



American Association of Public Health Physicians  
*The voice of public health physicians, guardians of the public's health*  
Preventive Services ToolKit (**PSTK**) Project  
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## **Preventive Services Toolkit (PSTK) Seminar/Workshops**

March 17, 2007

To: The Files

From: JLN

Subject: Proposed Opening Monologue for Clinicians

To help me focus our discussion today, I would like to start with a brief round of introductions. I would like each of you to state your name, current position, and a very brief statement as to why you have chosen to enroll in this MPH (or PM residency) program.

Before we start, there is one issue we need to address.

That is – if your role is purely clinical – then why should you even care about advocacy, policy and management. These concerns, of course – are someone else's job – or are they?

By choosing a career in healthcare, you have committed yourself to a professional existence controlled and dominated by large and complex organizations. Even if you are in a rural solo practice or even a missionary in an isolated Third World setting – you are dependent on large and complex organizations for resources, equipment, supplies, referral resources and more.

You should think of insurance plans, medical centers, hospitals, etc, as living, breathing organisms with a life of their own. By understanding their anatomy and physiology and being sensitive to signs of pathology – you can be much more effective in helping them help you provide quality and hassle-free health care and help your patient's secure better health outcomes.

Look at it this way – we live and work in a healthcare delivery system that is the most expensive in the world, yet only generates Third World outcomes for many of our patients. According to the Institute of Medicine, medical errors are now the 5<sup>th</sup> most prominent cause of death in America. Experience with quality guidelines, for most parameters suggest that if we have 60% of our patients meeting a specified quality guideline, we are doing well. Clinicians are retiring early, leaving clinical practice or abandoning areas of need because of a variety of factors that make continuing clinical practice distasteful or financially unrewarding.

These problems are not universal. As someone (JLN) whose work enables me to see many different healthcare and insurance systems from the inside – I can tell you this – if you have seen one – you have seen one. While there are commonalities – each has its own “personality” and these “personalities” vary substantially.

This is neither the time nor the place for us to discuss all the factors that make so many of our healthcare delivery systems so dysfunctional. Our mission today is to introduce you to some concepts and skills that will enable you to better understand the organizations you are and will be embedded in – now and in the future – to empower you to function more effectively within those organizations and to

empower you to be more effective in getting those organizations to give you the support you need for quality and relatively hassle-free healthcare delivery.

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Today's workshop will be based on material drawn from the fields of organizational development, public administration and political science that we have adapted to healthcare and public health agency settings. We will not be talking about national policy issues – but policy and management at state and local levels, and policy and politics within local medical centers and local healthcare delivery systems.

Our curriculum is called the “Preventive Services ToolKit” for two reasons. The first is that we are funded by CDC to help improve the delivery of both clinical and community-based preventive services. The second is that quality assurance and preventive services are the two of the arenas where the dysfunctionality of our healthcare delivery system is most glaring.

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Any questions?

Let's begin (with slide 1 of intro module).

*\* When originally drafting this monologue I inserted a short paragraph at this point bringing up the topic of self-deception and describing it as the most difficult issue to be dealt with in today's workshop. I then deleted it as too-much, too-soon in the workshop, with the idea it would be presented in two incremental doses – the myths section of the introduction and the games section of the PSA module. Any thoughts or comments?*

*\*\* Another issue – and one that deserves special considerations when addressing some clinician audiences is the degree to which we should be “selling” the benefits of both clinical and community-based preventive services to workshop participants. This may be appropriate for some groups. One point that is emphasized in the Epi module is the fact that one can sometimes achieve improvements in health outcomes and cost-related outcomes from community based services (i.e. partnering with public health agencies and communities) that cannot be achieved in any other way.*