

The Most Influential People in Healthcare

Recently Modern Healthcare released their annual 2016 listing of the most influential people in Healthcare (1). Leading the list is President Barack Obama for his Affordable Care Act. The list consists of a monotonous list of bureaucrats, politicians, large healthcare chain CEOs, insurance company CEOs, health interest organizations (American Hospital Association, America's Health Insurance Plans Healthcare, etc.), professional organizations (American Medical Association, American Nurses Association, etc.), nongovernmental healthcare interest organizations (Joint Commission, National Quality Forum, etc.) and vendors (Epic, McKesson, etc.). From the Southwest the list includes at least 11 hospital chain CEOs including 1 from Arizona, 3 from Colorado and 7 from California.

Striking is the lack of influential healthcare professionals who made the list. Only two are leading academicians-Atul Gawande, a surgeon and author at Harvard, and Robert Wachter, an internist and pioneer in the hospitalist movement at University of California San Francisco. John Noseworthy (Mayo Clinic) and Ronald DePinho (MD Anderson) were noteworthy academicians prior to becoming hospital CEOs. Underrepresented are deans at major medical colleges (e.g., Talmadge King, Skip Garcia), influential researchers and clinicians (e.g., Marvin Schwarz, Stuart Quan), influential training organizations (e.g., American College of Graduate Medical Education, American Board of Internal Medicine), and even editors of prominent medical journals (e.g., Jeff Drazen at the New England Journal, Howard Bauchner at JAMA).

Every year I am offended by the domination of this list by bureaucrats, politicians and businessmen and the lack of true healthcare professionals. However, the list reflects the reality that political and business interests direct medicine. Everything from my interaction with a patient, documentation through in an electronic healthcare record, and diagnostic testing and prescribing based on the which tests and drugs are least expensive for a particular insurance plan are influenced by these non-medical interests. Unfortunately, what is lost is the interests of the patient and the role of doctors and nurses as patient advocates.

Medicine has too often become a series of meaningless metrics leading to expensive but poorer care because of these political and business interests. Furthermore, the practice of medicine is becoming increasingly unpleasant and unrewarding for the doctors and nurses. The domination of these non-medical interests has led to an explosion in non-professional administrators who consume 40% of the healthcare dollar and to a large extent annoy providers leading to their dissatisfaction with their professions (2). For example, Deputy Secretary of Veterans Affairs, Sloan Gibson, recently touted improvements made by the Phoenix VA (3). According to Gibson the Phoenix VA had a net increase of 758 employees in the past 2 years with an additional 23 doctors and 48 nurses. That calculates out to 91% of their hires being something other than

physicians and nurses. It is unclear what these people do but hopefully something more than demand that providers fill out forms which they shuffle leading to ever larger administrative bonuses. Otherwise, those new hires will quickly leave and the shortage of providers that created the VA scandal in the first place will not improve. Incidentally, Gibson's boss, Robert McDonald was number 36 on the list.

What can we do? Unfortunately, there would appear to be no quick fixes. Most of us are just trying to get by caring for our patients and doing the best we can. It will take education of the public to what is going on and how their healthcare dollar is spent. Ultimately, it will be patients that can demand the changes that are needed. Although the solutions may be difficult, one way we might be able to detect improvement is when fewer bureaucrats, politicians and businessmen make Modern Healthcare's most influential list.

Richard A. Robbins, MD*
Editor, SWJPCC

References

1. Modern Healthcare. 100 Most Influential People in Healthcare 2016. Available at: <http://www.modernhealthcare.com/community/100-most-influential/2016/> (accessed 9/3/16).
2. Robbins RA. National health expenditures: the past, present, future and solutions. Southwest J Pulm Crit Care. 2015;11(4):176-85. [\[CrossRef\]](#)
3. Wagner D. Top VA brass says Phoenix hospital is off critical list, cites improvements. Arizona Republic. September 1, 2016. Available at: <http://www.azcentral.com/story/news/local/arizona-investigations/2016/09/01/va-deputy-secretary-touts-phoenix-hospital-improvements/89666526/> (accessed 9/3/16).

*The opinions expressed are those of the author and do not necessarily reflect the views of the Arizona, New Mexico, Colorado or California Thoracic Societies or the Mayo Clinic.