Prevention, Detection, and Community Benefit

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Guidelines make a difference, particularly in routine hospital management and operative and perioperative care.[1] However, guidelines often are developed by groups with differing data, different levels of objectivity, and different points of view.[2] With this in mind, Myklejord and colleagues[3] report the results of a pre/post study of the effects of consensus guidelines on reducing postoperative nausea and vomiting, knowing that an approach to the problem using an institution-wide process is a necessary requirement for attempting to measure change. While few of us will argue against individualized planning of care, the proven effects of widely adopted standards that are adhered to by all clinicians assure that the individualization takes place in a context of safety. This study from the Marshfield system should encourage other large systems in the region to follow their lead.

Physicians have many advantages in this country. Unlike other Americans, we have almost no risk of unemployment; a significant percentage of physicians will have incomes that put us in the 1% group and almost all of us will be in the 5% group; we engage in useful work and generally are respected by society. So why do we spend so much time talking about "burnout"[4] as our country struggles with enormous inequalities and unemployment? Some think that the term may be overdramatized and is really a workplace rather than a personal issue.[5] But, a letter in the *WMJ* over a century ago suggested the need for physicians to endow a recovery farm for "friendless, ill-treated, worn-out doctors."[6] The idea might not be all that far from Physician Health Committees and might, if the "farm" is populated by physicians who could learn to help each other, offer even more than individual therapy.

Physician behavior is an important contributor to both the positive and negative aspects of the workplace. The article by Krall and colleagues[7] reminds us of the obligations of the profession and of the institutions in which we work to help to mitigate the personal factors that contribute to "problem" physicians.[8] Their study shows that physician behavior is overwhelmingly the reason that physicians are referred to the Physician Health Committee at Marshfield Clinic. *(Disclaimer: I am a member of the Professional Conduct Committee at UW Medical Foundation.)* Such committees should primarily address prevention and remediation but have to be backed up by the systems in which they are grounded. Krall et al provide a review of physician health programs in the region and provide recommendations for a process that might lead to a better work environment, an increased sense of connection among physicians and colleagues and their families. Physicians risk the general goodwill of our patients and communities if we can't create systems of care that are respectful, responsive, and caring. To do that, we have to start with getting our own houses in order and avoid the "head in the sand" approach to problem physician behavior with robust and active prevention and support for those in trouble.[9]

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Hospitals have changed dramatically in the past 60 years from places controlled by medical staffs in the 50s to economic drivers of entire economies in cities like Houston, Boston, and New York controlled by corporate boards, both private and public.[10] In part to fulfill their tax-exempt status, nonprofit hospitals have had to show some portion of their annual revenues for community benefit. The Affordable Care Act requires hospitals to create a more transparent process that demonstrates the actual nature of community benefit activities. Bakken and Kindig[11] analyzed a year of Wisconsin hospitals and found that the largest percentage of what is categorized as community benefit was not in charity care or community health improvements but for unreimbursed Medicaid. As the country moves into an accelerated phase of health reform, one question for policy makers should be how hospitals, which accounted for

the largest expenditure (30.5%) of the $2.5 trillion in the United States in 2009,[10] should truly add to community benefit rather than increasing their own revenues.

The Health Innovations piece by Munson and colleagues[12] demonstrates how the elective introduction of a reagent test for *Trichomonas vaginalis*, which has a higher degree of sensitivity than traditional wet mounts, significantly increased both the screening for *T vaginalis* and the use of the test, and, therefore, the likelihood of detecting the infection. That the study was done in a population and city where the rate of both chlamydia and gonorrhea are among the highest in the country means that physicians also were testing more for those sexually transmitted infections as well, which is an important public health and preventive activity. Making testing less problematic for clinicians while increasing accuracy does improve care.

Finally, the case report of a not uncommon diagnosis—Wolff-Parkinson-White syndrome—which happens in an uncommon situation—an acute presentation in a young pregnant patient—provides a nice overview of current approaches to treatment of the problem overall and in particular, as applied to pregnancy.[13]

References

1. Brooke BS, Meguid RA, Makary MA, Perler BA, Pronovost PJ, Pawlik TM. Improving surgical outcomes through adoption of evidence-based process measures: intervention specific or associated with overall hospital quality? *Surgery.* 2010;147(4):481-490.

2. Neuman J, Korenstein D, Ross JS, Keyhani S. Prevalence of financial conflicts of interest among panel members producing clinical practice guidelines in Canada and United States: cross sectional study. *BMJ.* 2011;343:d5621.

3. Myklejord DJ, Yao L, Liang H, Glurich I. Consensus guideline adoption for managing postoperative nausea and vomiting. *WMJ.* 2012;111(5):207-213.

4. Shanafelt TD, Boone S, Tan L, et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Arch Intern Med.* Aug 20 2012:1-9.

5. Kay M. Rebuttal: do we overdramatize family physician burnout?: YES. *Can Fam Physician.* 2012;58(7):e368, e370.

6. DeBesche J. A home for sick and worn-out doctors. [Reprinted from *WMJ,* Sept 1904] *WMJ.* 2012; 111(5):198.

7. Krall EJ, Niazi SK, Miller MM. The status of physician health programs in Wisconsin and north central states: a look at statewide and health systems programs. *WMJ.* 2012;111(5):220-227.

8. Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Acad Med.* 2007;82(11):1040-1048.

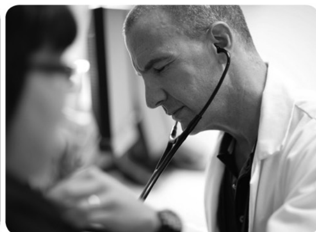
9. Frey JJ, 3rd. Creating an atmosphere of respect. *WMJ.* 2009;108(9):437-438.

10. Starr P. The Social Transformation of American Medicine. New York: Basic Books, Inc; 1982.

11. Bakken E, Kindig DA. Is hospital 'Community Benefit' charity care? *WMJ.* 2012;111(5):215-219.

12. Munson E, Miller C, Napierala M, et al. Assessment of screening practices in a subacute clinical setting following introduction of Trichomonas vaginalis nucleic acid amplification testing. *WMJ.* 2012;111(5):233-236.

13. Tak T, Berseth L, Malzer R. A case of supraventricular tachycardia associated with Wolff-Parkinson-White syndrome and pregnancy. *WMJ.* 2012;111(5):228-232.



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