Mirror, Mirror
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Last spring, the P&T Society held its fourth annual meeting in Washington, DC. As the cherry blossom trees were blooming, scores of like-minded individuals came together to tackle some of our most complex challenges, including how to respond to medication errors, pay for pharmaceuticals, and deal with the need for public accountability in our work. I was particularly struck by the plenary presentation by Dr. Harvey Feinberg, the President of the Institute of Medicine (IOM) of the National Academy of Sciences.

After an illustrious career as the Dean of the Harvard School of Public Health and Acting Provost at Harvard University, Dr. Feinberg came to the IOM just a few short years ago. In his capacity as a leader of this major national quasi-public think tank, he is in an excellent position to capture the moral high ground in health care and bolster his position with evidence rather than political jargon.

In his opening presentation, Dr. Feinberg outlined the recent work of the IOM. We have covered aspects of this topic in my previous columns. For example, he talked about the need to create a population perspective in our care of patients with a renewed interest in disease prevention and improvement in the health of the public. He recommended universal insurance coverage that would be accessible and affordable for all Americans. Mirroring the content of the two leading IOM reports, namely, To Err is Human and Crossing the Quality Chasm, Dr. Feinberg called for a 21st century health system that would be patient-centered, evidence-based, and equity-driven.

No stranger to the politics and vagaries of Washington, he knew he had to provide this audience with a road map for change and not just deliver oblique promises and proclamations. He called for an emphasis on the daily measurement of what we do and recommended the creation of teams of health care professionals who would understand the systems in which we operate.

His presentation began to resonate with me, and I immediately recognized that the objectives he was outlining closely mirrored those of the P&T Society and many of the editorial goals of our journal. I was happy to hear about an early 2004 summit, hosted by the IOM, at which Dr. Feinberg brought together 15 teams from across the country representing clinicians, pharmacists, and nurses responsible for the front-line care of patients. These 15 teams concentrated on key clinical areas, including the care of patients with asthma, congestive heart failure, diabetes, depression, and control of pain in cancer. The goals of the summit were to jump-start the IOM’s agenda and to bring team-based, system-oriented care to patients with these critically important chronic illnesses.

Dr. Feinberg outlined his view of the key facilitators and barriers to change. He noted that culture and values were the key obstacles and, in a provocative way, suggested that physicians’ autonomy was an exaggerated value. He urged doctors to conduct their practice based on available evidence, to exert leadership, and to ensure the appropriate allocation of financial resources. A key barrier to change, he said, was the lack of management skills and organizational capacity within the health care system.

In closing, Dr. Feinberg enumerated a 10-point strategy for moving the health care system in the right direction far into the 21st century. His key take-home messages to us were as follows:

First, he stressed the need to find a middle ground politically. He acknowledged that although we must have universal medical coverage, personal responsibility for aspects of our own health is still a vital item on the agenda. Second, he asked for a renewed emphasis on payment for preventive measures, especially for tobacco abuse. Third, he requested that we put people first—both patients and providers—and that we seek better ways to accommodate their needs.

I was happy to hear him advocate the creation of an information infrastructure for health care, to be funded by the federal government, similar to the groundbreaking Hill–Burton Act at the end of World War II. He reiterated the IOM’s stance that evidence-based guidelines were our best defense against massive, unexplained clinical variations in practice.

He called for the nation to intelligently ration health care based on a defined core “basket of needs.” He admitted that we already ration care every day based on sex, race, and geography.

The 10-point plan concluded with an insistence on transparency in health care data and on mandatory reporting of outcomes in every sector. Dr. Feinberg advised us to experiment with different models of chronic care, focusing on the home with a patient-centered, team-managed approach. He emphasized the need for a strengthened partnership between purchasers and insurers and hoped that we would cast aside our hardened antagonisms.

The remainder of the meeting was chock-full of great presentations and panel discussions. The audience seemed animated and was ready to ask questions and engage in a fruitful dialogue.

My hat is off to the leadership of the P&T Society for an exceedingly tough job well done. I am proud that our journal and the Society so closely mirror the goals and objectives outlined by a national leader with the stature of Dr. Harvey Feinberg. I am more convinced than ever that our work has high value and is firmly pointed in the right direction.

If you would like to learn more about the IOM’s work, visit www.iom.edu.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.