

# The Flow of Medical Knowledge: A Dammed River

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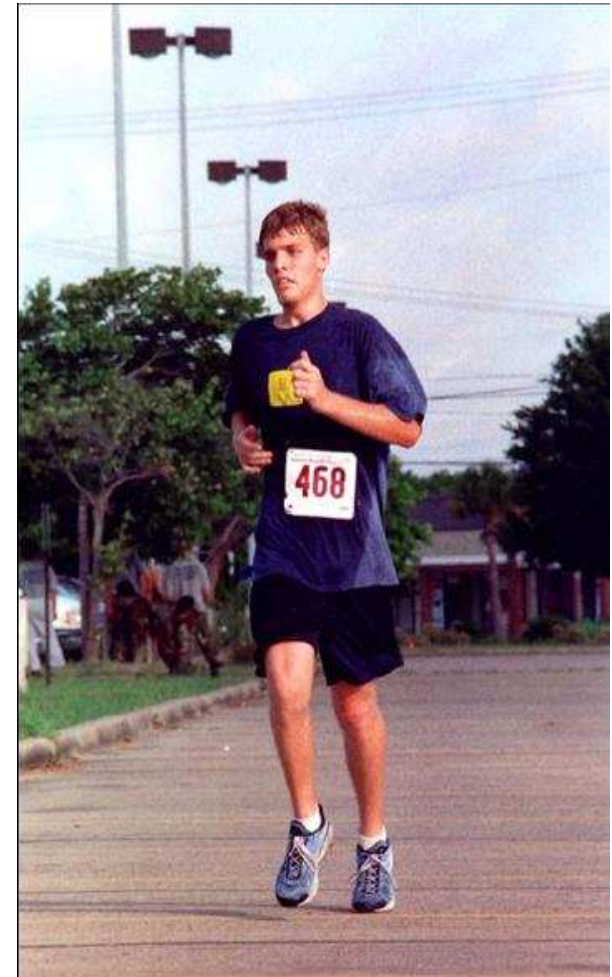
Founder: Patient Safety America

# A Bitter Taste of American Healthcare

- A Trail of Tears: Each Life Matters
- A Recipe for Incompetence
- What My Doctor Ought to Know
- How my Doctor Should Learn
- How my Doctor Should Demonstrate Competency
- Listen to Patients

# A Trail of Tears

- What happened
  - Syncope while running
  - Five days evaluation in two hospitals
  - No diagnosis or treatment
  - Doctors knew running would be risky
  - He died 3 weeks later while running
- Falsifications in medical records<sup>1</sup>
  - Pacemaker vs. loop monitor
  - Alleged refusal of electroencephalogram
  - Cardiac MRI was normal
- Missed national guideline for potassium replacement<sup>2</sup>
- Missed diagnosis for acquired long QT syndrome<sup>3-5</sup>
- Failed to perform credible cardiac MRI<sup>6</sup>
- Failed in duty to warn about dangers of running<sup>7</sup>
- In Texas there is little accountability for errors<sup>1</sup>



John Alexander James  
1982-2002

# A Recipe for Incompetence

- Rapidly changing evidence base
- Many new guidelines based on evidence, that evidence is often ignored.<sup>8-9</sup>
- Lifetime board certification by ABIM before 1990<sup>10</sup>
- Less than 1% of lifetime-certified cardiologists complete voluntary Maintenance of Certification<sup>10</sup>
- Ten-year recertification cycle
- Non-specific CME in each state<sup>11</sup>
- No comprehensive, unbiased courses that capture new information in a systematic way<sup>12,13</sup>
- Meaningless (1 % per year) verification of Texas CME<sup>14</sup>
- Little or no accountability for errors: 63% of cardiologists refuse to report serious medical errors<sup>15</sup>
- Patients not asked about medical errors; they know about more serious errors than appear in the records<sup>16</sup>
- No formal learning from medical errors
- Medical records for cardiac patients are poor quality<sup>17</sup>

# I want my Doctor to Know

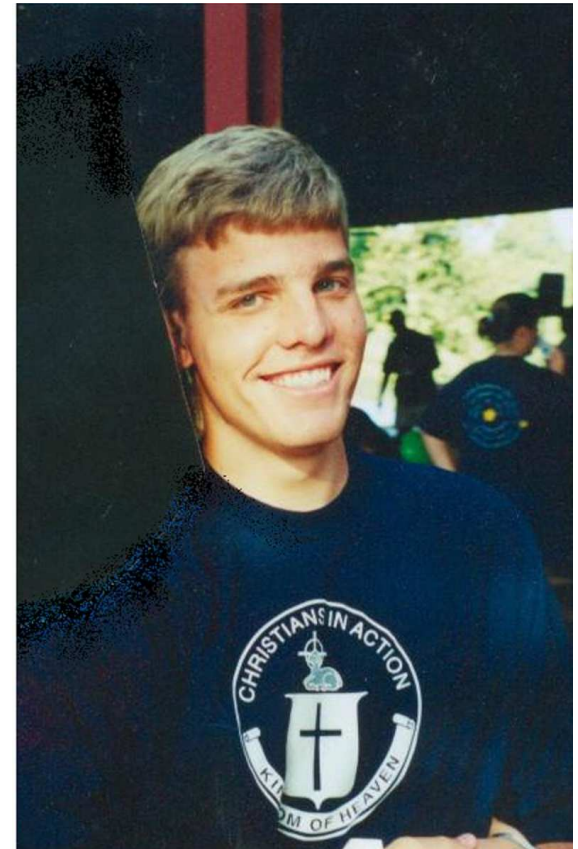
- How to create a patient-readable, high-quality, electronic medical record
- How to apply integrated, evidence-based thinking to medical records
- How to deliver evidence-based diagnosis and treatment
- Where to find competent specialty care when I need a referral
- How to learn from medical errors rather than hide them
- When she is too exhausted to give capable care<sup>18</sup>
- When he does not know the answers

# How My Doctor Should Learn

- T2 translational research: Implementation of clinical research to improve clinical practice<sup>19</sup>
- CME
  - Electronic medical records-we are way behind<sup>20</sup>
  - 80% in specialty and at least 40 hours/year
  - 100% verified by each state
  - Specialists determine integrated content of examination
  - Rigorous examination involving medical records (3-year phase in) [couple to alleged malpractice]<sup>1</sup>
- Board Certification
  - Grandfathered specialists: do MOC or make transparent to all patients that you do not do MOC
  - Progressive reduction of recertification cycle to 3 years
  - Patient feedback on doctor knowledge and performance

# Listen to Patients

- Formal feedback on quality of care
- Effective participation in medical board licensure and discipline
- Give us a genuine, national bill of rights [IOM 2001]
- Involve us when medical education issues are on the table
- Ask us about medical errors; we want to partner with you to improve our care



## References and Notes

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