



Transforming Healthcare

Healing You, Me, and Our Broken
Disease-Care System

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To all healthcare providers who are committed to transforming our healthcare system to a model based on wellness and disease prevention, delivered with love and compassion.

To each of you who have believed in our vision of wellness and in creating your own optimal health of mind, body, and spirit.

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Introduction

Have you visited your doctor or primary care provider recently? Was your wait time to see your provider longer than the actual office visit? Did you feel that more attention was given to the computer in the room than you as the patient? Was more time and energy spent on collecting your insurance information and determining how you were going to pay for your appointment instead of focusing on the nature of your office visit? Did you have a higher out-of-pocket expense for your visit than previously, despite paying much more money annually for your “health” insurance?

Are you disillusioned with “healthcare” in our country right now? Do you feel like you are paying more for healthcare but receiving less? Is your primary care provider happy with the system in which she or he works? Does your provider seem stressed and overwhelmed with all the changes in healthcare? What is happening to our healthcare system?

Let’s take a look. The term “healthcare” is actually a misnomer. The truth is we really do not have a healthcare system. We have a disease-care system. Healthcare professionals wait until you get sick with a disease and then try to fix your disease. This is despite the fact that seven out of the top ten diseases that kill Americans are chronic illnesses, of which more than half could be prevented.

Do you feel healthy and well? Do you know that you could be healthier if you made some different decisions or changed some

unhealthy patterns in your life? Are you aware that true health and wellness is beyond just physical health? True wellness means not only having healthy bodies, but also healthy minds, emotions, and spirits.

Have you or your family member been hospitalized recently? Did you feel like a family member needed to stay with you or your loved one to help if hospital staff were not available? Did you find it beneficial to have someone there with you or your loved one to ensure no errors were made in the care provided? Were you or your family member able to receive quality sleep? Was the food healthy and nutritious? Were adequate care or instructions provided when you or your family member left the hospital?

The focus for our healthcare system has shifted and many institutions have lost sight of their primary goal, which is to help people become healthy and treat those with illnesses or traumatic accidents. Instead, the focus is predominantly on the almighty dollar, the bottom line, and who is going to pay the bill. While the importance of money cannot be ignored, it should not be the primary focus for healthcare institutions.

Not only are patients and families disgruntled about our current healthcare system, so are providers. Many providers are leaving healthcare altogether. Some providers, in an effort to contain their costs, have sold their practices to hospitals or healthcare system. These mergers have not always resulted in happy marriages.

Our healthcare system is broken in many ways. My intention in writing this book is to share a vision of transforming healthcare: healing you, me, and our broken disease-care system by:

- Redirecting the primary focus of health to wellness and disease prevention
- Creating models of health that prioritize patient and family needs above all else

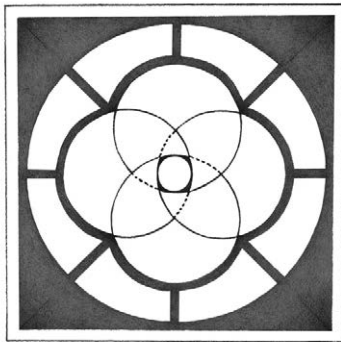
INTRODUCTION

- Creating healthy team-based systems that empower and inspire all providers as valued members of the team, recognizing each one's expertise and contribution for the patient, from physicians to housekeepers
- Providing guidelines so you can achieve your own optimal wellness of mind, body, and spirit
- Demonstrating a sustainable payer system that will meet healthcare expenses for individuals and families without bankrupting anyone, including our country

Sooner or later, each of us will interact with the healthcare system and providers, whether for our families or ourselves. Let's create a system that we can be proud of, and that we would feel confident and comfortable in taking our loved ones to for health and healing. Let's transform healthcare into a system of true healing, caring, compassion, and wellness for all.

CHAPTER 1

The Emperor's New Clothes



Our healthcare system is in trouble. We spend more money per capita than any other industrialized nation in the world. This might be tolerable if our outcomes were the best in the world. Sadly, our outcomes are not near the best—especially with chronic illnesses and infant/maternal mortality in childbirth.

Regarding Healthcare in the United States

- The United States ranks 37th out of the 40 top nations for best health system according to the World Health Organization report on health systems, 2000.¹
- America was rated 29th in infant mortality (behind Cuba) by the Centers for Disease Control and Prevention.²
- The United States ranks last among the top 11 nations for healthcare efficiency, equity, and outcomes despite spending more on healthcare than any other country.³

Why is our healthcare system so broken? Here are the key contributors that I believe lead to a dysfunctional healthcare system:

- Overemphasis on the “bottom line”
- Prioritizing provider needs over patient needs
- Primary focus on physical issues only without inclusion of psychological, emotional, and spiritual aspects of health
- Autocratic, physician-centric structure of healthcare institutions
- Overemphasis on pharmaceutical and surgical approaches to treatment
- Fear-based legalistic culture

THE EMPEROR'S NEW CLOTHES

- Disease-care models with little priority on prevention, wellness, and wholeness
- Current trends in today's healthcare

Let's take a brief look at each one.

Overemphasis on the Bottom Line

Many hospital administrators don't want to see the truth. They believe that as long as the bottom line is strong, and the hospital is making money, everything is fine. It's as if they are as oblivious as the townspeople in the fable, "The Emperor's New Clothes." While focus on the bottom line cannot and should not be ignored, neither should it be the predominant focus. Hospitals are intended to be places of healing and recovery, not profit centers benefitting from the ill health of the populace.

Several years ago, while working as a critical care clinical nurse specialist, I encountered a patient in the intensive care unit who was very ill and who eventually died. She was a close relative of a hospital administrator across town. Two days before the patient died, one of our hospital administrators came to visit her family. He wanted to offer a "courtesy discharge," which meant the patient or family did not have to stop at the cashier's office to pay the bill before leaving the hospital. My first thought, knowing the gravity of the situation, was that the only discharge the patient would receive would be a celestial discharge. This saddened me that the administrator's idea of comfort was a monetary gesture. This was one of my first epiphanies that the hospital's focus was misdirected.

On another occasion, the hospital would not allocate funds to have emergency crash carts placed on each floor (the carts hold essential items to use when a patient's heart arrests or they stop

breathing). However, they did allocate funds to purchase a cherry wood table for the administrative conference room and to remodel the administrative area to build two separate bathrooms so six to eight men and women would not have to share one. Another local hospital, in order to meet their budget, eliminated 80 ancillary help positions. Within the same week, the hospital purchased brand-new office furniture for their newly hired director of risk management, despite the fact that new furniture had been purchased just three months earlier for the previous director of risk management. When asked about these disparities, administrators responded that funds were allocated from separate budgets. This confused me since all departments are part of one institution. Again, these actions seemed to be out of alignment with the overall hospital mission and miss the mark of the hospital's true purpose: patient care.

Prioritizing Provider Needs over Patient Needs

When I worked in the hospital, I observed that laboratory blood tests were drawn between four thirty and six thirty in the morning. This continues to be common practice today. A bright light disrupts the patient's sleep as the phlebotomist collects the blood for ordered tests. It was done early in the morning so that the results were back on the patient's chart by the time the physician or nurse practitioner made rounds. This practice was originally done to ensure that these providers could do hospital rounds early and then make it back to their offices to see patients. Today, most hospitals now employ hospitalists (doctors and nurse practitioners who are trained to care for patients while they are hospitalized) and therefore do not have to leave to go to an office. However, the practice of obtaining blood work or X-rays at very early hours and disrupting a patient's sleep continues. Obviously, this is not a system that prioritizes the patients' needs; otherwise labs and X-rays would be conducted at more normal waking times.

I also observed how most therapies were conducted between eight in the morning and four in the afternoon. During these hours, some patients had three to five therapeutic treatments such as physical therapy, occupational therapy, or speech therapy. After four thirty, there were no further therapies until the next day. Ideally, patients should have a therapy session and then be allowed to rest adequately before their next treatment. Healing could be expedited if therapies were more evenly spaced throughout the entire day and evening, with adequate rest periods between therapies. Again, the hospital systems' priorities were placed above the patients' needs.

In my position as a critical care clinical nurse specialist, I commonly found a large gap between clinical research and practice. For instance, the nursing and medical literature has supported open visitation for families of patients in the critical care units since the early 1980s. Most patients are comforted and more relaxed when family members are present. Even though large numbers of studies continue to support open visitation, there are intensive care units across the country that still restrict visitation times for families. Why do these units resist changing practices when evidence clearly supports the benefit of open visitation?

I observed that some nurses seemed to feel threatened by having family members present in the intensive care unit while they were caring for patients. Other nurses felt that spending time answering families' questions took time away from the patient. I found that educating nurses about the research results and the benefits for patients of open visitation usually helped allay the nurses' fears and resistance. Training nurses in communication skills also proved beneficial.

A common response that I received when I would question practices that were out of alignment with current clinical research was, "Well, we've always done it that way." In most cases, it appeared that people were simply resistant to changing the current practice. Effort, time, and resources are necessary for hospitals to bridge the

gap between clinical research and practice. This must be prioritized to ensure that patients receive the best care supported by current evidenced-based research.

Primary Focus on Physical Issues Only without Inclusion of Psychological, Emotional, and Spiritual Aspects of Health

Most of Western medicine is built on a reductionist model, Koch's postulates, in which we break things into smaller and smaller parts to determine a root cause. Without a doubt, this model has served us well in many ways and led to many life-saving discoveries such as:

- The cause of many infections
- Effective antibiotics against some of these infections
- Multiple pharmaceutical compounds for varying diseases
- Technological advances such as the creation of coronary stents or balloon angioplasty for blocked coronary arteries
- Multiple advances in surgical and anesthesia techniques

However, as our knowledge in both science and medicine has progressed, it has become obvious that the reductionist model has limitations. Larry Dossey, MD, has described the evolution of medicine and science brilliantly as progressing through three eras.⁴

The first, Era I Medicine, describes health and illness as completely physical in nature. The focus is on finding the right combination of drugs, technology, and medical treatments to cure the patient.

Era II Medicine acknowledges the mind-body connection and the growing awareness that a person's consciousness (thoughts, emotions, and beliefs) has an impact on one's physical well-being.

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About the Author

Kim Evans is an advanced practice clinical nurse specialist (APRN), certified in adult health nursing. She has an extensive clinical background including staff nurse, nurse manager, critical care clinical nurse specialist, and nurse entrepreneur. She has worked in various clinical areas including transitional care, emergency room, respiratory intensive care, coronary care, open heart surgery, and as a critical care nurse specialist.

After an epiphany in the intensive care unit one day, she realized that 80 percent of the patients in the ICU had illnesses that could have been prevented. From that day forward, she focused her practice on disease prevention, wellness, and achieving optimal health of mind, body, and spirit. She is certified in advanced holistic nursing practice (American Holistic Nurses Credentialing Corporation) and Amma Therapy (New York College of Holistic Health, Education, and Research) and has completed the Fellowship in Integrative Medicine through the University of Arizona with Andrew Weil, MD.

Kim is a founding member of the Institute for Integrative Medicine in Louisville, Kentucky, which has grown from its humble beginnings to include 10 practitioners, all experts in their fields. She has authored multiple articles and book chapters on clinical nursing, holistic nursing, integrative medicine, and wellness.

She is married to the love of her life, Dave, and together they

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