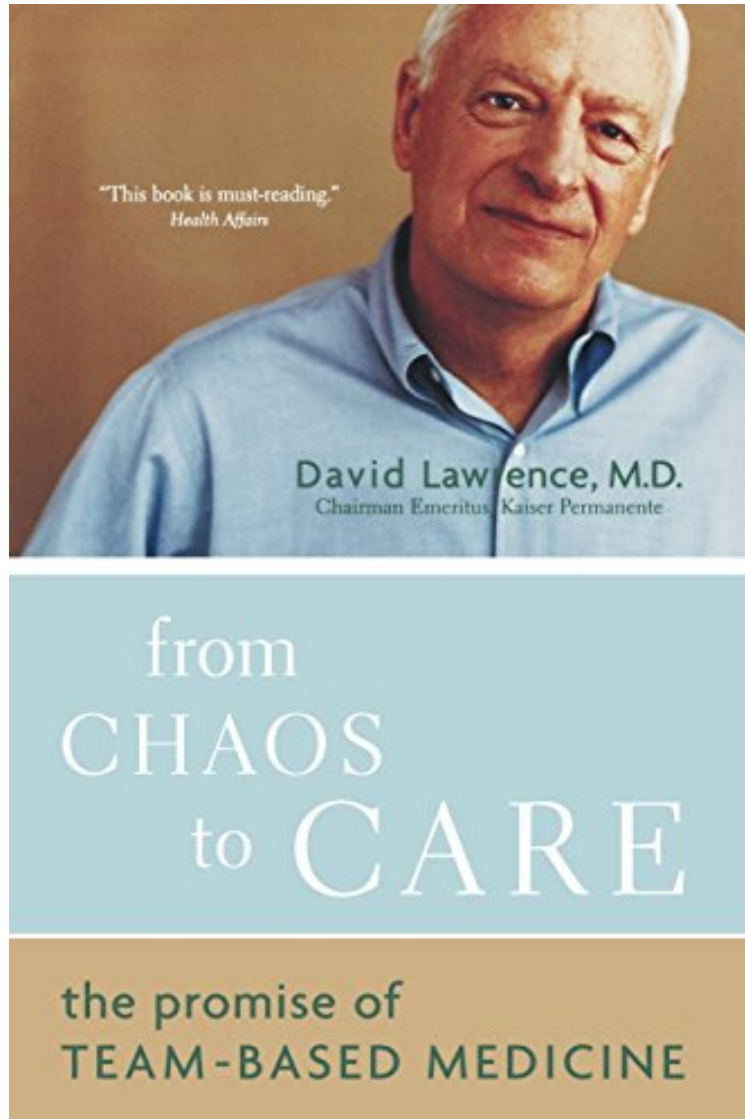


(Mobile ebook) From Chaos To Care: The Promise Of Team-based Medicine

From Chaos To Care: The Promise Of Team-based Medicine

David Lawrence

*DOC | *audiobook | ebooks | Download PDF | ePub*



DOWNLOAD



+

READ ONLINE

#2439360 in Books Da Capo Press 2003-10-02 2003-09-30Original language:EnglishPDF # 1 9.00 x .49 x 6.00l, .72 #File Name: 0738208590208 pages | File size: 20.Mb

David Lawrence : From Chaos To Care: The Promise Of Team-based Medicine before purchasing it in order to gage whether or not it would be worth my time, and all praised From Chaos To Care: The Promise Of Team-based Medicine:

1 of 2 people found the following review helpful. Measuring from chaos to careBy R. PetersThe author eloquently describes problems faced by patients seeking care in the current environment. It is a snapshot of the quality movement in healthcare. Like a work of art, what is also interesting is what is not there or the negative spaces. A very wise man once said 'if you can't measure it you can't control it'. The word measurement is sadly missing from the index and table

of contents. Measurement is central to quality improvement. Clinical laboratories have been required to measure, analyze and track the quality of their work for over 30 years. Many clinical labs have used statistical process control charts, control materials, standards etc. for decades. However, they have not routinely sought to identify root causes and corrective actions. Perhaps there will be a sequel with numerous valid measures of healthcare quality, more detailed examples of six sigma and possibly other lessons from Deming and Juran.² of 2 people found the following review helpful. Many minds make good patient care By Thomas H. Pike This is an excellent book on the state of the healthcare system and provides significant recommendations to enhance the results of patient care. The author referring to medicine states, "It conducts its business with systems so archaic and incentives so perverse that the nation's education system looks almost rational by comparison." Doctor Lawrence has a well structured approach to address the issues based on collaboration of the medical, nursing team, allied healthcare workers, administrative personnel, and tools to back them up. Something most would have thought would have been in place, but to those you know healthcare is seldom available. It is said, "many hands make for a light load" like wise, "many minds make good patient care."

Kaiser Permanente is the largest nonprofit healthcare system in the world and is a leader in integrated medical care. A team-based approach that draws on the strengths of the healthcare organization as well as on community resources, integrated care is a most cost-efficient healthcare business model. It also gives patients an all-important sense of control over their conditions and provides the kind of care they can navigate and trust. In *From Chaos to Care*, Dr. Lawrence shows how integrated care succeeds on both the organizational and human fronts. A blueprint for change and a manifesto for the implementation of satisfying and cost-effective healthcare for all, *From Chaos to Care* illuminates the path to the future of American medical care.

From Publishers Weekly Written by the former CEO of the nonprofit health-care organization Kaiser Permanente, this book makes the case for a humane version of managed care that operates under a collaborative model. Lawrence describes how, despite the goodwill of medical practitioners, his terminally ill father suffered needlessly because the treatment he received under Medicare was not coordinated by a medical team. Lawrence also contrasts the care Rebecca (a fictional child with asthma) received when she was treated by her solo pediatrician (also fictional) with the more integrative and effective care provided after her family's insurance was changed to a health-care organization. Believing that the age of the individual practitioner is over, Lawrence emphasizes team-based delivery of medical services within managed care and argues for the necessity of making critical patient information easily available to doctors and care-providers. Collaborative care for chronic illnesses makes sense, he argues, since staff access to technology to facilitate referrals and decisions about treatment can be delivered under the umbrella of health organizations. He also identifies several HMOs that, according to him, are models of the team-based approach. However, his examples of corporate managers such as Jack Welch, former CEO at GE, as an inspiration to health-care organizations that are trying to hold down costs is ultimately unconvincing. Copyright 2002 Reed Business Information, Inc. From Library Journal Imagine a team of medical professionals, including doctors, health educators, nurse practitioners, pharmacists, and therapists, that is interested in and knowledgeable about your personal medical history. These experts have access to the latest research and technology, as well as your complete medical and pharmacological history, and communicate regularly with one another and are open to your input to form a treatment plan. Sound too good to be true? Lawrence, a physician and the longtime CEO of the large, not-for-profit HMO Kaiser Permanente, contends that team-based medical care not only works well but can also provide better treatment than traditional single practitioners. Lawrence acknowledges that there are many challenges to achieving the goal of integrated, team-based care, but he offers numerous real-life examples of organizations heading in this direction. Although the lack of bibliographical references may frustrate the scholar, this brief but persuasive book is highly recommended for public libraries and health science collections. Tina Neville, Univ. of South Florida at St. Petersburg Lib. Copyright 2002 Reed Business Information, Inc. From The New England Journal of Medicine These days, practicing medicine in the United States is a mixed blessing. On the one hand, physicians still reap intangible rewards, including exhilaration from helping people, the privilege of sharing patients' joys and sorrows, and intellectual satisfaction. On the other hand, physicians contend with burdens that dampen their enthusiasm, such as a confusing array of health insurers, time-consuming paperwork, and the malpractice crisis. But we physicians tend to ignore another important problem when we contemplate contemporary medical care: our practices frequently are not organized in ways that facilitate optimal health care delivery. In many settings, communication among generalists, specialists, and other health care professionals is embarrassingly poor. We cannot retrieve information precisely when we need it, and we encounter impediments to the multidisciplinary care that would maximize the benefits provided to patients with complicated illnesses. Moreover, the patient's perspective mirrors the physician's. Too often, navigating the health care system is at best frustrating for patients and at worst a nightmare. In *From Chaos to Care*, David Lawrence portrays our health care delivery system as generally chaotic and antiquated, and he offers a solution drawn from his experience as the chief executive officer of the Kaiser Permanente health maintenance organization. The book

is a nontechnical narrative intended for the general public. Lawrence introduces his thesis through the story of Rebecca, a hypothetical child with asthma, and her pediatrician, Dr. Landers, a solo practitioner. Although Landers is a decent physician, Rebecca receives suboptimal care. Landers is not quite up to date medically, he has difficulty maintaining communication with consultants, and his practice lacks the infrastructure needed to manage asthma comprehensively. Then Rebecca's family is forced by a change in her father's employer-based health insurance program to join a new health plan, presumably a fictionalized Kaiser practice. Initially wary of the new arrangement, Rebecca and her family encounter an integrated, team-based approach that results in better control of Rebecca's asthma. Everyone in the system has abundant time for Rebecca, and the medical care is state-of-the-art. It is almost too good to be true. Lawrence then describes the challenges facing modern medicine, including the changing expectations of patients, advances in technology, the increasing numbers of chronically ill patients, and the growing complexity of medical care. He presents several current examples of health care organizations and nonmedical industries that could serve as models for quality improvement. Finally, he outlines his vision for the creation of an "integrated, care team-based delivery system." Teamwork, communication, information systems, and a well-organized infrastructure are the elements of his vision. There is not much to dispute here. Most of us want what Lawrence wants. The problem, of course, is how to get there. Lawrence asserts that physicians must abandon outdated, self-interested behavior and patterns of practice and that society must move beyond the myth of the independent, all-knowing "Marcus Welby" practitioner. Physicians and patients must accept that "organizations and systems" are the key to improved health care delivery. But how will these insights be instituted on a national scale? Unfortunately, the details are sketchy in Lawrence's account. Lawrence glosses over the problems of health insurance and health care financing. Although he acknowledges that the lack of insurance coverage for all Americans is unacceptable, he implies that his idea of integrated, team-based health care for all Americans is not dependent on any particular economic model. "In the case of medical-care delivery, private or public ownership is not the most important issue to address. Nor will changing the financing of care address the underlying delivery-system shortcomings." This view seems shortsighted. Any proposal to restructure health care delivery must address multiple issues, such as uninsured patients, the multitude of private and public insurers, and the link between health insurance and employers, all of which promote the discontinuity of care and perpetuate the poor coordination of health care services within a community. Ironically, Lawrence's own example makes this point: Rebecca ends up in the Kaiser-like health plan by accident, because her father is forced by his employer to change his health insurance plan. But what will happen next year, if the employer makes another change, the health plan goes out of business, or Rebecca's father loses his job? Skeptical readers may wonder whether Lawrence's idealized example of the care of a patient with asthma represents fairly the spectrum of practice at Kaiser Permanente or at analogous organizations. They may also wonder how Lawrence's fictional case squares with the common perception that medical care in some large managed-care organizations is often rushed or impersonal. Nevertheless, *From Chaos to Care* is worth reading. Lawrence is a cheerleader for a concept of health care that is long overdue. At a minimum, his perspective will force readers to reexamine their assumptions about what constitutes high-quality care. It might even inspire some readers to become advocates for fundamental change in the way medicine is practiced. Allan S. Brett, M.D. Copyright 2003 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.