Mind the Gap

By Barry P. Chaiken, M.D., MPH

Differences in roles and the highly personal nature of health care have left a gap between clinicians and nonclinicians. Recognizing and respecting these differences and acknowledgement of common goals can close the chasm.

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Health care reform cannot occur without a sea change in the way two key groups work together: clinicians and nonclinicians. They must first "mind the gap" and then bridge the chasm so initiatives that make health care safer, more efficient and more available have a decent chance of success.

Minding the gap means understanding and respecting the differences in roles and approaches to core issues. Similar to cultural differences seen among citizens of different countries, clinicians and nonclinicians interpret and respond to information, challenges and change in completely different ways. In turn, reactions that may be fairly homogenous within one group are heterogeneous among the groups. These unexpected expectations lead to poor teamwork, miscommunication and ultimately to lagging projects.

Vive la differance

Training and experiences of these groups has a lot to do with these differences, but it does not completely explain the gap between them. More importantly, it cannot explain the breadth of the gap nor the reason more bridges between clinicians and nonclinicians do not exist.

First, the obvious. It's rare that physicians are employed by the provider organization they need to interact with, leading to misaligned incentives and ineffective lines of authority. That's compounded by physician leadership that is often decentralized and fractious at best with many entities representing the practicing doctors. Coordinating these representatives is difficult and time-consuming.

Then there are the underlying issues. Clinicians view health care one patient at a time. Their emphasis, efforts and interest are solely focused on the patient they are treating. Although their practice is made up of the entirety of patients treated, it is quite infrequent that a clinician examines their own behavior from that larger framework. It is common for physicians to claim they are adhering to the most basic best practices, such as prescribing beta-blockers after a heart attack, yet studies clearly show very few physicians are in tune with their actual practice patterns (e.g., noncompliance with this widely accepted standard of care).

Nonclinical professionals view health care from a more population-based perspective. Judgments and decisions derive from trends, patterns and reports (e.g., budget, occupancy rates, bed-days, etc.) that attempt to represent a particular part of the delivery of care across a group of individuals. Unlike clinicians who see the world through their impact on an individual, nonclinicians measure their accomplishments on the impact they have on many individuals.

A matter of heart

In spite of these obstacles, health care should still be in a better spot than it is today. One factor clearly impacts the dynamics that drive processes, joint projects and interactions between clinical and nonclinical professions. That factor is the personal nature of health care.

In real world health care, an "old man" does not break his hip in a fall in a hospital. It is grandpa who now requires surgery. It is not a "woman" who receives the wrong dose of chemotherapy, it is a mother of three,

whose children your kids play soccer with. It is not the head of gynecology who is inconvenienced by the new clinical information system, it is your wife's doctor. Now, what industry is more personal than that?

This is the key to bridging the gap. Every management decision has a name, a face and a family associated with it: the same face as the clinical decision. Every management decision has consequences for clinical leaders. Likewise, every clinical decision has consequences for management.

Nowhere is this more obvious than in clinical IT implementation, where every failure has the potential to light up a whole community. Imagine a newly installed computerized physician order entry system reducing physician productivity so that patients experience increased waiting times in their physician offices. Imagine the physicians expressing that frustration with the system to their patients. And imagine the frustration of management as their plans and efforts are taken apart in stages.

Bridging the gap

Both clinicians and nonclinicians care about individual patients, and both care about groups of patients and the institutions that serve them. Successful organizations will provide forums and facilitate communication. This allows these two groups of professionals with two separate views of the issues to identify common goals and formulate best approaches to reach those goals.

It has long been known that processes are best improved when those integrated into the process are part of the process reengineering.

Successful implementation of a clinical IT system requires the bridging of the gap between clinicians and nonclinicians. Communication, interaction, idea exchange and teamwork must be established early in the planning process to form a long-lasting, solid bridge that can be relied upon throughout the project. But to do this, participants must recognize that the personal nature of health care impacts every viewpoint.

Both strategic and tactical approaches must respect the way each member of each group approaches a problem and searches for a solution. Once each silo understands its dependence on the other, a foundation is built on which effective decisions and implementation planning can be made.

Health care is a very personal matter. By recognizing this fact, both clinical and nonclinical professionals can begin to put together the strategy and tactics to work together toward common goals and mutually beneficial outcomes for their patients and themselves.

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