

From my perspective

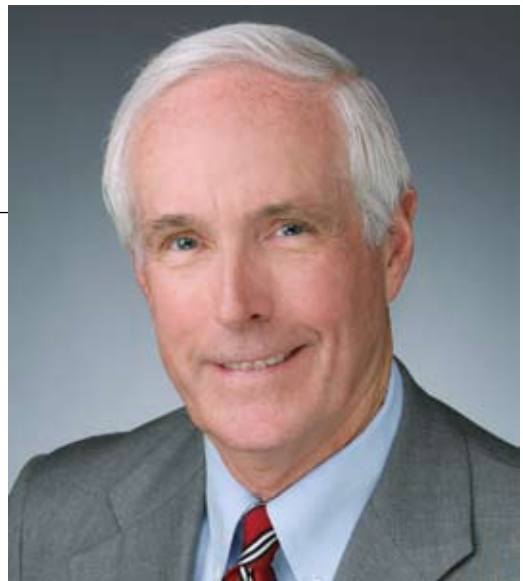
In order to play a leadership role in health care improvement, surgeons need to bust out of the silos that have bound them to an ideology driven by a narrow focus on their own practices and open their minds to a more collective way of thinking. We need to stop focusing solely on what is best for general, orthopedic, neurological, and urologic surgery and other specific surgical specialties in the short term and start thinking outside ourselves about what we can do to promote long-term improvements to this country's health care system.

Cost, quality, access

As stated previously in this column, and in just about every recent item written on health system change, the current reform movement centers on three major issues of concern: cost, quality, and access. Most policymakers and other stakeholders are focused on developing methods of reducing health care spending, improving quality, and ensuring that all Americans receive the medical services necessary to be contributing members of society.

Currently the government, insurers, health care networks, employers, and medical and consumer organizations are diligently promulgating data to determine how care is delivered. Their findings highlight the waste, variances, inequities, and other weaknesses in the system. Indeed, it's almost impossible to scan the headlines in clinical journals—and even the daily newspapers—without running across an article describing the disparities in the health care system and the foibles of health care professionals.

For example, the June 14 issue of *The New York Times* featured an article regarding a study by the Pennsylvania government of area hospitals where coronary bypass operations are performed. The state found that the best-paid hospital typically received nearly \$100,000 for the operation, whereas the least-paid got less than \$20,000 for the same procedure. Furthermore, two of the highest-paid facilities had higher-than-anticipated death rates. The hospitals attributed the greater expenses to one or two very complicated cases. Nonetheless, the Pennsylvania study supports a growing national consensus that higher costs do not necessarily translate into better care.



“We need to break down the walls that separate us and start building connections and relationships with other health care professionals and stakeholders.”

Information accrued at such institutions as Johns Hopkins University, Dartmouth Medical Schools, and through the College's own database and printed in publications ranging from the *Wall Street Journal* to the *New England Journal of Medicine* points to the following conditions:

- Variability of care across populations, with individuals who live in certain areas of the country having less access to quality care than other Americans—or, in some cases, patients in some states being much more likely to undergo operative care than to be treated with the less invasive techniques physicians use elsewhere
- Unwillingness on the part of some health care professionals to follow and apply accepted standards of care
- A large percentage of hospital readmissions resulting from postoperative or post-procedure complications
- The frequent delivery of ineffective or unproven treatments
- A lack of familiarity with and infrequent application of evidence-based medicine

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- Inappropriate or wasteful use of technology

These conditions are the realities of our current health care system, and although we are all entitled to our own opinions about why these problems exist, we are not entitled to our own facts. We cannot deny these uncomfortable truths when so much evidence supports them.

It is important to note that all of these failures are systemic. They are not the result of the shortcomings of one individual or even one specific type of health care provider. Likewise, multiple stakeholders—most significantly, our patients—are suffering the consequences of this dysfunction. In other words, these are collective problems that demand collective analysis and collective solutions.

Tribal mentality

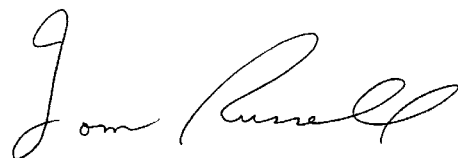
For far too long, physicians have had a tribal mentality. We have focused on our respective specialties instead of rallying around the issues that affect us all. Surgeons talk only to other surgeons, primary care physicians bond with other generalists, and so on. Consequently, no one is hearing the other side of the story, and the physician community can rarely agree on how to approach a global issue, let alone develop and offer innovative solutions to system-wide problems.

The fact of the matter is that health care professionals are no longer able to function in individual silos. Technology is driving us together by providing a wide range of treatment options. It used to be that if someone had breast cancer, for instance, a mastectomy yielded the best chances for survival. Now, however, we are giving breast cancer patients new hope for remission and a higher quality of life through radiation, the use of “cyber knives,” and chemotherapy implants. As a result, medical and surgical training and practice are becoming more organized and integrated. A full spectrum of specialists brings their talents, knowledge, and skills to patient care. We simply must be able to work together to ensure that our patients receive optimal care.

We need to break down the walls that separate us and start building connections and relationships with other health care professionals and stakeholders to arrive at more valuable and adaptable solutions to the systemic challenges

we are facing and to improve quality of care. Working with other physicians, the pharmaceutical and device companies, consumer advocates, hospitals, health plan providers, and so on will not weaken us but us make us stronger, more robust.

Rest assured, the American College of Surgeons has no intention of caving into any gratuitous demands from other stakeholders who are looking to serve only their self-interests. Rather, we intend to lead a coordinated, cooperative, patient-focused effort to bring about positive change. By keeping the patient at the center of our efforts, we can effectively address the long-term interests of our Fellows and provide the tools they need to succeed



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.