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THE CHALLENGES AMERICA FACES IN HEALTH AND HEALTHCARE

Interview with Ward B. Hurlburt, MD, MPH, Chief Medical Officer
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Ward Hurlburt MD, MPH
...short story... I have been fortunate | I graduated from medical school at age 23 which gave me a tremendous advantage — the privilege of working more than six decades in a profession I love | I have tremendous passion for improving healthcare and feel very fortunate to have such meaningful ongoing engagement

footprints: from soup to nuts | I have been a general practitioner, a practicing surgeon with more than 34 years of clinical work behind me. I have also spent many years in administrative positions. My first (and current) public health service has been in Alaska. I have worked in both the public and private sectors of healthcare and also in the third world. I have spent years on delivery side and payer side of healthcare | wide spectrum | it all started in 1961 when my wife and I came to Alaska to work in the Public Health Service | much of my working life has been spent in Alaska

[Note: Mike Stuart and Sheri Strite got to know Ward when he was Medical Director at Group Health Cooperative of Puget Sound in Seattle. We have always admired Ward's contagious enthusiasm for improving quality in healthcare]

key areas of interest & expertise: I am passionate about controlling and reducing healthcare costs and expanding the use of evidence-based medicine (EBM). The two areas are tied together. The road we are currently on is a detour around being a truly successful nation because of the massive waste in our healthcare system (non-system) | **motivations & passions**: Trying to make a difference | **what makes it all worthwhile?** It is important business; WORKING WITH colleagues and the recipients of services

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Q: Ward, what one or two issues would you like to address for this interview and why?

A: *THE* issue is the challenges America faces in the arenas of health and healthcare. Not so long ago most deaths in our country were due to infectious diseases. With safe water systems and sanitation, effective immunizations and a little medical care we now die mostly from chronic conditions. Physicians do have a role to play, but our greatest improvements have been in the public health arena.

Now we are facing chronic diseases as our biggest challenges, and they are quite often determined by life choices—diet and life-style choices. There has long been a rather large misconception that going to doctors provides great benefits.

As David Eddy has nicely put it: *Up until about 40 years ago, medical decisions were doing very well on their own, or so people thought. The complacency was based on a fundamental assumption that through the rigors of medical education, followed by continuing education, journals, individual experiences, and exposure to colleagues, each physician always thought the right thoughts and did the right things. The idea was that when a physician faced a patient, by some fundamentally human process called the "art of medicine" or "clinical judgment", the physician would synthesize all of the important information about the patient, relevant research, and experiences with previous patients to determine the best course of action.* David M. Eddy, Health Affairs 24 no. 1 (2005)

The best course of action for people frequently lies in their life-style choices.

> *"The road we are currently on is a detour around being a truly successful nation because of the massive waste in our healthcare system (non-system) ..."*

Q: What do you see as potential barriers, pitfalls, risks, "opportunities," or remedies?

A: I see public health as an opportunity and remedy. It is terribly underfunded. Only 3 percent of our heathcare dollars go to public health. Some great progress has been made with tobacco cessation efforts,

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and we can do the same with obesity if we try. Medical costs due to obesity have now surpassed those associated with tobacco use. It has been challenging to obtain resources to address obesity, and there is much to do. We need to look at tobacco as one model upon which we can build successful programs. Many states have made significant gains in tobacco cessation through legal, educational and other interventions. For example, at one time the prevalence of smoking in Alaska was about 50 percent and through various interventions it has now decreased to about 22 percent. In some places the rate is down to 9 percent. We need to apply resources to the current epidemic of obesity in a similar way we did with smoking.

Q: If you had one wish for an ideal, what would that be? Or a vision? However you want to answer this…

A: I want to see an effective healthcare system we can afford providing high quality clinical care supported by high quality evidence to a population of Americans making good lifestyle choices. For example, do we really need as many high-cost arthroscopies of the knee as we are seeing (price tags ~$4,000 in Alaska but $600 to $800 elsewhere in the U.S.)?

Q: What would it take for that to happen?

A: A miracle. Less cynically, we must all just keep plugging away.

> *"As I said many years ago, we need to imprint the principles and methods of EBM into the DNA of clinicians and other healthcare decision-makers… "*

Q: What do you see as potentially helping medical leaders and others with what you've selected to address?

A: I think there is a huge opportunity with payers. I am afraid that many healthcare leaders are going to need to be dragged kicking and screening. As I said many years ago, we need to imprint the principles and methods of EBM into the DNA of clinicians and other healthcare decision-makers.

Q: Do you have favored resources for any groups on the topics you are addressing?

A: Hayes Inc. provides several offerings for healthcare professionals—full technology reports and customized services, for example, that help payers develop and update coverage policies as well as create clinical guidelines.

> *"Chronic diseases are our biggest challenges, and they are quite often determined by life choices—diet and life-style choices … "*

Q: Do you have a favorite story for us?

A: Sure. When I first came to Alaska as a GP, we saw the hundreds of kids with purulent otitis media and draining ears. And, of course, we saw the complications from untreated otitis media—the mastoiditis and meningitis. We treated these children by suctioning the drainage and packing the external auditory canal with chloramphenical power. We knew that the prevalence of purulent otitis media was not as severe a problem in the rest of the country, and we asked the Public Health Service to provide some guidance for us. The PHS, in conjunction with the CDC and NIH, sponsored a conference with experts from across the country. Not surprisingly the specialists' recommendations were for tonsillectomy and adenoidectomy for these kids and soon visiting otolaryngology specialists were up here doing T and A's all over Alaska.

Here is yet one more example of expert opinion rather than reliable evidence leading to the adoption of consensus-based recommendations. And of course T&A is not without adverse outcomes such as postoperative bleeding. It looks to me, based on some epidemiology studies, that what finally made a difference was clean water, sanitation and improved housing for these kids.

Q: Now tell us something fun about you?

A: I love Alaska winters! I love Alaska winter weather, cross-country skiing and am never ready for winter to end.

Delfini: Thanks Ward, it is always a pleasure to talk with you.

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