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HMP COMMUNICATIONS

Practice Management and Economics: Breaking Some of the Rules

- [Ronald N. Riner, MD](#)

The article on the One Stop Post Op Unit in this issue points to a rather innovative way of taking care of postoperative patients. Peter Drucker, one of the more renowned management thinkers of our time, constantly extols the fact that "everyone knows" what is usually wrong with a process. However, the practice of medicine is based on traditional ways of doing things — not for inappropriate reasons. Often, the consequences of inappropriate activities in healthcare, unlike other industries, can mean the difference between life and death. Therefore, what everyone knows to be the process needs to be carefully placed within the context of this is "the way we do it" versus this is the way we might be able to change it. However, endorsing habitual methods of taking care of patients often stymie our thinking and lead to methodologies that foster inefficiencies and constraints on the way we care for patients or the manner in which we provide our services. Indeed, we need to examine ways we can break the rules of patient care for the good of the patient. One of the reasons that "rules" are sometimes wrong is that they are frequently not written or constructed from the vantage point of the ultimate customer of those services: the patient.

See Schmidt on pages 151-154

While the example portrayed in the



article using one-stop post-op surgical care may not precisely apply to your organization, there are lessons to be learned for new cardiovascular programs as well as more mature programs:

- **Plan.** Conventional wisdom says you begin your program redesign when you have a problem. The truth is, if you wait until there is a bonafide problem, you are putting yourself at a distinct disadvantage. Why? Because redesigning and obtaining buy in from the various constituencies involved requires a significant amount of time. Therefore, take time now to prepare, and take time now to plan. Cardiovascular services will be one of the major service lines most hospitals provide to their communities in the next decade for a variety of reasons that are beyond the scope of this editorial (e.g., demographics, prevalence of disease in an aging population, technological developments, etc.). Focusing on what you wish to accomplish and what services you can provide will be very important for your future. Perhaps your program or programs will be all encompassing, but there may also be opportunities to focus on segments of the service line. At the very least, planning allows an opportunity to inventory the skills, talents and services you have to provide or wish to provide. If you do not plan, you risk a tarnished image and difficulty in positioning the program appropriately. Remember, the basis for competitive strategy is concentration of superior resources at a decisive point.

- **Organize.** Organize your program for a maximum impact on patient services. In short, be market savvy and know your current processes well. Engage those that “know” how it works — an important step if you want to work differently in the future. Organize around the principle of creating desire and value for services you will provide — for the patient first — then other constituencies involved in the care of those patients.

- **Design and commit.** Armed with important basic data (market analysis/feasibility studies, if appropriate), gather advice for best practices and begin to design around the patient within the limitations of your resources. The current landscape

exudes examples of duplication and wasted resources in the name of theoretical constructs — some of which are nothing more than shrines to themselves or to the people who have visions of grandeur beyond reality. Remember also, if you need a partner to bring about these new services, look for those who will take a long-term view of the services you need to provide to the community — your patients will expect no less. This calls for leadership beyond financial maneuvering or exit strategies. A patient's view of an "exit strategy" is entirely different than a businessman's perception!

If done properly, there are numerous opportunities and examples (some in place, some yet to be designed) that can change the way we care for patients. Given the rising cost of healthcare and our current demand for health services, the entire situation takes on some urgency. It is not only about cardiovascular surgery, but all cardiac services, not only about hospitals, but how those hospitals provide a potpourri of services to a community, at the hospital, but also in other locations, not only about cardiovascular specialists, but also the competing imperatives of so many constituencies that characterize the healthcare landscape — constituencies who should have the patient as their ultimate concern.

"If a man...make a better mousetrap than his neighbor tho' he build his house in the woods, the world will make a path to his door."

--Ralph Waldo Emerson (attributed)

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