Future Trends In Health Care

Robin C. Buerki

Follow this and additional works at: https://scholarlycommons.henryford.com/hfhmedjournal

Part of the Life Sciences Commons, Medical Specialties Commons, and the Public Health Commons

Recommended Citation

Available at: https://scholarlycommons.henryford.com/hfhmedjournal/vol14/iss1/3

This Part I is brought to you for free and open access by Henry Ford Health System Scholarly Commons. It has been accepted for inclusion in Henry Ford Hospital Medical Journal by an authorized editor of Henry Ford Health System Scholarly Commons.
The growth of our nation in general and of the medical world in particular during the last 50 years has been truly spectacular. A review of the environment in which the Henry Ford Hospital has flourished and prospered is a bit overwhelming. Certainly the original designers did their job well. With amazing foresight they cast the die for what was to become a truly great medical center. The opportunity was there and a group of dedicated medical men and trustees rose to the challenge to develop what is today the Henry Ford Hospital. This has been an era of unprecedented progress in health care. Progress not by evolution but by revolution! Exciting medical advances have resulted from, and resulted in, increased specialization; in turn, new challenges have grown from this narrowing of spheres of interest and knowledge.

This dramatic success has added a new dimension to the arena of medical care. Fifty years ago, we were just emerging from a period in which health care was largely a personal problem — relatively speaking, little could be done and little was demanded. The family physician treated everyone for everything. His total store of scientific knowledge was carried in his head and most of the available instrumentation was in his black bag. Today, with abundant and extensive facilities available, medical care is no longer considered a privilege available to a select few but rather an inalienable right accruing to every citizen.

Health care has therefore become a public issue and it appears certain that public attitudes will be a major determinant in shaping future systems for providing care in this country. While the issues are personalized for millions of individuals, they are public for thousands of organized groups: senior citizens, farmers, labor, management, government, third party payors, and many others.

The public, or publics, as represented by these individuals and groups is more concerned than ever before with the quality, quantity, financing and methods of providing medical services. So, too, is the medical profession increasingly concerned

*Executive Director, Henry Ford Hospital, 1951-1964. Currently Consultant and member of the Board of Trustees.
with the arrangement and rearrangement of various elements of the health care complex. The Federal Government, sensitive to pressures from a variety of sources, has already begun to assert itself in an attempt to close purported gaps in the system. This backdrop of complexity has established the environment within which the Henry Ford Hospital will function in the future.

As I prepared my remarks for this evening, I realized that my projections would be heavily loaded with a personal set of prejudices. My convictions about the future of the Hospital run deep. There is no doubt in my mind that Henry Ford Hospital has demonstrated that dedicated and capable trustees and medical staff can build an organization insuring excellence of balance and quality in patient care, in education and research.

While my attitude may be valid and is certainly understandable in view of my commitment to the philosophy of Henry Ford Hospital, I felt that there must be a countervailing opinion. I believe that our organization can be a prototype for the future. Whether it actually will be is a question for others to decide. For this reason, and to avoid the pitfalls of pride and prejudice, as well as to satisfy my own curiosity, I invited a number of prominent people to comment on their attitudes about the future of Henry Ford Hospital. The list included hospital trustees, medical educators, medical directors, practitioners, third party payors, labor representatives, and hospital and medical association representatives.

I have attempted to summarize their contributions although much of the sincerity and warmth of their individual remarks will be lost in translation. To the man, they paid tribute to the trustees and medical staff for brilliant success in what, 50 years ago, was virtually an experiment in the provision of medical care. Some of them, more intimately acquainted with our history, recalled difficult beginnings and a rocky road to acceptance by the medical community. They uniformly agreed that the institution has come to a point of maturity and stature that transcends any earlier reservations. The preponderance of prophecies and concern regarding the future fell roughly into five categories: (1) Specialization in medical practice; (2) Extension of services into the community; (3) Organization and staffing; (4) Education and research; (5) Community relations.

There is general agreement that specialization in medicine will be intensified in coming years. The result will be a concentration of physicians around hospitals and clinics where expensive medical hardware and trained personnel are available to them. Ray Brown, formerly Vice-President of the University of Chicago and currently Director of the Program in Hospital Administration at Duke University, points out that “the medical world of the future increasingly must be a highly organizational world, if it is to be an efficient and effective world. The strength of the Henry Ford Hospital concept”, he continues, “lies in the means it represents for providing organizational answers to organizational problems confronting modern medical care. By encompassing the physician and all of his required supporting personnel and physical resources in the same organization the parts become a single operating entity.
Because the physician's total practice is grouped in a single geographical location, medical care is not splintered as between ambulatory and inpatient care. This means a more productive and efficient use of expensive facilities. It also means that these facilities are available to all the sick and not just to those who occupy a bed.”

Bob Cunningham, Publisher and Editor of The Modern Hospital, speaks of the fragmenting effects of proliferating specializations. He states that the unique contribution of Henry Ford Hospital has been the demonstration that full integration can be achieved in a freestanding independent institution without reliance on the unifying force of another agency such as a university or government. The growth of service over the years and the excellence of the medical staff are the final answer to Sir William Osler’s fear, 50 years ago, that full-time service at Johns Hopkins would develop a generation of “clinical monks”.

While our contributors express concern over the effects of specialization and agree to the future need of clustering around hospitals and clinics, they are also anxious for the medical institution to extend itself into the community. They speak of the hospital as a social instrument with socio-economic responsibilities to the community.

Ken Babcock, recently retired Director of the Joint Commission on Accreditation for Hospitals, feels the greatest criticism of hospitals and the medical profession has been their self-interest in current technical and clinical problems and lack of interest in the community’s social problems. They have not kept pace with the latter nor offered much in the way of solutions. John Knowles, Director of the Massachusetts General Hospital, supports this view with the statement that “the medical profession must develop a better understanding of the hospital’s obligatory role as a social instrument if it wishes to keep this instrument in its own hands. Its tremendous responsibility is matched only by its equally great opportunity as an organized, coordinated, social instrument for the study and solution of social and economic problems.”

Presented here, then, is a new philosophy which, if valid, will find Henry Ford Hospital and other medical centers delinquent because of our concentration on services to individual patients with no particular emphasis on our institutional responsibilities to the total community. Additionally, several of our contributors suggested, perhaps more boldly than I would, that satellite hospitals or clinics ought to be developed around the state as an integral part of our organization. The thought is that special community needs would be satisfied and that special economies and efficiencies would accrue.

The future of medical education is spotlighted as another primary consideration, as the contributors view the future of medicine and of the Henry Ford Hospital. Apparently there is a modicum of satisfaction around the country with the processes of graduate education, particularly as it is conducted here at Henry Ford Hospital with our admixture of private patients in an outpatient as well as an inpatient setting.
On the other hand, there is great concern over the inadequacies of undergraduate and continuing education in terms of both approach and quantity.

With reference to the Ford Hospital, Joe Hinsey, Director of the New York Hospital-Cornell Medical Center, says, "My one regret is that your excellent facilities and staff have not been utilized for undergraduate medical education." Al Binkert, Executive Vice-President of Presbyterian Hospital in New York, adds, "It is highly probable that as the need for more doctors grows, your hospital will find it useful and advantageous to enter the field of undergraduate teaching. Having made great advances in the use of private cases for graduate teaching, you should be able to accomplish the same goals at the undergraduate level, with fewer problems than university hospitals are having with diminishing ward population."

Finally, with regard to continuing education, the contributors agree that in view of a rapid proliferation of scientific knowledge, continuing education for the medical community is essential. A main by-product here would be one of narrowing the time lag between discovery and application. This is a responsibility which must be assumed by teaching centers. The extent of interest and participation on the part of private practitioners remains to be seen. Certainly one of the great values of a full-time staff arrangement is the opportunity it provides the members of the staff for their own continuing education.

This, then, is the summary of the attitudes and opinions of respected men regarding the future of the Henry Ford Hospital. It is encouraging and it is challenging. As I read their comments, I was surprised at their knowledge of our organization and interested to note that even prior to my request, most of them had obviously considered, at some length, the impact that the Henry Ford Hospital has had, and will have, on medical care in this country.

With regard to my own estimations of the future, I have several thoughts which, by and large, parallel those expressed by the contributors. I should say first, however, that basic to the resolution of any current or future issues is the necessity for all the various health professions, associations and agencies working within the voluntary framework to align their approaches, methods and philosophies. While it is true that all of us have the same objective, which is the promotion and maintenance of good health in this country, it is also true that approaches are often at variance to a degree that impedes or even halts progress.

The most distinct need centers on the relationships of the medical profession and hospitals. In personifying hospitals, I refer specifically to administrators and trustees. I understand that this is a provocative statement — and this is my intention. Certainly both groups are vital to the future of health care in our country. Unless and until there is cooperative effort there can be no substantive progress. The opportunities and responsibilities are so great that neither hospitals nor physicians can indulge themselves in the luxury of standing aloof, one from the other.
If the voluntary system crumbles, the underlying cause will be directly attributable to failure of these two groups to face up to their responsibilities. There is no implication here that either group must control the other — this is not necessary and it is not desirable. This will often call for the subjugation of personal interests and differences which in the final analysis are inconsequential when compared to the question of survival of the voluntary system.

Some of the necessary rapport will be established on state and national levels. But much of it must be developed at the local level, individually between hospitals and medical staffs. The ease with which excellent relationships have been established at Henry Ford Hospital is a testimony that this can be accomplished. Are we perfect in this regard? Of course we are not. But, the point is that we are perfect enough to have built an organization where there is mutual understanding and respect. This has allowed us to serve the community, the nation and the world with first-rate medical care for 50 years. We have resolved many of the issues that the balance of the medical world is struggling with.

But we still have work to do. Some of it is internal and some external, carrying us well beyond the walls of our institution, much further into community and national affairs than we have ever before dared to go. Exciting new experiences will provide exceptional challenges.

One of the internal challenges will be to insure that intensified specialization continues to work to the advantage of our patients — not to their disadvantage. I am referring to the art of medicine, the humanism that must be retained, the concept that the patient is a whole person and must be treated as such. In our intense and appropriate desire to develop our own specialties we must not fall into the trap of treating patients as a series of fragmented pieces. The sum of the whole may be equal to the sum of the parts, but if no one bothers with the addition, significant answers concerning the patient’s total well-being will be missed.

Thus far, we at Henry Ford Hospital have been successful in insuring that each patient has a doctor to provide continuity of care, while at the same time bringing to bear the full weight of specialty knowledge and instrumentation. This is the ideal combination but we must never assume that we are immune to splintering of patient care. There are no built-in guarantees. The only guarantee is a medical staff dedicated to the precept that each patient needs a physician to whom he looks for guidance.

Like the rest of the medical care complex in this country, the Henry Ford Hospital will have continuing problems with the cost of rendering care to our patients. These costs will be associated with generally higher wage rates among our personnel, as well as the costs of expensive instrumentation stemming from new knowledge and specialization. Our responsibility will be one of constantly seeking better methods of utilizing personnel and facilities.
Institutions such as ours tend to put cost in a secondary relationship to quality, and this is proper. But it is also proper that we seek the goal of low cost in conjunction with high quality. We should attempt to demonstrate that the two are not mutually exclusive because it is this kind of example that will contribute significantly to the preservation of the voluntary system.

Let's turn to the Federal Government for a moment. It goes without saying that noninvolvement in the private sector of medical care is no longer a question. The government is already deeply involved; it is now simply a matter of degree and approach. My own feeling is that government's first attempts will be to work with and through the voluntary system as it now exists. This is being demonstrated with Medicare. While most responsible persons in Washington probably do not want a government "take-over" of medicine, they are being pressured by the public for assurance that such a take-over is not necessary.

With regard to future changes in our patterns of providing patient care, education and research, there are many areas to consider. Certainly, the possibility of a Henry Ford Hospital Medical School will be raised from time to time, because of increasing pressures for expansion of undergraduate medical education facilities. Such an undertaking may be proper. However I can make no real prediction because the decision will hinge on time and circumstance. If a medical school ever comes to pass, I admonish you now to be certain that it does not interfere with the integrity of the hospital and clinic as a patient care facility. Our great strength is quality patient care and this should be enhanced, not diluted, by an educational effort.

Some day we may want to launch satellite clinics, but first we must learn a great deal more than we know at present about the patient population we serve. Such a move should be made only if and when we are absolutely certain it will be in the best interest of our patients and the community. We will have to be cognizant of, and sympathetic with, the needs and plans of local area-wide planning groups. This is an instance where our approach will have to be aligned with that of others working within the voluntary framework.

Additional innovations and extensions which will arise for serious consideration relate to progressive patient care. One phase of this progression, our outpatient clinics, has proved itself and will continue to grow; but phases such as intensive care, self-help units, home care, and nursing home affiliations will need continued examination and evaluation. I stress evaluation since objective documentation of the merit of all these phases is still deficient. Even where it exists, the conclusions cannot be generalized from one institution to the next. Obviously, there will be many other new areas of pursuit but the main danger to avoid will be that of accepting an innovation simply because it has been adopted by others. As in any field of endeavor, there are many fads in our voluntary system. What is really significant must be screened out by mature and experienced men.
FUTURE TRENDS IN HEALTH CARE

During the past 50 years we have concentrated on the internal development of what was, in the beginning, essentially an experiment. We have now grown to maturity. The experiment is consummated and the hypothesis has been validated. In our maturity, we must now accept new responsibilities, to our community, to the medical profession, and to the voluntary system of health care.

In the past we have relied on quality of patient care and on scientific achievements for the establishment of prominence and a reputation of excellence. Res ipsta loquitur — the act speaks for itself. Ours has been a quiet process of evolution and development, one of dignity and purpose. I firmly believe that this has been an appropriate stance which should be extended into the future.

However, I expect that we will be desirous of altering our posture somewhat. We will be called upon, by outside agencies and men of prominence and by the dictates of our own conscience, to provide leadership in a complex medical world. We have demonstrated a pattern of service to the community by providing a well-balanced, high quality program of patient care, education and research. Now we are automatically faced with an obligation to articulate our strength and the potential strength of the voluntary system. In our efforts to inform and to direct there must be no trespass of the strictest ethical standards established by you, the medical staff, or by our professional colleagues. There will be no need to go further — the two efforts are not mutually exclusive. As one contributor noted,\(^1\) “What is needed now is a strong, experienced and sensible voice from voluntarism which is sufficiently proven and independent to give national leadership.”

Victor Hugo once said, “Stronger than all armies is an idea whose time has come.” Our time has come. Now is the hour for us to begin to defend and strengthen the voluntary system. This we can do with our demonstration that the highest order of medical care can be provided by an institution that stands alone, without support, and without prodding or prompting from forces outside the voluntary framework.

To the trustees and medical staff, individually and collectively, goes the credit for past successes of the Henry Ford Hospital; to them also goes the responsibility for the future.
