

Thinking Out Loud... Hope and the New Year

“More than 57,000 Americans die needlessly each year because they do not receive appropriate health care. The majority, almost 50,000, die because known conditions—high blood pressure or elevated cholesterol—are not adequately monitored and controlled. Others die or are at increased risk of death because they have not received the right preventive or follow-up care.”

—“*The State of Health Care Quality: 2003 - Industry Trends and Analysis,*”
National Committee for Quality Assurance, week of September 15, 2003

Elizabeth A. Evans

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It is 7:40 p.m. E.S.T., September 18, 2003... a Thursday. Hurricane Isabel is starting to blow with determination throughout Richmond, Virginia. In Henrico County, where I live, her b-flat-pitched wind pummels the trees outside. Her victims make cracking, thumping noises in the dark as they circle their roots and flail their limbs against the house before they finally surrender their lifeline to the storm. Huddled in our homes, we listen to the storm's disorderliness in virtual darkness as the trees in free-fall sever electrical lines and crush telephone poles.

I am alone at home without lights, surrounded by battery-powered lanterns and a radio, a few newspapers and several books, isolated from the warmth of family and friends by events totally outside my control, hoping that Isabel will leave us unscathed. Such is the awesome power of *nature writ large*.

Nature Writ Small

It may seem incredulous that the last *Thinking Out Loud* of 2003 began during a violent storm. One could say

that composing a column while a storm raged outside was eccentric. However, writing during a peak experience of this kind results in a different type of thinking... non-stop, intense thinking with revelations afforded only by this type of intensity.

The source of the revelation, however, was not the storm; it was our vacation by the ocean with our children and five grandchildren. It was here that a sense of life in the round emerged when we saw three generations of family lined up, one behind the other, each generation a facsimile of the other, ready for a family “photo op.” It was as if nature were pointing to each group with recognition—the grandparents, their children and spouses, and the five grandchildren. The three newest grandchildren, born between April 25 and July 30, 2003, sat in their baby seats next to each other, lined up neatly on the floor of the living room. The visual effect of their brand-new life was mesmerizing. They represented the largesse of *nature writ small*; their genes and ours intermixed and

uniquely channeled. They mirrored us as we mirrored them.

At this point, I once again internalized our awesome responsibility to guard life's health as much as we can by infusing a protective and electronic medical record into the continuum of care. By so doing, we create a virtual caretaker who would tirelessly oversee the delivery of healthcare with vigilance, egalitarianism, and promptness... a virtual caretaker who would, in effect, assist the human caregivers and extend their reach.

The NCQA Writes Its Report

Investing in technology and systems is also a recommendation of the National Committee for Quality Assurance (NCQA) in its report, “The State of Health Care Quality: 2003 - Industry Trends and Analysis,” published the week of September 15, 2003. This report highlights several medical conditions, some of which the renal community also battles while it fights an evolving end-stage renal disease profile, such as comprehensive diabetes care, cholesterol management and control, blood

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pressure control, and beta-blocker treatment after a heart attack. The beginning of the report sets the document's tone: "More than 57,000 Americans die needlessly each year because they do not receive appropriate health care. The majority, almost 50,000, die because known conditions—high blood pressure or elevated cholesterol—are not adequately monitored and controlled. Others die or are at increased risk of death because they have not received the right preventive or follow-up care."

The report's statistics set the rationale for its conclusion and a basis for specific projections. Namely, if we controlled the following conditions at the same rates as do those healthcare plans rated in the 90th percentile, the following outcomes would potentially take place each year:

- ◆ We could save the lives of an estimated 1,726 heart attack patients and potentially avoid an estimated 1,062 non-fatal second heart attacks.
- ◆ We could save the lives of an estimated 6,500 patients diagnosed with high cholesterol.
- ◆ We could save the lives of an estimated 28,000 patients diagnosed with hypertension and avoid an estimated 50,000 strokes.
- ◆ We could save the lives of an estimated 13,000 patients diagnosed with diabetes by controlling their hemoglobin A1c levels.

Information Technology Narrows the Quality-of-Care Gap

The wide variance of care is costly. In addition to avoidable deaths, the quality-of-care gap racks up more than \$1 billion in hospital bills annually and burdens employers with an \$11.5 billion expense for nearly 41 million missed days of work.

What can we do to narrow this gap? The report recommends that we invest in technology and sys-

tems in order to distribute information and guidelines to patients and providers and track compliance and outcomes. Its recommendation is an affirmation of medical informatics in general (the marriage of the science of medicine with the science of information technology), the AMI TIME® System in specific, and the overriding concept that the practice of medicine is bringing us closer to the practice of information.

The Hope

A violent storm, grandchildren—the ultimate symbols of life's continuity—and medical informatics, what theme do they have in common? It is the theme of hope... hope that we can leverage technology to avoid adverse outcomes and help improve people's lives.

For example, in previous years we had far less time to prepare for nature *writ large*. Now, with the help of technology, we in Richmond, Virginia, received at least a one-week advance notice that Hurricane Isabel was on her way. We prepared and protected ourselves, hoping for the best as we hunkered down.

In previous years, we would have seen nature *writ small* as simply the next generation. Today, we see grandchildren as being integral to the progress we channel and direct on their behalf, hoping they will take advantage of the medical and technological advances rapidly evolving around them.

Finally, in previous years we may have thought of medical informatics as esoteric, a discipline more suitable to the research lab instead of integral to the delivery of healthcare. Today, there are more who see it as inherent to the delivery of healthcare, pivotal to clinical research in both the research lab and the examination room, and essential to protecting our mutual health futures. As we enter the New Year of 2004, may we bring along our hope and make it so. **D&T**