

Jonathan Schechter – “Corpus Callosum” Column
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“Making the simple complicated is commonplace; making the complicated simple, awesomely simple, that's creativity.”

– Charles Mingus

“What the hell is a Statement of Ideal?”

– a local planner, enquiring about a foundational element of the revised Comp Plan

I have had three mentors in my life.

One is David Eddy, an MD/Ph.D who lived here for much of the 1990s. I took the only undergraduate course he ever taught. It focused on “meta-analysis,” a concept he was developing and which, once fully fleshed it out, fundamentally transformed medicine.

David's epiphany was recognizing that medicine is both an art and a science: an art, in that different doctors can approach similar situations in very different ways; a science, in that the efficacy of different approaches can be scientifically evaluated. His genius was in figuring out how to do that evaluation and today, meta-analysis is used to identify most generally-accepted medical protocols.

The second mentor is John Kenagy, a doctor I met while serving as a St. John's hospital trustee. John's epiphany was recognizing that automobile manufacturing and hospital-based health share the same basic characteristics – both are complex processes involving a large number of interactions between rapidly-changing variables. The best way ever developed for dealing with such complex processes is the Toyota Production System (TPS), and John's genius was to realize that TPS could also be applied to hospitals.

I thought of both men while reading “The Cost Conundrum” in the June 1 *New Yorker*. Its author is Atul Gawande, a physician who became curious why McAllen, Texas, a relatively poor community near the Gulf of Mexico, is one of the nation's most expensive health care markets (when measured by per-enrollee Medicare spending). Equally intriguing were two other facts: McAllen's per-enrollee spending is about twice that of the demographically-similar El Paso, Texas; and, despite all that spending, McAllen's health care quality measures are not very high.

Gawande believes that different communities have different medical cultures, a reality which becomes especially clear in those cases where medicine is still an art – that is, in those cases where there is no generally-accepted treatment protocol. In places like McAllen, the medical culture emphasizes the primacy of providers, which in turn produces an environment tolerant of doctors prescribing exceptionally large numbers of tests, treatments, medications, procedures, and the like. Not coincidentally, such actions often put money into doctors' pockets, especially in places like McAllen where the culture tolerates – if not encourages – physicians having a financial interest in surgery centers, service providers, and the like.

In general, the medical world does not consider it clinically or ethically wrong for doctors to have a financial interest in firms with which they do business. However, what struck Gawande was that, despite the high number of procedures prescribed by McAllen's doctors, Medicare data show that McAllen's residents don't enjoy better health or disease outcomes than places with far lower utilization rates. In other words, in McAllen, where extra care doesn't produce a healthier population, there's a lot of waste in the system.

Gawande then contrasts McAllen's medical practices with those in places with much different medical cultures. One example is Grand Junction, Colorado, where doctors long ago chose to alter their financial incentives to focus on what was right for the patient, rather than what might benefit them individually.

Guwande feels it's no coincidence that the "team-oriented" Grand Junction area scores much higher in Medicare's quality ratings, and much lower in its per-enrollee cost, than does the "every man for himself" McAllen.

When he developed meta-analysis, David Eddy's goal was to identify which medical protocols worked best. 30 years later, social scientists are using a similar approach to determine which health care delivery methods work best. The good news is that this work is beginning to show that quality health care and lower costs can go hand-in-glove. The bad news is that this only occurs when the people delivering care are willing to make patients' interests their highest priority, a culture which is surprisingly difficult to develop.

How to create such a patient-first environment? I know of no better method than John Kenagy's system for applying the principles of the Toyota Production System to health care. Yet when he tried to apply his approach in Jackson Hole, it didn't stick. Why? At least in part, it's because Jackson Hole's medical culture is far more like McAllen's than Grand Junction's. Historically, our medical community has had a prominent "every man for himself" streak, with attempts at cooperation often thwarted by internecine battles between physicians, physician groups, physicians and the hospital, hospital administrators and board members, and other constantly-shifting alliances too numerous and depressing to chronicle.

Yet there's hope. Grand Junction was able to create a culture of cooperation because its docs agreed the system wasn't working, and because the community's largest provider used its size to coerce doctors to work together in a more patient-centric fashion. St. John's could do something similar by taking two simple steps.

First, replace its current, useless, and hopelessly-sclerotic mission, vision, and values statements with the following simple, Toyota-esque, patient-centric Statement of Ideal: *Every patient, every time, will get exactly the care they need, at exactly the right time, with no waste, in an atmosphere of complete safety for all involved: patients, providers, and family members.*

Second, resolve to make every action comport with this Statement of Ideal, regardless of whose nose it might tweak, wallet it might pinch, or turf it might encroach upon.

At a minimum, bringing such unambiguous clarity to the organization would have three salutary effects. First, it would simplify everyone's job ("Will this action move us closer to Ideal?"). Second, it would send a message to the rest of the medical community that St. John's will no longer tolerate any action or behavior not oriented toward Ideal care. Third, it would provide focus and continuity to an inherently dysfunctional governance process.

Which leads us, circuitously, to the Comp Plan revision.

As I've noted before, I'm not a planner, and haven't had time to master the details of the current draft. As a result, I feel comfortable commenting on only two aspects of it.

First, while I salute the planners for their hard work, I feel they've blown a critical piece of the process: failing to appreciate how residents' deep passion for Jackson Hole would translate into tremendous angst about – if not outright fear of – the plan.

My third mentor has been my father, a great man indeed. Among the many things he's taught me is a lesson he learned early in his career: the hardest part of selling life insurance is getting people to confront their own mortality. This has profound relevance to understanding the current Comp Plan tempest because, at its essence, the plan is asking us to consider, if not our mortality, then at least how Jackson Hole may change in the future. And a changing Jackson Hole is not something we want.

Unfortunately, the planners have not dealt well with this angst. In moments of uncertainty and fear, people long for Mingus-esque simplicity and clarity. Instead, they've gotten a document that's long, complex, self-contradictory in places, and generally more than most people can deal with. The predictable result? Rather than appreciate the plan's many good qualities, people naturally gravitate to the parts that scare them and, like, totally freak out.

To be fair, the planners can't be blamed for all of this – at many levels, the plan needs to be long, complex, and self-contradictory. Why? Because Jackson Hole is a complex, self-contradictory community. More importantly, it's also a community which will inevitably change during the plan's lifespan. As a result, the plan must be flexible enough to deal with what we know will be a complex process involving a large number of interactions between rapidly-changing variables

Which leads to the plan's greatest asset: its Statements of Ideal.

This is the other aspect I'm comfortable commenting on: The planners did a brave and great thing when they made Statement of Ideals the focal point of the seven themes.

Why is it brave? Because to the best of my knowledge, our plan marks the first time that a community has ever used a Statement of Ideal in any sort of official regulatory fashion. As a result, planning officials deserve hosannahs in the highest; not just for their willingness to try something different, but for their willingness to recognize that, if we are to sustain Jackson Hole's essential qualities, we need to try something different than traditional approaches to planning.

Why is it great? Because a Statement of Ideal is the key to how Toyota became the world's greatest manufacturer. Toyota's Statement of Ideal (similar to the one I recommend for St. John's) gives the entire organization a powerful, practical, unambiguous tool which is simultaneously aspirational and operational: aspirational in that it motivates every employee to constantly improve what they do; operational in that it gives them a clear standard against which to judge their every action.

If St. John's were to sincerely embrace a Statement of Ideal, it could profoundly improve health care in Jackson Hole. If the County and Town remain courageous enough to embrace the plan's Statements of Ideal, the community will have a fighting chance not just to sustain the qualities we so value, but to do so for generations to come.

Why? Consider Theme 1's Statement of Ideal (or, more precisely, what Theme 1's Statement of Ideal should be – the current version needs editing): "Teton County and the Town of Jackson will have viable populations of all native species, and preserve all natural scenic resources."

By adopting such language, the Town and County will be setting a clear, unambiguous standard for evaluating any proposed land use change: "Will this change compromise the viability of our native species and/or harm our scenic resources?" If the answer is "yes," then the applicant has a problem. If the answer is "no," then the idea can be judged by secondary criteria such as affordable housing, density, and the like.

Simply put, Theme 1's Statement of Ideal has the potential to be the most powerful and unambiguous statement of wildlife and natural resource protection ever offered in any land use plan. Too bad planners have done such a lousy job marketing this fact.

Here's what I mean. In the draft plan's hundred-plus pages, there's not one word of explanation of what a Statement of Ideal is, how it differs from a mission, vision, or value statement, how it works or why it's significant. Bupkis. The Statements of Ideal are perhaps the one truly great part of the plan, but no one – not even a majority of planners – really understands that. Amazing.

Looking ahead, I don't know how much more I'll comment on the plan – I have a life, plus it's summer. But I do know this. Just as with health care, if we succeed in protecting Jackson Hole's wildlife and vistas, it will be because we've developed a culture in which we subsume our individual desires to a larger collective goal. Creating such a culture should be the primary job of our leaders, and their first step should be to make the process feel safe. Unfortunately, right now that's not the case.

The good news is that the plan's Statements of Ideal work as both p.r. and substance. On the p.r. level, they're a pretty easy sell: "Please tell me what part of 'Viable populations of all native species, and preserved scenic resources' you object to." Substantively, the Statements of Ideal will offer current and future leaders an extraordinarily clear and powerful filter for judging any land use proposal.

Given all this, here's my simple, Mingus-esque litmus test for judging the plan: When finally adopted, what has become of the Statements of Ideal? If the plan features a tighter set of Statements of Ideal, as well as some explanatory language about their significance, it will be a document of true significance. If, however, the Statements of Ideal get eliminated, or are left unedited, or generally continue to be treated as an afterthought, then I'll despair.

In short, the community says it wants viable populations of native species, and unimpeded scenic vistas. Happily, the current draft of the plan has a tool which can deliver that goal. The question now – as it will be in the future – is the degree to which we will embrace and use that tool.