

Big League Medicine

Does professional sports offer a model for improving health care?

Maybe, but the doctors will have to make some adjustments.

MORE AND MORE, AMERICANS COMPLAIN about the state of our country's health-care system. Critics search far and wide—Europe and Canada for example—to find a model for us to emulate. However, they overlook the most obvious paradigm of organizational genius ever created—professional sports. Nothing has ever been as efficiently marketed or so completely gained public approval as big-time sports teams in America. We finance their stadiums, happily pay a king's ransom for the privilege of watching their games, and deliriously fawn over the players. We don't complain about pro sports; we love pro sports! In fact, if the American medical system were simply run more like professional sports leagues, we'd be cheering our doctors and organizing massive parades in their honor.

Of course, this would require some significant transformations in the world of medicine. For example, although people sometimes accuse doctors of having oversized egos, it is in pro sports that self-importance reaches truly epic proportions. Professional jocks talk about themselves in the third-person because there actually needs to be two of them; one guy to play the game and a separate guy, made

up totally of ego, who praises the first guy. So, at the very least, physicians would have to learn to speak like athletes giving press conferences:

First of all, Dr. Jones would like to say—Did you see Dr. Jones out there today! Making every diagnosis, from the routine to the obscure! Dr. Jones was in the zone! Which is why Dr. Jones is the most valuable doctor in this practice, and

that's something management is going to have to deal with come contract renegotiation time! If the paying public wants to see Dr. Jones out here on the diagnosing field, management had better pay Dr. Jones like the ace of this staff. Although, Dr. Jones would like to point out that it's not about the money; it's about respect!

And you can imagine what would take the place of "match-day." Instead of thousands of students at medical schools across the country simultaneously opening envelopes, there would be an enormous media event in New York City, with the "commissioner" of the AMA standing at a podium: "And with the 2nd pick in the OBGYN League, the Mayo Clinic selects...Leslie Donahue!" The cameras would pan the audience to find the soon-to-be Dr. Donahue, who would proudly march up to the stage and have her picture taken with the commissioner, all the while holding up a brightly colored lab-coat embossed with her name and the hospital's logo. Her beaming face amidst flashing bulbs would undoubtedly make an indelible impression on her friends and family

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watching on TV around the country, who will themselves give endless media interviews about how they always knew “little Leslie” would make it some day.

When these doctors make it to “the show” and sign with major league practices, they’ll meet the customary fate of all rookies at training camp-hazing. In the eyes of most veterans, nothing brings a practice together more than shaving the heads of the new docs or making them stand on chairs in the cafeteria during lunch and sing their alma-mater’s fight song.

But even after getting to the ‘promised land,’ no physician could ever feel completely secure at his position. Whether because of concerns about an aging staff, bloated payroll or the demands of keeping up with the competition, every practice would have to make tough personnel decisions. One day Dr. Lopez could be walking back to his office whistling a happy tune when he gets a tap on the shoulder and: “Hey, the manager wants to see you in her office right away.” Gulp. Dr. Lopez would slowly make the long walk to see his skipper, going over in his head all the plays he made yesterday, wondering what he could have coded differently, thinking about the friends he had made:

Close the door behind you. Look, you know we’ve been lacking depth in certain areas, and we’re having trouble getting all the doctors the treatment rooms they need to stay sharp. There’s really no easy way to say this, so I’ll just come out with it—You’ve been traded to the allergy practice across town for two physician assistants and a referral source to be named later. It’s nothing personal. Take an hour to clear out.

Office life would be different in other ways, too. Instead of traditional

staff meetings, the managing partner would gather her troops at crucial moments, like the close of the fiscal year, and give a fiery, cliché-ridden pep talk:

OK, everyone take a knee. It’s go time! We’ve got to dig down deep inside and give 110 percent! Winners never quit and quitters never win! Remember, there is no capital “I” in billing! THIS IS OUR HOUSE-AND NO ONE COMES INTO OUR HOUSE AND MAKES A MESS!! Well, except the incontinent patients, but that’s OK. Anyway, it’s time to strap on your stethoscopes, get out there and KICK SOME CHARTS!!

The docs would smear grease paint under their eyes and build to an emotional crescendo with head-butts and chest-bumps. Then, with music blaring and pyrotechnics blasting, they’d run down the corridor from the doctor’s lounge, giving high-fives to the staff.

A permanent fixture in every office would be those well-loved arbiters of proper behavior, JCAHO officials, outfitted in black-and-white-striped shirts and whistles. At the first sign of a HIPAA violation, the zebras would toss yellow flags in the air and blow a stop in the visit. For no apparent reason, the JCAHO officials would then huddle for several minutes in the middle of the lobby to discuss the offense. From this confidential rendezvous, the most senior of the officials would emerge, switch on his microphone and announce the offending person’s name and the loss of revenue.

And doctors would have to get used to the same travel that all professional athletes endure. You can see the ortho group showing up to the office and boarding a charter bus to the airport for a cross-country flight and an “away day” of surgery. Envision them as they walk into the confines of the unfamiliar

building, a sea of fans in identical colored jerseys and face-paint jeering them, raining down showers of stale beer and insults about their looks, families, and sexual practices. But the ortho group would have on their game faces, letting the fans know that they would not be intimidated into fumbling the opening case or blowing an early timeout to get the correct clamp called.

Everyone, even the star surgeons, would have to get used to being coached. Picture a difficult procedure that’s not going well. The surgeon is clearly tiring, sweating bullets, but unwilling to ask for relief. The grizzled chief of surgery watches carefully from the top step of the observation room. Dressed in the team scrubs, the chief has a huge plug of tobacco shoved in his cheek, spitting a stream of dark brown liquid on the floor, nervously playing with his surgical cap until he realizes that it’s up to him to stop the bleeding. Striding deliberately, the chief comes out of the observation room and raises his right hand to signal for his closer. With a few quiet words of encouragement for the embattled cutter, he takes the scalpel, pats the surgeon on the behind and sends him to the showers.

But the starting surgeon’s ordeal wouldn’t end with his ignominious departure. After the operation, he’d be at his locker, getting dressed and a gang of hungry reporters would be at him like jackals, asking inane questions:

“How much of the blame do you put on the poor imaging reports from your radiology scouts?”

“It seemed like your scalpel didn’t have much life in it today, do you need a day off?”

Obviously, with the constant media attention and the enormous adoring fan base watching their every move, there

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would be the very real danger that doctors will lose sight of the fundamentals and play to the crowd. Bad enough that they'd be checking the box-scores and their stats in *JAMA* every day, with millions of viewers, including their colleagues, watching, the temptation to grandstand and make it onto the TV highlights could be overwhelming. Why simply use a defibrillator when you can crack the chest, massage the heart, and get a slice of the media exposure pie? Because every night, with throbbing music blaring, two anchors would sit behind a desk on an ultra-modern TV set:

Hello, everyone and welcome to DOC CENTER on MSPN! This is Tom Epstein getting you up to date on all today's happenings from the world of medicine! In this half-hour, we'll find out if you see eye-to-eye with the U.S. News and World Report pre-season poll of the top 25 ophthalmology practices. Then we'll review the best interventional cardiology plays of the day! Stay tuned!

In the end, other problems associated with sports would probably find their way into the world of big-league medicine. Like steroid abuse. At first, you'd just hear some background grumbling and unattributed rumors. But eventually someone would go on the record, noting how, at age 71, Dr. Blanchard went from a wiry 145 pounds to a buff 220 pounds of solid steel. Or how Dr. Jenkins suddenly developed a burst of speed that lets her run from exam room to exam room seeing more patients in a day than she used to see in a week. Competition can be beautiful, but it can also bring out the ugly side in people.

The truth is, running medicine like pro sports won't work because of the almighty dollar. It's hard to imagine an HMO signing a physician to a five-year,

\$95 million contract, no matter how good her agent is. So, it'll never happen...

...unless they do it in Canada first. ■

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