VIEWPOINT

Better together

*A single twig breaks, but the bundle of twigs is strong.* – Tecumseh, leader of the Shawnee tribe

I think of this quote when asked why I invest so much of my time in organized medicine. Physicians working alone have a tough climb when it comes to changing policy or improving public health; together, we can be resolute.

The MMA and our component medical societies provide a place where physicians can come together to figure out what none of us as individuals, practices or even large organizations can alone. Collectively, we are more creative and resourceful in our problem-solving than any of us might be individually.

And there are many problems to solve. First and foremost is the issue of how to support the goals of the Triple Aim—improving the patient experience, reducing costs and improving population health. Organized medicine—including the MMA and our component medical societies—must champion all that will help us achieve those aims.

One thing we, as physician leaders, need to be prepared to do now is help design and embrace new models of care that are relevant to our changing practices. This includes incorporating physician assistants and advanced practice nurses into our practices in new ways. Physician assistants and advanced practice nurses, working closely with physicians, have been critical to survival for many clinics, hospitals and health systems in our reimbursement-constrained environment. That certainly has been the case at Hennepin County Medical Center, where I work. We’ve been able to do this in a way that upholds our commitment to quality, safety and service. For example, we’ve used a team-based model and paired hospitalists with advanced practice nurses. This has allowed us to provide better care for the rapidly growing number of observation-status patients at a reduced cost. We need to embrace care partners of all types if they can be used in ways that help us achieve the Triple Aim.

What is the role for organized medicine in this? From my perch, I think it is to speak up. We have a powerful voice and we need to use it to advocate for enhancing the patient experience, reducing costs and improving population health. We need to advocate for the resources necessary to train and develop the new workforce, to advocate for sensible regulation and to push for payment models that are flexible and sustain viable business models.

Some of this advocacy needs to be done by individuals working within their organizations. But much of it needs to be done on a larger scale—by physicians working collectively to shape the environment within which their organizations function. Physicians today may feel they are a small part of massive health care systems. But as Tecumseh said, the bundle is stronger than the twig.

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