The Multiplier Effect & Medical Leadership

By Dr. Sudip Bose, MD, FACEP, FAAEM

I remember distinctly the day that changed the way I thought and changed my life's mission into the direction I've taken over the past decade.

It was March 2, 2004 in Iraq – a day that was pivotal for me and really drove my mission in healthcare. I was in Bagdad; it was a hot day, and it was a religious holiday. It was Ashura, the most important holy day on the Shiite Muslim calendar. There were thousands of people marching on the road. They were the faithful, the hopeful, the committed – they're marching on this religious holiday, and mingled in with that crowd were suicide bombers. They detonated themselves. All of a sudden, this peaceful, religious observance turned into a scene of complete chaos.

Suddenly there were dozens and dozens of injured lying all over the place. Smoke and dust from the explosions drifted through the air. Screams rang out from all along the road. I was the only physician anywhere near the scene, somewhere around 800 meters away from the area of the detonations. Our team rushed into the middle of it all, and at that moment, immersed in the chaos, everything went into slow motion. I looked around, and I was wondering, how am I going to address all these patients? How am I going to get to everyone and see everyone and help everyone? It was an overwhelming thought.

But in slow motion, in my mind, I saw our medics moving into action. They were functioning autonomously. They were tying tourniquets, they were starting airway devices, they were patching up holes in chests, and at that moment, I was very grateful that we had taken the time to train those medics. Because by training those medics, I had multiplied myself. One physician can't reach all these patients, but by training the medics, I had multiplied myself and we were able to address those casualties.

My experience, and my bias in healthcare, is that of being on the front lines — whether it's being an emergency physician practicing on the front lines of medicine, or my combat experience – and I want to take that experience of tying tourniquets, inserting airway devices, applying chest seals, and use what I've seen on the ground in combat and on the front lines of the ER move forward to improve and evolve healthcare. It's what has motivated me and others start a company like liveClinic.

With liveClinic, the company I co-founded, we're aiming to capture efficiency. Part of the roots of liveClinic.com, and the multiplier effect idea, go back to a story I learned about, which happened in 1976. There was a man named James Styner – a doctor who also was a pilot – who was flying a small plane from the LA area in California to his home in Lincoln, Nebraska. He had his family with him – his wife, Charlene, and their four children – and he flew the plane too low trying to avoid some bad weather. He lost too much altitude, however, and hit a row of trees. His wife was killed instantly, ripped from the airplane, but Dr. Styner was able to land. He was injured and his kids were seriously injured; all but one was unconscious. It took he and his conscious son hours in freezing weather to flag down a car, get his other three surviving children loaded and taken to a nearby small, local hospital. However the hospital doors were locked and there were no doctors present. It's 1976. He was an orthopedic surgeon with serious injuries, he had four seriously injured children; he got the attention of hospital personnel who were there and got the doors opened, got a couple of doctors in and then watched as his kids got care – barely –

from a medical staff that had little training in dealing with serious trauma. (Read more about the incident at: <u>Military Medicine</u>.)

His tragic experience was the genesis of an idea – it motivated him to create ATLS – Advanced Trauma Life Support. Because of what he and his family went through, Dr. Styner saw a need to create a program to train as many medical personnel as possible in emergency trauma care. ATLS helped to standardize and create a common language around trauma care. The ATLS concept has had a significant impact on generations of how medical professionals handle trauma care. It helped multiply Dr. Styner's knowledge and training and springboard it into something bigger and better than he alone could accomplish.

EFFICIENCIES IN HEALTHCARE

Dr. Styner created efficiencies in trauma care. Efficiency in healthcare in general still should be a top priority. When I think about what should be on healthcare leaders' agendas today, as an emergency physician, I wish that all the healthcare leaders of today could see what I see when I'm on my night shift in the emergency room. As I walk off the ambulance ramp, the double doors swing open into the emergency room area, and as I gaze down the hallway of the ER, the first thing I notice is that the hallways are almost always filled. There are stretchers lining the hallways, because there's just not enough room. The waiting room is bursting at the seams. There are patients vomiting, moaning, and my ER shift is only about to begin. We live in a rich country, we have a lot of resources, we provide excellent medical care, but our challenge is efficiency. When people are sick in other nations, they look to the US and often fly here for the best care. But it's not the most efficient care. How do we use all of our resources efficiently?

If we're more efficient, especially in managing chronic diseases, we can decrease those emergency department visits and improve healthcare. And I believe technology is the solution for that. As of now, today, in 2017, we have that technology, we just have to use it more efficiently – more efficiently for the doctor, to make his or her own practice easier, and for the patient, to allow the patient affordable and acceptable care.

When I walk into the emergency room and I see patients who are in there because they couldn't get into their primary care physician because of cost, because of access – what I see when those double doors swing open – fixing that I think is the hot topic. And that's what we should do. This is a $3.2 trillion problem we need to solve. And it's climbing by 5.8 percent every year.

We have the resources, we just have to be more efficient. So I believe, as healthcare leaders, that we all can have that multiplier effect – where we can take our skill set and use it, multiply it, and impact more people.

There's so much waste in today's healthcare system. What we have at liveClinic essentially is a health IT platform. And that platform includes electronic health records, tele-health, it includes billing aspects, electronic prescriptions as well as other tools. We basically automate a clinic for an outpatient practicing physician and we make the clinic easier to run.

TECHNOLOGY AS A SOLUTION

Traditionally, the solution has been just to adopt technology and run with it. As I've said, right now we have incredible technology, yet we still walk around with pagers on as physicians, and after we get a page, we're like, "Hey, did you receive my fax?" Fax machines will be extinct, like dinosaurs in tar pits. (And I thought only drug dealers used pagers.) Just for me to administer an aspirin to a patient is six clicks on a mouse. In a study published in an emergency medical journal from 2013, for a patient with right upper quadrant belly pain, for example, to get that patient in and out of an ER took 227 clicks on the mouse of a computer. So on a 10-hour shift, my fellow emergency room physicians and I are clicking the mouse 4,000 times – on a 10-hour shift!

What we did with liveClinic was create a platform to help practices use technology more efficiently. And what this has resulted in is decreased cost, increased profit, increased outcomes and decreased physician burnout as well. So we're trying to avoid all those physician sore fingers – maybe call it mouse-finger syndrome if you will – from occurring!

"It's not about just using technology for technology's sake, it's about using it efficiently."

This isn't just adopting technology for technology's sake. This is putting technology to work to help solve problems and gain efficiencies. For example, in 2013 MD Anderson ended up spending $62 million on IBM's Watson computing system, and they're getting some bad press that they don't have much to show for it right now. Now, I'm not trying to say bad things about MD Anderson or IBM's Watson, they're both wonderful, but the point is, it's not about just using technology for technology's sake, it's about using it efficiently.

SOLIDIFYING THE MULTIPLIER MISSION

In Bagdad, I was eating breakfast one morning with my friend, Chris. We were about to go on raids for which I had to provide medical support. We talked about what lie ahead of us that day, and went to prep for the mission ahead. Much to my surprise and sadness, however, later that day I found myself pronouncing Chris dead on the sidewalk on a street in Bagdad. It was intense. I would say my proudest moment is serving with heroes like him in the battlefield.

I'm honored by many of the medical achievements I've been lucky enough to accumulate – American College of Emergency Physicians' national teaching award, it was an honor to be recognized as one of America's healthcare leaders, one of the leading physicians of the world by the International Association of Healthcare Professionals, a CNN hero – but that's all eclipsed by my experience with serving with guys like Chris. Guys like him taught me a lot of things; he taught me to focus on the mission, because what was especially challenging was that a few minutes after I pronounced Chris dead, my next patient was the insurgent who shot him. And I had to focus on the mission of treating him. Even having to treat Saddam Hussein as my patient shortly after his capture – now here's a guy who was responsible for the deaths of thousands of people – I could not get distracted. You have to focus on the mission, and I think what Chris taught me, what that experience taught me, was how to apply that to healthcare – to not get distracted, to focus on the mission and try to fix some of these problems in healthcare.

"We all can play a role and multiply ourselves."

The mission comes from within. We all have a unique set of life experiences, skill sets – but it's not what skill sets you've acquired, it's what you do with that and how you find that passion and make an impact. After a life is saved on the battlefield, people always say, "Oh, great job, doc." But I realized it's not the doc – for that to happen, for that life to be saved, it took the medics, the person carrying the stretcher, it took pilot who flew the Medevac, it took the person who fueled up the Medevac. It takes a team. **We all can play a role and multiply ourselves.**

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