Bill Haver is the Managing Partner of the Lakeside Medical Clinic in Saskatoon, Saskatchewan. A pioneer in the field, he and his clinic were "early adopters" of the EMR and aggressively pursue automation and the "paperless" Electronic Medical Record.

The road to an electronic health record has come complete with speed bumps, detours and construction delays but, so far, there have been no road closures. This is the good news.

The bad news is that the road continues to have potholes and other blemishes that have resulted in very little traffic – or, perhaps, the paucity of traffic has not warranted any road repairs. I suppose this is a moot point but it does form the basis of some significant criticism of the healthcare community and, specifically, the physician sector of that community.

It would appear that there is finally (and I say that with a sense of exasperation) some recognition of the importance of the physician community in the formation of any truly useful EHR. The powers that be in various political, corporate and association bureaucracies have just now realized the importance of the physician in the structure and content of the medical record. I think they somehow forgot that these people were not under their command, were not obliged to follow their directives and, therefore, had no reason to even attempt to understand what was being proposed or constructed. These powers finally realized that they were building an infrastructure for something that would have no meaningful content. (i.e.: no traffic on the highway). I suspect that there was a sense of panic when they realized that they had expended so much time, effort and money to design and build something that was destined to decay from disuse.

Much soul searching would follow, more money would be spent and more studies would be done. Eventually someone would realize that they had not involved the traffic cops that controlled all of the on-ramps to the fancy new highway. It is not the hospital, not the region, not the lab, not the government, and not any other provider as much as it is the doctor that is the steward of medical information.

... This is not arrogance; it is simply the way it is.

No other provider or agency gathers and manages medical information pertaining to patients as much as the physician. They gather it from all sources, and all other providers, and they use that information to manage the healthcare of their patients wherever the patient may be and whenever the need arises. That is

our job. We cannot and do not do this job in isolation but we accept the ultimate responsibility and we honor our relationship with our patients above all other external influences ... and there are many.

The highway-access analogy could be carried to its obvious conclusion but, at the risk of offending your literary sensibilities, I would like to switch metaphors in order to provide a much more picturesque and accurate analogy.

Today's physicians are swamped: too many patients, too many hours, accelerated scientific research, frequent changes in medical treatments, constant technological advances, persistent external interference, incessant demands, not enough time, not enough doctors, etc, etc. It is true. I know. I live it every day. Unfortunately, when physicians attempt to point to this as a significant problem, we are identified as whiners and complainers. Even if the almighty dollar is never mentioned, we are criticized as being solely fiscally motivated and discounted as self-serving, arrogant and mercenary. This unfortunate paradigm has had the resultant effect of creating a very recalcitrant physician community. Why would you bother to offer your perspective to a group of people who consistently tell you that your opinion is not worthy of consideration as it is tainted by self-interest?

I think there needs to be a little more respect for those who are actually on the field of battle. The constant demands, coupled with ubiquitous criticism, leave the physician feeling like they are under attack by a swarm of alligators.

Along comes the quest for the elusive EHR and millions of dollars are spent before the physician community is consulted - and then there is disbelief and consternation when physicians do not jump at what is presented as an obvious benefit to their lives and their practices. The question comes up repeatedly: "Why is physician adoption of the EMR so slow?"

The answer is not simple.

I do not believe that there is a single factor that can be identified as the major hurdle and I would suggest to anyone reading this that it would be unwise to try to find a single solution to this problem. As a matter of fact, there are probably as many solutions as there are doctors in this country. Every doctor is an individual with specific wants and needs that are unique to them.

Each solution will be unique.

There is, however, a common thread: there is a systemic problem that is affecting the entire physician community. That problem is our healthcare system itself. While this is not the time or place to open a debate on the effectiveness of our healthcare system, it is clear to me that it is this system that has allowed the current situation to develop and it is this system that is incapable of fixing it.

Remember what I said above: the physician is swamped – and when you are up to your ass in alligators, it is very difficult to remember that your original intention was to drain the swamp.

The physician is quite capable of understanding the advantages of the EMR and the EHR but the environment for change is not there. I suspect that this road is not going to be the information super highway that we all envisioned unless we collectively find a way to rebuild the trust and respect that is mandatory in a collaborative industry like healthcare.

The concepts of trust and respect are paid constant lip service in healthcare: to the extent that no one hears the words or contemplates the meaning any more. It is like the Styrofoam packing in shipping boxes: people forget that that packing is crucial to the survival of the contents and once the package has been opened there has to be some other similar structure, procedure or policy in place to continue to protect that article. The article may survive shipping only to be dropped by a careless recipient.

Likewise, trust and respect support the collaborative nature of healthcare but when any portion of this complex is no longer a concept or a proposal but, instead, is a practice, a way of working, or a functional paradigm, and the trust or respect is missing or undermined, the foundation is weakened and the intent or purpose is lost. In this example (as in most cases of human interaction) the result is a loss of credibility and the danger is that a vortex of distrust – incredulousness ensues. It only takes one nefarious act to eventually destroy your credibility, then your reputation, and, eventually your career. Consequential damages can extend to your company, your professional or trade associations and even to government.

The damage appears to be small at first but do not ever underestimate the destructive power of compromised integrity. It is like rust: it is not always visible but it is insidious and relentless; it will eat through solid iron, it will collapse the building or sink the boat. It is like cancer: it can exist in a seemingly healthy, happy and successful individual, but left unchecked it will cause pain and suffering and eventually death.

The integrity of our healthcare system has been damaged by a number of different factors: government interference, corporate ineptitude, conflict of interest, inter-professional bickering, and the occasional instance of moral or ethical compromise. The problems have been at all levels of governance, administration, and practice and no one segment is exempt; that is simply the nature of a human resource-dominated service

delivery industry. The question that needs to be addressed is “What allows this to happen?”

As I mentioned above, I don't think there is “one” answer, and I don't think that any solutions will be simple ones but I would suggest that the biggest single factor in the decline and fall of the Canadian healthcare system is that it is not a meritocracy.

There is no justification in the vilification of the fee for service mechanism just as there is no justification in maligning global budgets, capitation schemes, or salary structures. The problem is not necessarily monetary at all; it lies in how we recognize ability and reward excellence.

As the saying goes, success is a journey, not a destination.

Hard work and dedication are certainly virtuous but they would soon be forgotten concepts if they are not rewarded. There is no-one that works in the real world that does not understand and appreciate the concept of “reward for excellence” since virtually all sustained success is based on effort and excellence regardless of the endeavor.

Ability and excellence should define success; hard work and dedication maintain success; honesty and integrity justify success. The missing link in our healthcare system is that it does not reward excellence – under any payment scheme. Our system appears to be aimed at homogeneity and has resulted in a frustrating mediocrity.

The physician adoption of the EHR has been painfully slow but I would suggest that the problem has been in the mechanism chosen to introduce it:

- If it truly is a benefit to patient care then show that proof.
- If it truly is a benefit to the healthcare system then show that proof.
- If it truly is a cost saving then show that proof.
- If the system truly will save money, dedicate some of those funds to the physicians that will have to go through the process of re-training both themselves and their staff.
- Do not buy the physicians the systems and do not grade the systems in a fashion that implies they are all equal; allow the various systems to succeed based on their own merits.
- Do not tie incentives to alternate payment schemes.
- Do not institute punitive measures for non-adoption; let the benefits of the systems accrue to those individuals that have made the investment.
- Do not tolerate unethical behavior. Identify the problems, propose the solutions, and provide the mechanisms.

... Show the success stories. Reward excellence. Success will be a journey and its progress will be based on merit.

In the meantime, I will continue to fend off the alligators. ●