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PRESIDENTIAL ADDRESS

Mission Impossible? RESPOND to the Challenge

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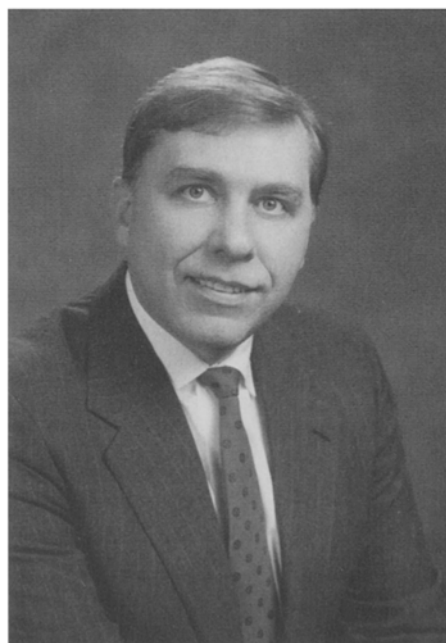
St. Paul, Minnesota

Narrator: "Good Morning, Dave. Here is the problem we want you and your Medical Force to consider. Health care costs have risen far out of proportion to the rest of the U.S. economy and now account for more than 14 percent of the Gross National Product. The average household spends more than \$8,000 per year on health care, and employers' health care benefit costs are approximately \$4,000 per year, per employee. More than 13 percent of our population, or more than 35 million people, have no health insurance. Utilization of services is up, and there are documented variations in patterns of care from region to region. These variations are unacceptable and unexplained. The medical profession cannot prove the value of what they do. Previous attempts at reform have not worked.¹

"Your mission, Dave, should you choose to accept it, is first, to do more; second, to do it better; third, to do it with less; and fourth, to do it for less. We have already assembled a team from your usual group to help you with this mission. As always, should you fail, we will disavow any responsibility for you and your patients' fates as we develop other, more draconian measures for meeting the demands placed on us. Good Luck, Dave. This tape will self-destruct in five seconds."

Do more, do it better, do it with less, and do it for less. Is this Mission Impossible? How should we respond to this new mission?

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Today, I want to talk with you, physician to physician and friend to friend, about the stressful changes we all have experienced in recent years and suggest ways to RESPOND to our current medical environment.

- Reality Check
- Emotional Check
- Self-Assessment
- Patients, Partners, Professionalism
- Open Mind
- Negotiate
- Daily Delights

REALITY CHECK

Begin with a REALITY CHECK. Understand that the problem we face is complex, but real. The driving forces of reform emanating from the business community and elsewhere will not go away. As Arnold Relman² put it, we are now in the "era of assessment and accountability for medical care."

Accept the fact that change is not optional. It is being mandated. As physicians, we have to understand that society has changed our role and our responsibilities. Only a few years ago, the health care system was responsible only for the sick and injured. Today, health care is considered a right and not a privilege, and the health care system's responsibilities have expanded to include health maintenance and wellness to the point that caring for the sick and injured is only a small part of what is now expected. This public health model of health care delivery is increasingly being accepted by the population at large.³

The third component of the reality check is the fact that reimbursement for what we do will continue to drop and that there is virtually no way that we can stop it. Physician income may fall by as much as 50 percent. But believe me, even if that occurs, no one is going to rally the population to come to our rescue. Eighty-four percent of the public desires a limit on physicians' charges, and 80 percent believe physicians are overpaid. Physicians have talked about unionization and collective bargaining, but my view is that this will not happen with physicians for a variety of reasons, not the least of which is the fact that we have an excess supply of physicians.

EMOTIONAL CHECK

Because the reality check generally elicits a negative emotional reaction from physicians, it is useful to perform an EMOTIONAL CHECK as well.

I have never seen this written anywhere, but I have observed that our profession, collectively, is in the midst of a serious depression, characterized by anger and frustration. Just think about the typical physicians' lounge conversations of today: a lot of complaining and whining about our fate. What a tremendous waste of time and energy!

Why has this happened? My analysis is that we feel angry, cheated, and abused because society has broken its contract with us. We thought that we had an

unwritten but nonetheless binding contract with society. The deal we thought we had entered into went something like this: *We agree to sacrifice our free time, study hard to get into the top 10 to 20 percent of our university classes, do well on our medical college admission tests, get into medical school, and at that point, again defer pursuit of other activities to acquire the knowledge needed to understand and treat human illness. If we fulfill that portion of the contract, we then agree to compete for postgraduate training slots that would require us to work anywhere from 70 to 100 hours per week for low wages for another three to ten years. At the end of all this, society will reward us with a job, but this job will be a very special job, a job which gains us respect, pleasure, independence, and financial security, as long as we continue to work hard and care for our patients.*

But guess what? Society broke that contract, and in fact, they act as if it never existed. They now blame us for the financial problems within our health care system. They blame us for the high cost associated with treating victims of societal ills like gunshot wounds, drug abuse, HIV, tobacco-related diseases, depression, and stress-related illnesses. Further, they tell us that we cannot be independent but now must be managed by business types in three-piece suits who are going to define quality by new tools that they have used in other industries. To pour salt on our wounds, they tell us that we are greatly overvalued and overpaid. Too bad about those loans that we accumulated in medical school while our friends who graduated well below us in school were beginning their careers, investing in their futures, spending time with their young families, and getting on with life. Society decided that health care is wasteful and out of control and that we as leaders of this industry will have to pay the price.

And by the way, they now also expect us not only to live with these cuts but simultaneously to become more accountable for our activities and increase the quality and spectrum of care that we provide to our increasingly aging population.

It's no wonder we feel depressed. Why bother? It's over. Let's quit. I think it was Yogi Berra, that great baseball-player-turned-philosopher, who observed, "The future is just not what it used to be."

So what do we do? I'd like to suggest several *survival tactics* that I have found useful in enabling me to do more, do it better, with fewer resources, and for less.

SELF-ASSESSMENT

Each of us should recognize our own accomplishments if we are to avoid the cycle of complain, feel bad, complain, and feel worse. Those damaging conversations in the physicians' lounge are of no value and do nothing except deepen our despair and affirm a feeling of hopelessness and victimization. Instead, we should focus on more positive and productive activities.

We live in an age of goals and futurism, with everyone telling us to focus on tomorrow. For our own inner peace, we should take the time to reflect on where we have been and pat ourselves on the back. *We did and do* sacrifice, *we did and do* discipline ourselves, and *we did and do* save lives, ease suffering, and serve our fellow citizens. *That is no small thing!*

Most people can't come close to such a claim. We should be proud of what we have done. I urge each and every one of you to set aside a small amount of time on a daily basis for a SELF-ASSESSMENT. Think about your career, acknowledge the good that you have done on behalf of your patients, and recognize the fact that you can feel justifiably proud of your life and of your career. Since my residency days, I have used my ride home at the end of the day to clear my mind and keep my perspective. I developed a mental exercise of thinking of at least three positives of the day. Granted, there are some days when I have to drive the long way home to get those three positives! But if you do something similar to this just a few minutes a day, you will be surprised at what an amazing difference it makes in your attitude, optimism, and ability to be productive.

THE THREE "P's"

A second, but perhaps the most important, survival tactic is a commitment to PATIENTS, PARTNERING, and PROFESSIONALISM. We must reaffirm that every decision will be made for our patients' benefit. It is often difficult to juggle the competing demands of a patient's needs with the demands to meet higher productivity quotas, to comply with standard protocols when you believe an exception needs to be made, or to refer to a closed panel which does not have the expertise that you believe would benefit your patient. We are the patient's advocate in an increasingly complex health care system. Each of us will be increasingly challenged to provide optimum care of the individual patient in a system primarily

designed to assure cost-effective health maintenance for an entire population. It takes considerable discipline to keep these competing considerations from negatively influencing our clinical decisions.

A critical survival tactic is to identify and work collaboratively with partners. We cannot survive alone. Typically, we think of partners only in a business sense, and we sometimes overlook and neglect our most important partners—our families. They must understand the financial constraints that are going to have an impact on them. I think you'll be surprised. If you let them help you, they will. Our families will make realistic budget cuts or other necessary adjustments as our incomes continue to drop.

We must work with our professional colleagues to cut medical costs, streamline processes, and explore innovative ways of caring for patients without compromising the quality of care we provide. Partnering also means finding other people with whom to collaborate. Nurses, secretaries, accountants, administrators, managers, physicians in other disciplines, other societies, hospitals, health plans, governmental agencies, and consumer advocacy groups are examples of partners you may need to work with in collaborative projects. Always look for new partners who share your goals of providing high-quality patient care.

In our last American Society of Colon and Rectal Surgeons newsletter, I expressed my concern that as financial constraints intensify there will be a tendency to be less professional in dealing with our colleagues. We must each individually pledge that we will take the high road and maintain the high standards that should characterize our activities. By staying patient focused, I believe we can maintain professionalism at this difficult time.

OPEN MIND

But partnering alone is not enough. Another survival tactic is to OPEN YOUR MINDS to new ideas. We must go where the future is leading us, anticipate changes, and take advantage of them. Simply trying harder is often the greatest impediment to improvement. Instead, we must think differently. Don't reject new concepts out of hand. There is usually a kernel of truth in what is being said. Identify that kernel and use it. Learn about continuous quality improvement. Work to develop valid data systems to help assess quality. Learn new skills.

NEGOTIATE

Physicians must learn to NEGOTIATE. There are three principles, which are extremely useful. The first is "WIIFM," *i.e.*, "What's in it for me." This seems to be the easy part of negotiating, because it's natural to look after one's self-interest; but WIIFM also implies that we clearly understand our new *obligations* if the negotiation is successful. Clear understanding of what we get and what we give is critical.

The second principle of negotiating is "WIIFY," *i.e.*, "What's in it for you." This means we have to put on the other persons' shoes and look at it from their perspective. What do they get? What are they giving? Is this a win-win situation?

The third principle is "PYBC," *i.e.*, "Pick your battles carefully." No one wants to be a Don Quixote, jousting with windmills and wasting our time and energy in battles we either cannot win or that are not critical. We should focus our energy on disease, injury, illnesses, pain, and suffering. Quit wasting our psychic energy on unnecessary confrontations where we have no chance of altering the system or where the outcome is of marginal significance. We need to clarify misunderstandings early and prevent them from escalating into unnecessary confrontations. Physicians need to learn to listen respectfully to other views and broaden their own scope and understanding. Finally, if disagreement exists and an important principle is at stake, we must prepare by doing our homework, recruiting our allies, including those outside the medical field, and argue our case as forcefully as we possibly can without attacking people or their motives. Physicians too often impugn the motives of those they disagree with. In general, they are good people doing what they think is best for the health care system. The problem is that they often don't understand the complexity of the issues, and they certainly do not have the perspective of the system that a physician can bring to the table. We need to step up to the plate and respond in ways that are productive and not simply confrontational. If we attack individuals and their motives, we eliminate any chance of resolving a confrontation and further entrench them in their position. As professionals, we certainly have an obligation to our patients to be their advocates in a very complex system. We must tell the truth, and if we see errors in the system design, we must speak out forcefully. But do this productively

and not just to vent. Remember, the rules have changed. We cannot go back to the old system. We have to learn to live and function within the new system, to become a part of it. We must show how we as physicians can add value to the system. No one is going to accept our word for it.

DAILY DELIGHTS

The final survival tactic I want to suggest that you adopt is what I call DAILY DELIGHTS. It is absolutely critical that we keep our sense of humor and sense of joy as we care for our patients. We are privileged people. We interact daily in the lives and deaths of our patients and their families. We lie awake at night and worry whether we've made the right decisions and rejoice when difficult cases turn out well. We hold the hands of patients who are afraid; we read the eyes of patients who face their deaths with calmness and dignity; we share stories and small talk; we laugh and cry—in short, we live life to its fullest each and every day. These are the experiences that no one can take from us. Don't ever forget how lucky we are and what a wonderful job we have.

So I believe that we *can* succeed, that we *can* take charge, and that we *can* be proud of who we are and what we do. We *can* enjoy our lives. A quick reality check, followed by an emotional check and a realistic self-assessment of accomplishments will lead you to a positive frame of mind. Other survival tactics include a commitment to making patient-focused decisions, finding good partners and maintaining your professionalism, keeping an open mind, negotiating whenever possible, picking your battles when necessary, and not forgetting to keep your sense of humor and joy each day. I believe we will take control of our futures and *we will make "Mission Impossible" truly "Mission Possible."*

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