Tinkering in Today’s Healthcare Factories: Pursuing the Renewal of Medicine
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“we are looking for ways to live more simply and joyfully, ways that grow out of our tradition but take their shape from living faith and the demands of our hungry world. There is not just one way to respond, nor is there a single answer to the world’s food problem. It may not be within our capacity to effect an answer. But it is within our capacity to search for a faithful response.”

—Doris Janzen Longacre

Minimum Effective Dose of R/S?

The Transformation of Medicine

Fee-for-service → Value-based

Today

Fee for service’s problems are obvious, but when “value” is reduced to outcomes, patients and clinicians lose. What matters is the outcome, not the relationship.
“Clinical Improvement Technologies”

1. Up to 1980s: CME
2. 1980-1990s:
   1. Feedback
   2. Guidelines
   3. TQM
3. 1990’s: Managed care
4. 1990s-2000’s:
   1. Feedback
   2. Accountability measures
   3. Error reduction
   4. Hosp Qual As, JCAHO, HH, JNQ, Leapfrog, NCQA, URAC, etc.
   5. Performance incentives (PQRI, etc.)
5. 2000’s: Focus on EBM→ my training
6. 2013: Hospital Value-based Purchasing Program
The Father of Quality

Berwick/IHI → Triple Aim

Atul Gawande

Gawande’s meal

A Disembodied Hand of Meds

“a beet salad with goat cheese, white-bean hummus and warm flatbread, and the miso salmon”
Touring the Factory

- Line chefs follow computerized recipes
- Kitchen managers watch for waste
- Corporate HQ introduces new recipes biannually
The clinician is characterized as a technician who manipulates the body of her patient through processes that are regulated and scaled like industrial processes.

A clinician can no longer understand herself as a craftswoman, so she must give up traditional ethical models of medical practice in favor of consequentialist models.

A clinician must follow scripted rules that draw upon accepted best practices like evidence-based algorithms or checklists.

Since the moral obligation to pursue quality-improvement cannot be enforced through traditional models, the quality movement appeals to the market and the state, rather than to other civic organizations, to enforce constant improvement.

Because a clinician is understood to bear so much responsibility over something she cannot finally control—the illnesses of her patients—quality medicine alienates a physician from her patients.
Peace Churches in CPS

Mennonites in MH facilities
- 37,000 CO's in WW II
- 11,996 CO's in the CPS
- 3,000 CPS'ers in MH facilities
  - 1,500 were Mennonites
  - Operated 22 Mennonite MH units

Negotiating the CPS

Credit: Mennonite Encyclopedia, vol 1, p. 65

Credit: Goossen, 1997

Credit: Mennonite Church USA Archives

Credit: Goossen, 1997
Work Camp into→

Credit: Mennonite Church USA Archives

Farm into→

Credit: Mennonite Church USA Archives

Hospital

Credit: Mennonite Church USA Archives

Inspiration: Bethesda (Canada)

Maria and Henry Wiebe

Credit: Mennonite Church USA Archives

Inspiration: Bethania (Russia)

Credit: Mennonite Heritage Centre Archives Photograph Collection, Winnipeg, MB

Hard labor and...

1949: Brook Lane (Hagerstown, MD)
1951: Kings View (Readley, CA)
1952: Philhaven Hospital (Mount Gretna, PA)
1954: Prairie View (Newton, KS)
1956: Penn Foundation (Sellersville, PA)
1963: Oaklawn (Goshen, IN)
1966: Kern View (Bakersfield, CA)
1967: Eden Mental Health Center (Manitoba)
Communal work

Engaged mainstream medicine

Lessons for Today’s Tinkerers

- Engage the Tradition
  - Non-coercive
  - Common table
  - Foster care
- Pursue Direct Action
- Foster Community Conversations
- Maintain Dialogue with Mainstream MH Services
- Decades of Work

“The task of the church is not world transformation, but signaling the Kingdom through small gestures.”

--John Swinton

Hope: What were Jesus’ RVUs?

Hope: Doctors Without Silver
Best available science
Preferentially for the indigent
Not for personal gain
Instead of seeing parts & money in our patients...
Our vocation is to see Christ in the ill
“At its best, medicine is a service much more than a science, and the latest battery of biomedical discoveries, in which I rejoice, has not convinced me otherwise. Medicine becomes pragmatic solidarity when it is delivered with dignity to the destitute sick.”

Rules for Renewing Medicine

1. See Someone
2. Serve the Indigent Ill
3. Do Justice
4. Build Relationships
5. Cultivate Character
6. Remember History
7. Experience Joy
References


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