

# What went wrong in healthcare politics and how „value“ can fix it?

**Clinical Audit Masterclass Meeting**  
**St. Vincents Healthcare Group**  
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**Dr. Günther Jonitz**, *President of the Berlin Chamber of Physicians*



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**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.



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**What do these health care systems  
have in common?**



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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.



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The **outcome** of this assembly line,  
**value,**  
seen from the patient's point of view,  
is unknown.



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The interests of the institutions are  
competing.

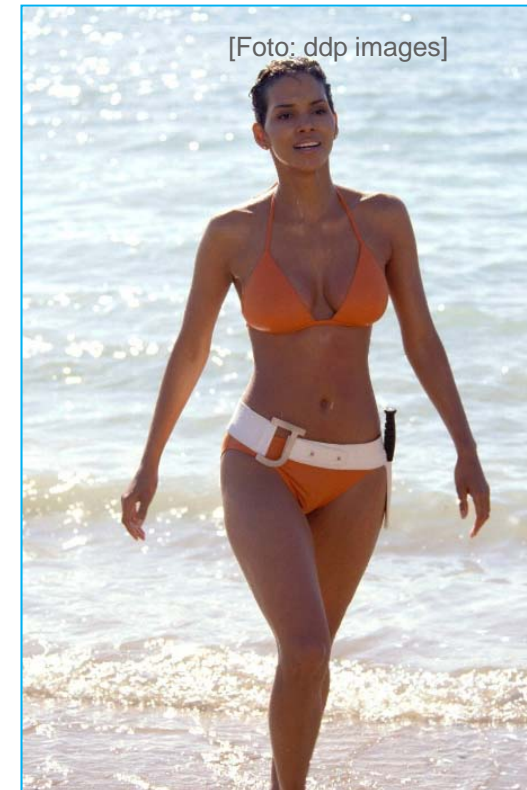
There is no common accountability  
for the outcome of the system.



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# 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



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This also leads to a continuous  
need for **more money**

for more intense and ongoing treatments.





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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.



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**Crisis in health** care therefore is  
not the result of bad  
but of **successful care.**

It is the result of  
malfunction of the system



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**STERN,  
31. 5. 2001**

*„overworked doctors are becoming a risk for patients“*



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

and created new institutions  
responsible for  
evidence, quality, patient safety a.s.o

**This led to desorientation,  
bureaucrazy and lack of accountability,  
trust and leadership**



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This is the actual situation.

Way out!?



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**New political strategy!?:**

**Optimising** health care services

instead of

**dezimating** costs



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**Every system tends  
initially to expansion  
then to optimisation.**

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

*;-)*

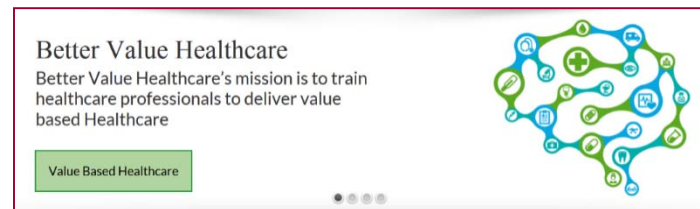


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What does **optimising** mean in  
health care?

Making profits? Saving money?

Or delivering  
**value for patients?**



Better Value Healthcare  
Better Value Healthcare's mission is to train  
healthcare professionals to deliver value  
based Healthcare

Value Based Healthcare

The screenshot shows a website header for 'Better Value Healthcare'. The text describes their mission to train healthcare professionals to deliver value-based healthcare. There is a green button labeled 'Value Based Healthcare' and a decorative graphic of a brain composed of various healthcare icons like a stethoscope, pills, and a plus sign.

See, e. g.: [www.bettervaluehealthcare.net](http://www.bettervaluehealthcare.net)





— The first strategic goals for all in health care is

**optimising** care to create values.

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

You will find this discussion under „**value-based health care**“. For physicians and other health care professionals optimising 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“).



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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 „**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



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The single most important question  
in health care systems is

**How does the system learn?**

Actually what? Who? How? Why?



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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!**



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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.



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**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.





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*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/>

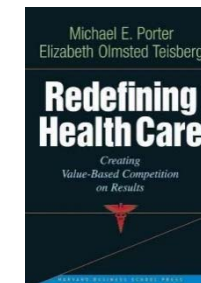
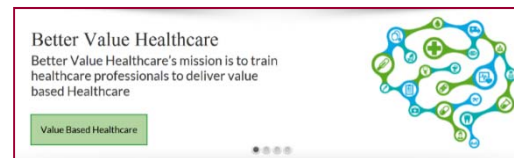
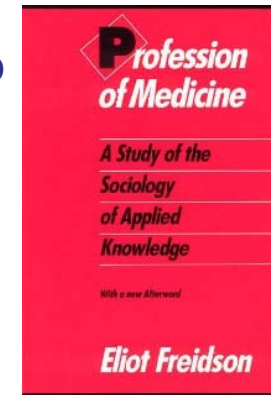
*Birmingham Children’s Hospital, Warwick Business School et al*

*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](http://www.bettervaluehealthcare.net)
- 2007 **Re-Defining Healthcare**, Porter, Teisberg
  - = value-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>



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

into a **learning system**

that is continuously 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



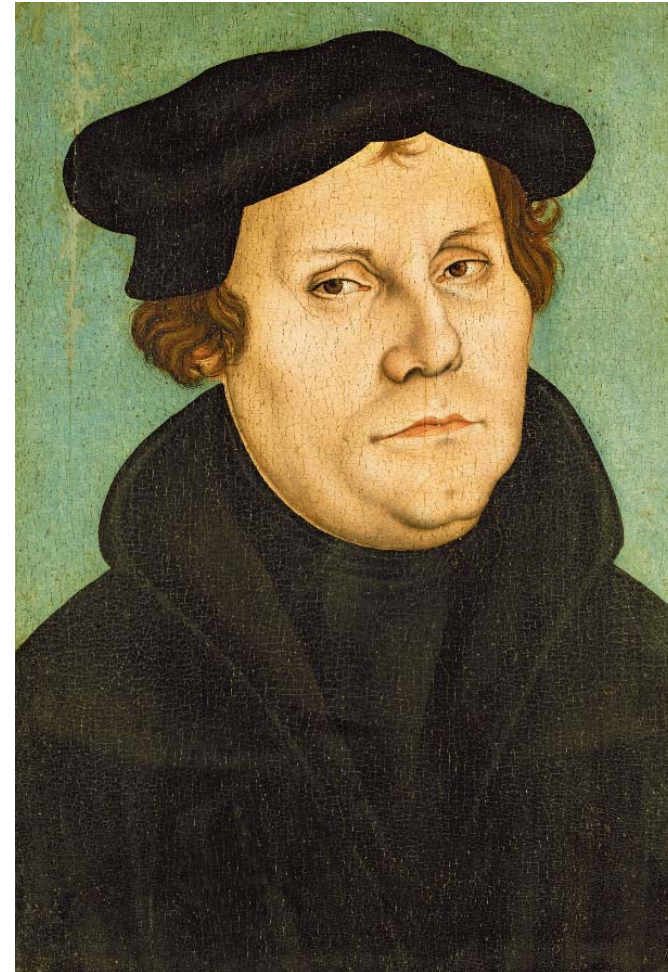
# Critical Thinking

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## 2017 THE 500TH ANNIVERSARY OF REFORMATION

Re-engineering of a religion:

What's it about, actually?  
Who are our clients?  
What are the key messages?



Martin Luther, 1483 - 1546

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[https://upload.wikimedia.org/wikipedia/commons/b/bc/Lucas\\_Cranach\\_d.%C3%84.\\_%28Werkst.%29\\_-\\_Portr%C3%A4t\\_des\\_Martin\\_Luther\\_%28Lutherhaus\\_Wittenberg%29.jpg](https://upload.wikimedia.org/wikipedia/commons/b/bc/Lucas_Cranach_d.%C3%84._%28Werkst.%29_-_Portr%C3%A4t_des_Martin_Luther_%28Lutherhaus_Wittenberg%29.jpg)

[https://de.wikipedia.org/wiki/Martin\\_Luther](https://de.wikipedia.org/wiki/Martin_Luther)



# Era of Medical Enlightenment??

Voltaire  
Kant England  
Lessing  
Hume  
Leibniz  
Germany  
Rotterdam  
France  
Rousseau

*„sapere aude!“*

***Start now!***

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