Healthcare – creating future and humanity

Indo-German Young Leaders Forum

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India

Dr. Günther Jonitz, *President of the Berlin Chamber of Physicians*

Dr. med. Günther Jonitz

born in Munich, Germany in 1958.

License to practice medicine in 1984, specialist for surgery in 1994, PhD in 1996.

Since 1999 President of the Berlin Chamber of Physicians and a member of the board of the German Medical Association (BÄK)

Chair of the quality assurance bodies of the German Medical Association (BÄK) and representative of the German Medical Association Board of Trustees of the Institute for Quality and Efficiency in Health Care (IQWiG) and of the Institute for Quality and Transparency in Health Care (IQTIG).

He is founding member and formerly Chair of the German Coalition for Patient Safety (APS) as well as founding member of the German Network for Evidence Based Medicine (DNEbM).

He is expert and advisor to the German Federal Ministry of Health (BMG) on patient safety in international organizations (e.g. EU Commission, WHO, Ministerial Summits on Patient Safety).

The amount of humanity and solidarity

within a society

can be seen like under a magnifying glass

how sick and disabled people

are being treated

Key goals of healthcare systems:

Accessibility

Quality and safety

Equity

Affordability

Participation („nothing about me without me“)

Essence of new HC systems:

- **Goals in terms of „values“** (indicidual, technical, allocation value)
- **Common responsibility**
- **Leadership**
- **Learning**

Health care systems are in crisis.

All health care systems are in crisis.

The market-based health care system in the USA
as well as national health systems as in the UK
or in mixed systems as in Germany.

What do these health care systems have in common?

It is the organizational principle of the

assembly line:

Politicians are making the rules,

HC financing organisations take care of financing,

Health care providers and their organizations are spending money in form of services and

the patients receives them.

The outcome of this assembly line,

value,

seen from the patient's point of view,

is unknown.

The goals of the institutions are competing.

There is no common accountability for the outcome of the system.

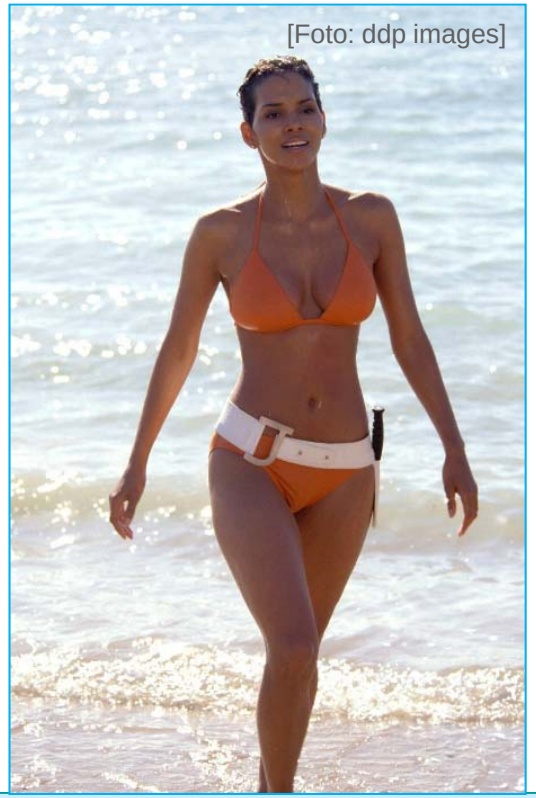
The progress of medicine leads health care into a **„trap of progress“**:

The better we are

the more patients

we have to treat

and are able to treat.



Diabetes mellitus Typ I

This also leads to a continuos need for more money

for more intense and ongoing treatments.

When there is a lack of money
the assembly line will stop.

The institutions at the assembly
line will call for more money
and look for someone to blame.

Crisis in health care therefore

is not the result of bad

but of **successful care.**

It is the result of malfunction of the **system**

STERN, 31. 5. 2001

„overworked doctors are becoming a risk for patients“

Politicians used to take action
to **decimate** costs or services

and created new institutions

responsible for

evidence, quality, patient safety a.s.o

This led to desorientation,

bureaucracy and lack of accountability,

trust and leadership

This is the actual situation.

Way out!?

New political strategy!?:

Optimizing health care services

instead of

decimating costs

Every system tends initially to expansion then to optimisation.

Just have a look at industries, football clubs and private relationships

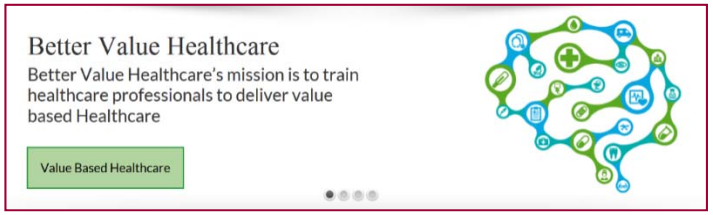
;-)

What does optimising mean in health care?

Making profits? Saving money?

Or delivering

value for patients?



See, e. g.: www.bettervaluehealthcare.net

The first strategic goals for all in health care is

optimizing care to create values.

These values have to be defined from the patients point of view! (i. e. „personal value“)

For physicians and other health care professionals optimizing means „what is „good medicine““?

You will find answers to this question in the fields of evidence-based and narrative-based medicine including „shared-decision making“ (= **„technical value“**).

The second strategic goal is

„systematizing“.

Which 20% of our patients are making 80% of our workload?

This question can be answered on different levels, from the perspective of a GPs ambulance to regional and national challenges and goals. The „pareto-rule helps to prioritize health care policies and actions. (= „**allocation value**“)

The third goal is **„humanizing“** health care.

Health care is based on emotions, mainly fear of the patients. The patient is in need and wants at least „something“ to be done. This „something“ should of course be the right treatment for the right patients at the right time and place („doing the right things right“).

Doctors and nurses want to respond to the needs of their patients and quite often we are doing things to follow this need even if evidence-based medicine tells us something different. The intrinsic motivation of doctors and other health care professionals, the „whish to help“, the „clinical mentality“, being a „placebo-reactor“, gives us the power to care, but sometimes leads us on the wrong track. So emotions and the „psychology of the health care system“ have to be considered in every action in health care.

Eliot Freidson: The Profession of Medicine, Chicago Univ Press 1970, 1988

To reach better value health care we need **transparency** about outcomes.

Not for economic benchmarks but
to **learn** from each other
and find our ways towards better care.

It is not about rankings, it is about continous learning of health care professionals and systems.

Transparency is a tool for quality management and

quality management is a tool for leadership,

not for measurement and control

The single most important question
in health care systems is

How does the system learn?

Actually what? Who? How? Why?

To get the institutions to a common action, **leadership** is essential.

Leading institutions have their task in bringing different point of views together and creating **teams for service**, not only at the sharp end of patient care but also on the political level.

Political leadership means not to point at suboptimal care but enhancing and promoting better one.

Patient care and health care politics are teamwork!

All participants and institutions play their essential role in the system and are therefore responsible for the outcome.

Common accountability is essential,

because health care is not a doctor’ s privilege any more.

Chronic care, prevention and rehabilitation are getting more important every day and cannot be done by old fashioned medical care („heroic medicine“) alone.

The political level is responsible for the functioning of the system,

setting the right goals, providing money, capacities and cooperation

and for the creation of a culture of confidence
by leadership based on accountability and values.

Be positive!!

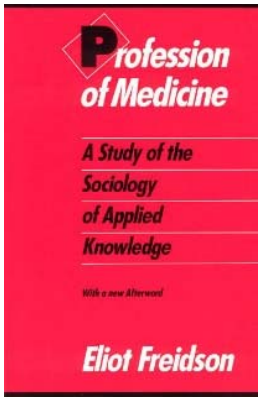
"Safety in healthcare has traditionally focused on avoiding harm by learning from error.
This approach may miss opportunities to learn from excellent practice.
Excellence in healthcare is highly prevalent, but there is no formal system to capture it.
We tend to regard excellence as something to gratefully accept,
rather than something to study and understand.
Our preoccupation with avoiding error and harm in healthcare has resulted
in the rise of rules and rigidity, which in turn has cultivated
a culture of fear and stifled innovation. It is time to redress the balance."

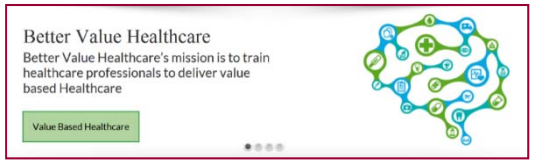
http://learningfromexcellence.com/
Birmingham Children's Hospital, Warwick Business School et al
Thanks to Adrian Plunkett MD

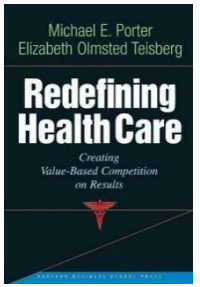
Optimizing Health Care

- **1919 Autistic-undisciplined thinking in medicine and how to overcome it, Eugen Bleuler**
- **1970 The Profession of Medicine, Eliot Freidson**
  ("clinical mentality", "placebo-reactor")
- **1999 choosing wisely,** ABIM,
  - http://www.choosingwisely.org/
- **2002 "too much medicine" BMJ**
- **2004 value-based health care, Sir John Muir Gray,**
  www.bettervaluehealthcare.net
- **2007 Re-Defining Healthcare,** Porter, Teisberg
  - = vale-based healthcare, *us-american version*
- **2012 Preventing Overdiagnosis.** BMJ et al
- **2016 "realistic medicine", Scot NHS,**
  - CMO Catherine Calderwood MD PhD
- **2017 "right care" The Lancet,**

http://www.thelancet.com/series/right-care







The transformation of an unidirectional and blind system („assembly line“)

into a learning system

that is continously learning from the values achieved is the main challenge and chance for our future and of our patients.

The key principles mentioned above could be the masterplan

Some Comments from Peers after Peer Review Training

- *„It seems, that with Peer Review it is possible to change practice and improve quality“*
- *„This is vital quality improvement“*
- *„It‘s much better than Mc Kinsey“*
- *„To be a good peer is a challenging task“*

I have become my own version of an optimist.

If I can't make it through one door,

I'll go through another door - or I'll make a door.

Something terrific will come

no matter how dark the present.

Rabindranath Tagore (1861 – 1941)

https://www.brainyquote.com/authors/rabindranath_tagore

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