

A new GMCB Public Comment has been received.

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Town/City: Woodstock

Topic: Hospital Sustainability and Act 167 Community Engagement to Support Hospital Transformation

Comment: Medicine has been growing for 100 years as we have gone from snake oil to science, learning to do things and proving their value. we have now learned to do more things than there are resources to achieve. After 100 years of growth we need to figure out how to shrink. A good first step would be to make that a goal. Ideally, we stop doing the things that are of least value, to have the capacity to do the higher value activities. I expect those ideas will come from the ground up better than from the top down. My personal example is that I need to spend less time seeing healthy people when they are healthy, so I can have more time to see sick people when they are sick. A large set of low value activities are in the push to high quality medicine. Quality comes at the expense of access. I see more harm from unavailable or delayed care than from erroneous care. Medicine is paid for by third parties. They want proof of quality. Technology lets them request huge amounts of data for this. The time spent proving quality is eliminating the time available to deliver quality. We will get better health if the providers and the regulators make a shift from a culture of quality to a culture of access. Some suggestions: Let providers bill for the time spent gathering data for the second guessing industry - something that accurately reflects the cost to the organization in obtaining prior authorizations for meds and tests, keeping up certifications of facilities, and submitting hospital budgets for approval. It will make the second guessers think about what data they really need. Probably a federal issue, but I spend 30 minutes a week signing paper I don't read, creating no patient benefit, but necessary for the VNA and PT to get paid. If they could accept the idea that I meant it when I referred the patient to them, we could increase primary care productivity by 1% at no cost. Amend the state laws and regs that prevent me from delegating the sending of a prescription I have approved to the pharmacy. Look at the paperwork burden in social work. Those professionals tell me they have gone from 80% of their time being spent with clients to 80% of their time spent documenting, and it's driving them out of the field. We are not alone in having vacant positions for social work, and we are currently proving that they do social work more efficiently and effectively than we do.

Post Comment: Yes