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### About FYA

FYA – *For Your Advantage*, is a free twice-monthly newsletter published by TrendLeader Connections.

With every issue, FYA provides insights into the topics that concern healthcare leaders today and the challenges that will be faced in the near future.

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## "We Can't Make Our Patients Do Anything"

*By Jon Roberts, Director, Rule 4 Consulting*

I hear it a lot from my clients. Here's a typical scenario: a patient comes into the doctor's office without a current list of the medications he or she is taking. In order for the patient's chart to be up-to-date, the clinician must navigate through the patient's memory to make any updates. This not only consumes a good deal of the clinician's time, it often leaves him feeling as if he has not gotten all the information he needs.

I constantly hear about the patient who remembers one more thing just as the nurse is ready to signal the doctor. In some cases, these near misses could be very dangerous. The awareness of this risk, then, can lead good clinicians to spend even more time with the patient who "forgot" to bring an updated medication list.

How is it that a patient could "forget" to do something that is so important? When asked for an interpretation of this problem, many people will tell me that, "We can't make our patients do anything." I think that this is a misunderstanding that greatly disables our creativity.

Here is another scenario. I'm on a med-surg floor and a nurse grabs me to identify a problem. She has just entered a diabetic patient's room to do a blood sugar test before lunch, only to find her patient happily finishing his lunch. As I start to learn about what had happened, the nurse says, "I know I should have been in the room earlier, but I just don't understand how a guy who has had diabetes for 20 years can eat his lunch before checking his blood sugar. I'm going to have to spend a lot more time on this guy now." At this point, I wonder to myself how we could make a patients take an active role in their own care.

I posed this question to a wise administrator who said, "I know why that happens. Our patients think we know what we're doing. If we give them food, they think it's time to eat." I'd like to add to that: patients pick up on the signals we give them.

Let's revisit the first scenario. I made the staff crazy by continuing to ask, "How would this patient have known to do this?" Everybody was convinced that someone, somewhere, had clearly asked every

*(Continued...)*

## "We Can't Make Our Patients Do Anything" (Continued...)

patient to bring an updated list of the medications they were taking. Not a big surprise here, it wasn't happening.

The problems caused by patients not bringing an up-to-date list of medications had been adding work to the already busy staff for years. The staff's interpretation that they were slaves to this problem kept them from addressing its root cause: we do not clearly ask patients to do this. We did address the root cause of this problem, which, by the way, is not technically complicated, at all. Within a couple weeks, this clinic saw a dramatic drop in the number of patients coming in without an accurate medication list.

Understand, I'm not entirely naïve. I recognize that there are in fact people who are not willing to take an active role in getting what they need from our institutions. However, I think it's very short-sighted to imagine that every time a patient has a hand in a failure of their care it's because they're indifferent.

I am sure that your organization has similar opportunities. I encounter people everywhere who explain away great opportunities to improve processes by blaming problems on the inability to engage patients in their own care. Patients really do pick up on the signals we give them. Have you ever seen a patient or family member looking lost in a hallway? They are following the signals that you have, or more likely have not, put in place to show them the way. I think there is a great opportunity to engage patients in our operational improvements.

Have you ever heard someone explain away an opportunity by blaming it on a patient? Have you ever done that yourself? What are you going

to do the next time you hear or think that? I'll make this easy on you. Ask yourself, "How would this patient have known to do what we expect of them?" I think you'll find more often than not that there was no way for the patient to know.

Now, fixing that, I'll leave it to you.

*Jon Roberts is a director at Rule 4 Consulting. Prior to founding Rule 4 Consulting, Jon worked at Kenagy & Associates from 2003 to 2008. He has implemented Adaptive Design at hospitals and Hospices across the United States. You can reach Jon at [jroberts@rule4consulting.com](mailto:jroberts@rule4consulting.com).*



### About



FYA - For Your Advantage is brought to you by TrendLeader Connections. The function of TrendLeader Connections is producing educational materials and seminars that help healthcare executives differentiate between fads and trends; and making connections with "Trend Leaders" within the healthcare industry.

We are committed to delivering new perspectives and ideas, creative and innovative healthcare solutions, provocative concepts and quality educational materials to today's healthcare leaders. We want to concentrate on "what comes after what comes next."

## If At First You Don't Succeed

By Rick Kneipper, Chief Administrative Officer and Co-Founder of PHNS

**E**ver wonder what makes winners out of losers? Are you clever enough to know how to pick winners over losers? Would you have been one of the original Warner Brothers who had the following reaction to the crazy idea of adding sound to motion pictures: "Who the hell wants to hear actors talk?"

Consider the following hugely successful people who were repeatedly turned down before they finally became successful:

- "She's not photogenic enough" was the response when Julie Andrews took her first screen test at MGM
- A young basketball player named Michael Jordan was cut from his high school varsity basketball team in his sophomore year
- Twenty-seven publishers rejected Theodor Seuss (Dr. Seuss) Geisel's first book, *"To Think That I Saw It on Mulberry Street"*
- "Groups of guitars are on their way out" was the reason that Decca Records turned down a contract with a new group called the Beatles
- Walt Disney was fired by a newspaper editor who said "he lacked imagination and had no good ideas"
- J.K. Rowling's first book about a boy wizard named Harry Potter was rejected by 12 publishers before Bloomsbury, a small London publishing house, picked it up
- Steve Jobs and Steve Wozniak were rejected by Atari Inc. and Hewlett-Packard when they tried to sell them an early Apple computer
- The President of CNN banned a young announcer from the air after hearing her high-pitched, squeaky voice – Katie Couric later joined NBC's Today Show in 1990

- Winston Churchill repeated a grade during elementary school; later twice failed the entrance exam to the Royal Military Academy at Sandhurst; and was defeated in his first effort to serve in Parliament

Have you ever wondered what makes some people rebound from defeats and go on to greatness while others succumb to the defeats? Psychologists say the difference is "self-efficacy," which was first defined in the 1970s by Stanford University psychologist Albert Bandura as the unshakable belief of some people that they will succeed. Self-efficacy is a judgment of specific capabilities compared to self-esteem, which is a general feeling of self-worth. Professor Bandura says that people with high self-efficacy "drive themselves hard but have low self-esteem because their performance always falls short of their high standards." According to Dr. Robert Brooks, a Harvard Medical School psychologist, it's important to not allow a rejection to derail your dreams since "One of the greatest impediments to life is the fear of humiliation."

If you think this is as fascinating subject as I do, you should check out the article and pictures in *The Wall Street Journal* online at <http://online.wsj.com/article/SB120939545092749689.html>, which inspired this commentary. And most importantly, remember the great words of Winston Churchill: "Never give in, never give in, never, never, never, never – in nothing, great or small, large or petty – never give in except to convictions of honor and good sense."



I would like to hear your comments.  
Send them to:  
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## Daschle Has Ideas for Healthcare Reform

**T**homas A. Daschle is the likely choice to be the President-elect's Secretary of Health and Human Services. He needs to be formally nominated and approved by the Senate. There don't appear to be any major obstacles.

The former Senate majority leader has been a close advisor to Barack Obama during the primary season and the general election. His nomination is greater recognition of his reputation as an experienced Washington insider to shepherd comprehensive health legislation through Congress than his expertise on healthcare issues. Although he did co-write a book in February entitled *Critical: What We Can Do About the Health Care Crisis*. It gives some insight into his ideas for healthcare reform.

In his book, he writes Medicare should pay more for care that leads to good outcomes, and should stop paying for unnecessary or harmful treatments. Like the President-elect, he thinks that Americans who want to keep their employer-based insurance should be allowed to do so, but people should also be able to buy insurance from the pool that covers federal employees, or from a new pool based on a similar model.

He also argues that all Americans should be required to buy insurance – a key difference from Obama, who argues that only children should be required to have health insurance. (Many powerful Democrats have also called for mandates.)

What stands out in Daschle's book is his call to create a Federal Health Board, modeled on the Federal Reserve Board that manages monetary policy. The idea is to create an institution, run by experts, that answers to the government but "is largely insulated from the politics and passions of the moment."

The board wouldn't regulate the private insurance market, but it would have power over federal healthcare programs, including Medicare and Medicaid, whose decisions are often followed by private insurers. It would also set the terms for private insurers who wanted to participate in the federal employees' insurance pool. Most important of all, the Board would assess the effectiveness and costs of various treatments.

A significant conclusion that Daschle reaches is that the U.S. "won't be able to make a significant dent in healthcare spending without getting into the nitty-gritty of which treatments are the most clinically valuable and cost effective."

If confirmed, the 60 year-old Daschle will take over a \$70.7 billion department with nearly 65,000 employees spread across 11 operating division. As HHS secretary, the *Washington Post* states he would be under pressure to revitalize the Food and Drug Administration, bring financial stability to the Medicare and Medicaid programs and move away from what many researchers have complained is the ideologically driven scientific agenda of the Bush administration.

When President Bill Clinton attempted a widespread overhaul of the U.S. health system in 1993, he turned to his wife – not the HHS secretary – to lead the effort. Daschle watched the death of the Clinton bill up close. No one, including Daschle, wants a repeat of that experience.

One of his former Senate colleagues said that Daschle "sees this as a once-in-a-lifetime opportunity. On the premier domestic issue of our time, the president elect sees Tom Daschle with the skills and abilities to bring people together and get this over the finish line."

### About



PHNS is an innovative healthcare services company providing strategic outsourcing services in information technology, health information management and receivables management to over 400 hospitals. PHNS is not a consultant, vendor or software company but a partner, a solution. PHNS understands healthcare because our partners are healthcare and healthcare only. Unlike its competitors, PHNS strategically aligns itself with a hospital's clinical and financial goals and objectives. Through its unique business model, PHNS reduces costs by aggregating, consolidating and sharing resources among its participating hospital partners. PHNS helps hospitals manage information systems, computer technology, patient records, coding and patient billing to improve patient care, safety and efficiency and increase profitability and efficiency. For more information, visit [www.phns.com](http://www.phns.com).