Demanding Medical Excellence: Doctors and Accountability in the Information Age

Michael L. Millenson
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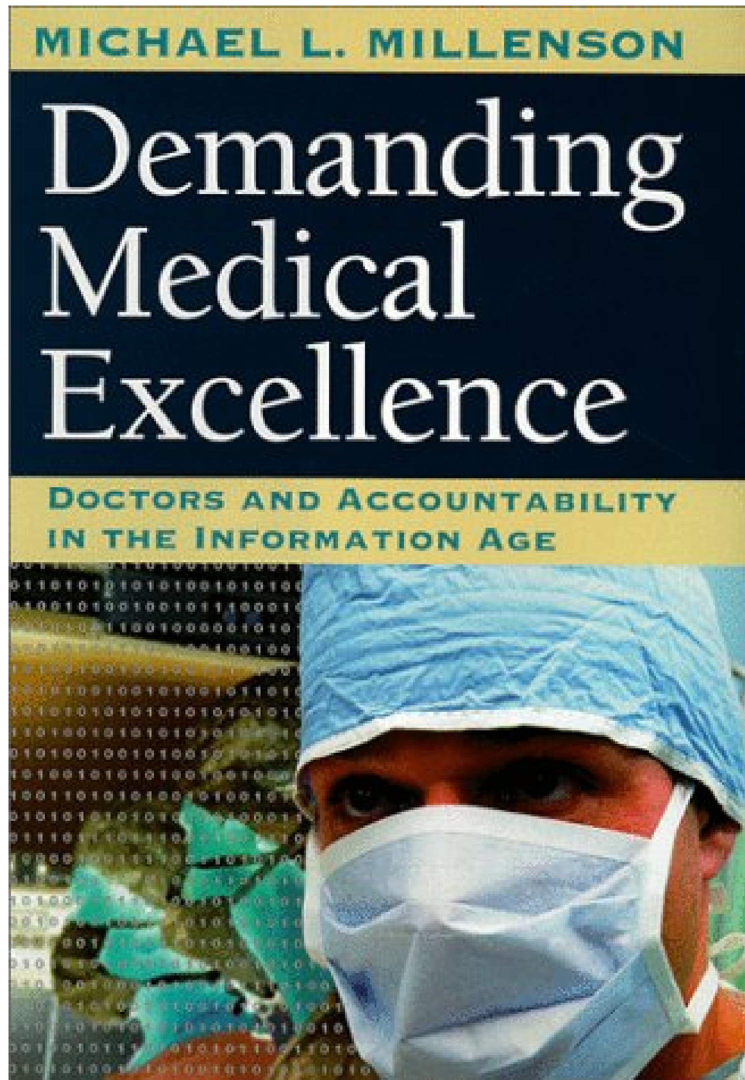

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Michael L. Millenson : Demanding Medical Excellence: Doctors and Accountability in the Information Age before purchasing it in order to gage whether or not it would be worth my time, and all praised Demanding Medical Excellence: Doctors and Accountability in the Information Age:

0 of 0 people found the following review helpful. Medical thriller keeps you turning the pages!By StefaniDMillenson's remarkable survey of the lesser known activities that constitute or impact the direct or indirect delivery of medical services is a 'must read' for those of us in the health care industry. While his analysis of the evolution of health care

quality drives his narrative, its compelling appeal for me are the revealing insights on how well the medical community has consistently avoided acceptance of data driven research into day to day medical practice. Relying instead on practice behaviors learned during school or internships, there is strong evidence of the astonishing variability in how patients are medically treated. If medicine is now a marketplace commodity, the medical community has no one to blame except themselves. As a health care consultant, I can attest to the lost opportunities physicians had to take hold of their own destiny. Millenson cites many of them in this exciting journey of lost accountability. This book is a wonderful adjunct to Paul Star's "Social Transformation of American Medicine" and makes for fascinating, page turning, reading.11 of 12 people found the following review helpful. This book could save your life ...By Jeff SutherlandThe National Academy Institute of Medicine reports in their new book "To Err is Human":"Two large studies, one conducted in Colorado and Utah and the other in New York, found that adverse events occurred in 2.9 and 3.7 percent of hospitalizations, respectively. In Colorado and Utah hospitals, 8.8 percent of adverse events led to death, as compared with 13.6 percent in New York hospitals. In both of these studies, over half of these adverse events resulted from medical errors and could have been prevented. When extrapolated to the over 33.6 million admissions to U.S. hospitals in 1997, the results of the study in Colorado and Utah imply that at least 44,000 Americans die each year as a result of medical errors. The results of the New York Study suggest the number may be as high as 98,000. Even when using the lower estimate, deaths due to medical errors exceed the number attributable to the 8th leading cause of death. More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516)."These are only confirmed and documented hospital deaths induced by error (wrong medication, wrong operation, failure to deal with documented symptomology, etc.) For example, Millenson points out one study that showed in a single hospital there were 51000 errors in a year and only 36 reported. There are at least 180,000 deaths and over a million injuries caused by medical error every year in the U.S. Many professionals (including the reviewer who was funded by NIH for eight years to do risk analysis in healthcare) believe that these numbers are severely undereported and that medical error is the third leading cause of death after heart disease and cancer.This book is the best available overview on the topic. If you value your life you will read it. The patient must take responsibility for monitoring treatment. If the patient is unable, family or friends must closely monitor it. Every time I give a talk on this subject someone in the audience has a personal horror story to share. Last month it was the son of the Chair of a conference I was attending whose child had a brain tumor and was in surgery the week before my talk. After surgery, the nurse was about to overdose the kid on morphine. A family member had been sleeping with the child in the hospital and logging every medication in a notebook. When they showed the log to the nurse and prevented her from administering the drug, she was shocked.These stories are not isolated events. If airlines were like hospitals, every time 200 people disembarked from a flight, 7 passengers would be injured or dead.The most tragic part of this story is that if healthcare institutions where automated like most industries, over 50% of these errors would disappear the first day they turned on the computers.9 of 11 people found the following review helpful. Knowledge plus accountability equals better patient careBy A CustomerExperts estimate that over one hundred thousand patients die each year as a result of medical malpractice. Why does this continue to happen in a country as sophisticated as ours, and what can we do to stop it? In "Demanding Medical Excellence", Michael Millenson, a three-time Pulitzer Prize nominee and former reporter for the Chicago Tribune, believes that he has found a few solutions to this overwhelming problem. "The keys to medical excellence," Millenson writes, "are information and accountability."Millenson, who was thrust into the middle of this country's health care crisis, while researching patient's horror stories, examines our health care system from every angle. He believes that the breakdown in this country's health care system can be traced to two things - the sudden plethora of medical information and technology, and the failure of the health care system to distill this knowledge to its physicians in a way that is understandable and useable. In other words, the knowledge may be there, but is it really helping American patients get well and stay healthy? From his research, the answer is no.In his book, Millenson makes a strong case for making our health care system as quality-minded as other previously antiquated industries. He tests his theories by examining health care systems that have redesigned themselves into well-oiled machines that would make Deming proud. For example, Salt Lake City's LDS Hospital. LDS has designed a technologically-advanced computer system, that gives physicians the data they need to treat a patient right at the bedside, enhancing the physician's knowledge, with data culled from the treatment of thousands of patients with the same illness. The results were startling, in some cases, improving patient care and mortality by forty or fifty percent.Although many HMOs are trying to reinvent themselves, Millenson doubts that managed care or nominal exercises in quality assurance, will be the answer to our health care problems. He believes that by harnessing technology, the health care industry can give physicians the knowledge they need, to treat patients with the best result in mind. Millenson is quick to add that, after knowledge, comes physician accountability. In the end, it is only by holding physicians and hospitals accountable for their treatment decisions, that the patient will ultimately win.

Demanding Medical Excellence is a groundbreaking and accessible work that reveals how the information revolution is changing the way doctors make decisions. Michael Millenson, a three-time Pulitzer Prize nominee as a health-care

reporter for the Chicago Tribune, illustrates serious flaws in contemporary medical practice and shows ways to improve care and save tens of thousands of lives."If you read only one book this year, read Demanding Medical Excellence. It's that good, and the revolution it describes is that important."mdash;Health Affairs"Millenson has done yeoman's work in amassing and understanding that avalanche of data that lies beneath most of the managed-care headlines. . . . What he finds is both important and well-explained: inconsistency, overlap, and inattention to quality measures in medical treatment cost more and are more dangerous than most cost-cutting measures. . . . [This book] elevates the healthcare debate to a new level and deserves a wide readership."mdash;Library Journal"An involving, human narrative explaining how we got to where we are today and what lies ahead."mdash;Mark Taylor, Philadelphia Inquirer"Read this book. It will entertain you, challenge, and strengthen you in your quest for better accountability in health care."mdash;Alex R. Rodriguez, M.D., American Journal of Medical Quality"Finally, a health-care book that doesn't wring its hands over the decline of medicine at the hands of money-grubbing corporations. . . . This is a readable account of what Millenson calls a 'quiet revolution' in health care, and his optimism makes for a refreshing change."mdash;Publishers Weekly"With meticulous detail, historical accuracy, and an uncommon understanding of the clinical field, Millenson documents our struggle to reach accountability."mdash;Saty Satya-Murti, M.D., Journal of the American Medical Association

.com Michael L. Millenson's Demanding Medical Excellence is guaranteed to make you feel good about the managed care industry--especially after he gets finished chronicling the medical nightmares of the past. Prior to the days of HMOs, doctors were like the gunslingers of the Wild West, operating under their own rules, with no standards by which to measure the quality of their care and no systems to regulate consistent practices. Millenson, a science writer, shows that--until the mid-'80s, when managed health care became more in demand--medical practices varied wildly from place to place and doctor to doctor. In some areas of Minnesota, for example, cesarean births were as high as 48 percent, while in others, they only comprised 9 percent. Even worse, many doctors are still unaware of the latest discoveries in treating life-threatening conditions. For Millenson, managed care is a way of systematically assuring quality control in the health field, making sure that information about new techniques and treatments are widely disseminated, and that the caliber of care is consistently high.From Library JournalA former Chicago Tribune reporter turned healthcare analyst, Millenson has done yeoman's work in amassing and understanding the avalanche of data that lies beneath most of the managed-care headlines, with such medical horror stories as "drive-through deliveries." What he finds is both important and well explained: inconsistency, overlap, and inattention to quality measures in medical treatment cost more and are more dangerous than most cost-cutting measures. Millenson uses examples to show that quality healthcare is in fact cheaper, obviating the need for mindless "savings" that can cost money and lives. To assure such care, he urges that the mountain of available statistical information be made accessible to healthcare providers. Though his book can make for tedious reading (every sentence is a statistic), it elevates the healthcare debate to a new level and deserves a wide readership. Essential for health science and academic collections and worthwhile for general collections with health-conscious readerships.?Mark L. Shelton, Univ. of Massachusetts Medical Ctr., WorcesterCopyright 1997 Reed Business Information, Inc.From The New England Journal of MedicineInformation is power, and perhaps a seed of corruption. In Michael Millenson's paean to medicine in the information age, once corporations have confiscated power from clinicians it absolutely does not corrupt. Millenson, a Chicago-based health reporter turned consultant, is a true believer in the virtue of the information revolution. His engaging account of the development of information science and quality assurance in medicine is enlivened by clinical vignettes and brief biographies of key actors. The first of his principal theses -- that doctors, unsupervised and unaccountable throughout most of this century, committed a myriad of sins -- is surely correct. The second -- that medicine's new masters, having gained leverage through access to medical information, will make beneficent use of their power -- is surely questionable. Millenson is at his best when describing the early, rebel, period of medical information science -- when it was largely the province of insurgent academics and liberal reformers. His account of the Food and Drug Administration's role in improving pharmaceutical quality is superb. He gives a nice glimpse of Archie Cochrane's seminal observations on effectiveness and efficiency, though he gives short shrift to Cochrane's insistence that all effective treatments must be free. He offers an accessible review of the pioneering work of Bunker, Wennberg, Barnes, Gittelson, and Mosteller on variations in practice patterns and of W. Edward Deming, the American engineer whose statistical quality-control techniques were first operationalized in Japan and were instrumental in transforming Japan's manufacturing from merely cheap to high-quality. Millenson nicely narrates the adoption of Deming's precepts by Ford Motors and Donald Berwick's elaboration of these ideas in medicine, spreading the gospel of Continuous Quality Improvement. Millenson's rosy portrayal of today's corporation-dominated medical accountability, and his "celebration" of medicine's future (he assumes that we will continue on the current trajectory) are less convincing. He trusts employers to monitor their workers' care, ignoring the potential for conflicts of interest in such arrangements. Sometimes care that helps an employee hurts the firm -- expensive mental health services that might keep a marginally performing worker on the job may fall into this category, as well as employer-funded care for retirees or the aggressive diagnosis of workplace-induced illness. Moreover, even if purchasers of care genuinely seek

quality, the tools currently or foreseeably available cannot reliably detect market-driven cheating. In most instances, clinicians and health maintenance organizations (HMOs) literally create the data that must be used to monitor them. When such data are used as the basis for reimbursement they may have the accuracy of a tax return. Rewarding physicians for good outcomes in hypertension, among other things, rewards overdiagnosis. White-coated doctors who screen for hypertension using too-small cuffs in harried surroundings will label many patients "hypertensive," garnering a higher capitation fee based on risk adjustment, while virtually ensuring that most of these "hypertensives" will suffer few bad outcomes. Millenson also ignores the distortion of medical care that may result when financial incentives are tied to quantitative measures of quality. Quality monitoring -- e.g., with HEDIS (the Health Plan Employer Data Information Set) often gives undue weight to the few items that are readily measurable. Listening, learning, and caring are difficult to quantify, and as one HMO executive put it, "It doesn't count unless you can count it." Counting Pap smears is a fine idea, but scarcely an adequate measure of primary care. When financial reward for performance on such counts is combined with pressures to increase productivity, too many women spend much of their visits in the lithotomy position. Millenson seems unaware that the current corporate context may sabotage quality initiatives. Instead of a uniform formulary to inform prescribing, we labor with five different formulary lists, each embodying the deals cut between an insurance plan and drug manufacturers. The book is also marred by occasional inaccuracies and important omissions. Hepatic failure is misdefined as diseased kidneys. A patient is said to suffer from "high blood gases." The pioneering work of Howard Bleich and Warner Slack in clinical computing, decision support, and improving access to medical literature receives no mention, and the Regenstreif Institute's groundbreaking and meticulously evaluated system of computerized medical records and feedback are ignored. Millenson's readiness to trumpet implausible non-peer-reviewed accounts of spectacular quality improvements is also disturbing (isn't this the mirror image of doctors' shoddy use of anecdotal evidence, which Millenson condemns?); hospitals' claims to have reduced transfusion reactions to zero and drug reactions to nine per year are uncritically reported. Millenson's portrait of medicine in the information age is detailed and artful, but it omits the shadows that would give it depth. ed by Steffie Woolhandler, M.D., M.P.H. Copyright copy; 1998 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.