Thinking Out Loud... Eat!

"Some people have a foolish way of not minding, or pretending not to mind, what they eat. For my part, I mind my belly very studiously, and very carefully; for I look upon it, that he who does not mind his belly will hardly mind anything else."

—Samuel Johnson (writer, critic, lexicographer, 1709–1784)

Forget to eat? Never. It was not until I came down with the flu that I understood that one could forget to eat a meal and hardly notice its absence. Till then, "living to eat" and a standing "six-meal" rule was a way of life, not the exception. For me, forgetting to eat a meal is like the ocean not ebbing and flowing. It is that simple.

Granted, I was unaccustomedly ill for a full week, five days of which were consumed by fever. The realms of body and mind were no longer harmoniously joined—the body was an albatross to be endured, and the mind yearned for gainful employment, bored by its confinement imposed by an unwanted illness. In its boredom, it wandered to such frivolous tasks as calculating the body's rate of sick days experienced over the last 20 years (calculated to be 0.045%)—a rate that cried out *Healthy!... Set me free!*

The realms of body and mind were no longer harmoniously joined—the body was an albatross to be endured, and the mind yearned for gainful employment.

One would think that if a mind were figuring numbers, it would be sensitive to its nutritional requirements. Alas, it was not. My energy plummeted, as did my weight. There was no tangible appetite to link a physical reminder that the body was nutritionally deprived. I was feeling ill, but definitely not hungry.

Finally, my mind was startled to hear comments such as: "You look terrible." "You look extraordinarily pale. Have you eaten anything?" "Would you like something to eat?" To which I replied an emphatic "No!"—a reply that triggered memories of events that had occurred between August and December of last year when I was the personal caretaker of my mother, who was extremely ill.

Mind Your Belly

The first memory was of the hospital. As I walked down its halls to visit Mom, I would hear other caretakers encouraging their loved ones to keep up their energy and *eat.* Mom told me that her roommate's son chastised her and demanded that she take care of herself by *eating.* He was definitely aggravated by what he perceived as his mother's stubbornness. When he left, his mother reportedly turned to mine and said, "I'll eat when I can," to which Mom replied, "He's speaking to you this way because he loves you. Just try to eat. You want to go home, and if you eat you'll get your energy back and then you can." Amazingly, her roommate began eating. However, she would not let her son know that she had done so.

The second memory related to the nursing home. When I visited Mom during her three-week stay there, I heard family members speaking with the nursing staff at the front desk about their loved ones' nutrition because, in their opinions, their loved ones were consuming too few calories. Mom's roommate stated in a tone that brooked no negotiation, "The food here is terrible. I cannot and will not eat it. I have lost my appetite." While the food was not home cooking, it *was* edible... especially in the face of the alternative.

The third memory also related to the nursing home. While Mom was there, she would nibble at a meal without eating very much.

Elizabeth Evans is CEO of HII, Richmond, Virginia, the parent company of AMI Healthcare Systems Group, which has been providing clinical and financial software solutions for dialysis facilities and physician practices since 1981, and of HMG, which provides outsourced billing capabilities to dialysis facilities, physician practices, and emergency rooms.

No one noticed that she ate very little—the staff were busy keeping pace with their patient load. The result was that Mom's blood sugar level fell dramatically and her physiologic responses deteriorated. She was *not minding her belly,* and was *hardly minding anything else.* I believe that this could have been avoided if technology tools were able to integrate the service points-of-nutrition with the full cycle of care and *mind her belly very studiously.*

Let's Be Practical, and Dream

Imagine that technology was embedded in each compartment of an institutional meal tray and that the kitchen could easily link the patient's identity with the tray's contents by food category, weight, and nutritional components. As the patient ate from each food compartment, the technology would register the amount consumed from the compartment and subtract it from that compartment's total amount. When the patient finished the meal and the kitchen received the meal tray back, it would download the data into the patient's electronic medical record (EMR), where the technology would then calculate each patient's consumed nutrition based on the meal's original data before the meal tray was distributed. The resulting data would be a basis for determining the nutritional status of the patient. Pragmatically, it would also leverage busy schedules endured by the nursing home's caregivers and provide a data-driven rationale, or lack thereof, for nutritional supplements now under consideration by the Centers for Medicare & Medicaid Services.

Imagine that there was a broad spectrum of effective non-invasive lab tests that anyone could administer. Imagine that you had a unified EMR account in which you could enter your test results. Imagine that you would know your account's status as soon as you deposited your test results or other medical information in your EMR account, just as you would know your bank account's balance as soon as you made a deposit.

Here's what I did and how an EMR account would work in real life: I set up an EMR account for Mom in the AMI TIME System and made deposits in her account. Each time she received her test results, I entered them in her account along with any new medications. I was careful to mark the ones that had become inactive since the last deposit. As soon as I completed the deposits, I ran the real-time profiles against her account. They revealed a trend of decreasing serum albumin and increasing creatinine with a stable body weight due to fluid accumulation, a disturbing pattern that was not readily apparent in the fragmented reports contained in her fat paper medical record. When I revealed the trend to her physician, the confirming response I received was also disturbing.

> ***An imagining of the future is like a compass in the present that guides life's becoming more than what it is today. As Charlie Brown so wisely stated, "Maybe I'm living in the future.... Maybe that's what we call 'Hope'."***

Imagine that every healthcare facility had a clinical information system (CIS) and that any lab in the country could download its results into it because there was a mandatory, standard, test results code set. In fact, it would be able to download the patient's vital medical information because extensive, mandatory, standard code sets would be enforced. In effect, the data would be transitioned to a commodity status and be appropriately protected by statute and custom.

In this scenario, combining a patient's medical information regardless of the data's source—for example, test results and medications—is a practical outcome; graphing them on a continuum of care timeline would be almost as simple as securing on-line stock information. As a stock's graph depicts its activity and price, a patient's EMR graph gives historical perspective to a clinical event that otherwise would have been isolated from its clinical context. As financial alerts grab our attention when a stock's price changes, medical alerts focus our attention when out-of-range test results are recorded or when a disease profile begins to develop. The standardization of a technology component—such as the data code sets—will ultimately create a medical assistant that never sleeps, is always vigilant, and always uses clinical data correctly to assist those practicing medicine. In this practical imagining, the practice of information assists the practice of medicine with constant vigilance. The winner is the patient.

Practical dreaming, the underlying theme of this column, is also a recurring theme of the twice-yearly AMI User Steering Committee Meeting... "Taking Care of Today as We Prepare for Tomorrow." The purpose of the theme is to consciously keep our feet planted both in the here and now and in the future. The one without the other leaves us playing life as a directionless chess game—somewhat unplanned and reactionary.

An imagining of the future is like a compass in the present that guides life's becoming more than what it is today. As Charlie Brown so wisely stated, "Maybe I'm living in the future.... Maybe that's what we call 'Hope'." D&T