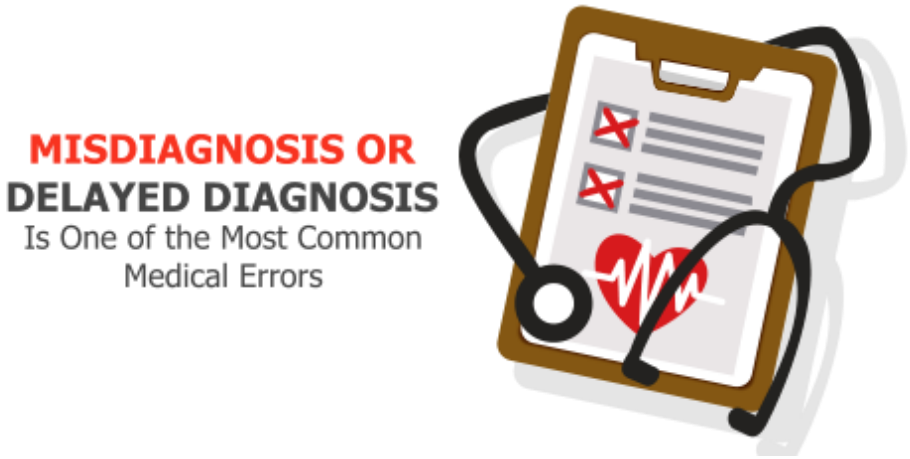
MISDIAGNOSIS: A CHRONIC CONDITION LOOKING FOR A CURE



According to a report in the BMJ Quality and Safety Journal, each year in the U.S. approximately 12 million adults or 1 out of 20 patients who seek outpatient medical care, are misdiagnosed in a way that could cause severe harm.

These alarming statistics are further reinforced by a new study from the Institute of Medicine (IOM) published in September, 2015, which predicts that:

"most people will experience at least one diagnostic error — an inaccurate or delayed diagnosis — in their lifetime, sometimes with devastating consequences."

The report includes several examples where misdiagnosis occurred:

A doctor mistook a blood clot in the lungs of a 33-year old woman for an asthma attack, leading to her death.

An urgent care clinician misread an X-ray and diagnosed a 55-year old man with an upper respiratory infection instead of pneumonia. He died as a result.

Doctors at a trauma center decided not to perform a CT scan on a 21-year old stabbing victim and missed a knife wound penetrating several inches into his skull and brain.

A newborn baby suffered preventable brain damage when doctors failed to test for high levels of a chemical in his blood that had turned his skin yellow from head to toe.

There are thousands of similar instances occurring every day.

What does this say about the current level of patient care in the United States? It says that providers who are in a position to make a diagnosis for a patient, along with the patients and their caretakers or family, need to pay more attention to what is going on. It says that we patients are tolerating a healthcare system where we too often do not experience full disclosure from our clinicians. It is says that our system does not encourage collaboration and communication between healthcare clinicians and patients. It tells us that us that misdiagnosis is raising the cost of care for all of us. It is says that each of us will face a potentially life threatening situation over the course of our healthcare that could be addressed and reversed if we pay attention.
We live with a system that is ill-designed to support the diagnostic process because our clinicians are limited by the time they are allowed to spend with each patient. As a result, some do not always follow-up with tests and procedures that they have ordered.Even if they follow-up, they are often not provided with adequate feedback about the accuracy of a diagnosis. Perhaps most disconcerting, ours is a culture of care that discourages transparency and disclosure of diagnostic errors, which impedes attempts to correct these problems.
Diagnostic errors are often incredibly harmful to patients, as they may lead to delays in treatment, lack of treatment, inappropriate, or unnecessary treatment, all of which can have physical, psychological and financial consequences.
At a recent conference, sponsored by the Society To Improve Diagnosis in Medicine, clinicians, hospital administrators and patients from all over the world gathered in Washington D.C. to recognize and discuss this very problem. They focused on issues related to:
The impact of error in medical diagnosis and contributing factors.
Solutions and prevention strategies.
Sharing research methods and identifying ways to measure diagnostic error.
Participating in the development of research, education, technology and practice strategies to reduce diagnostic error.

Developing a community of advocates across the healthcare spectrum.

The Society to Improve Diagnosis in Medicine also produces a tool kit which can be downloaded and is free of charge to patients.

Peggy Zuckerman, a member of the Society To Improve Diagnosis in Medicine, patient advocate and member of the Executive Committee of the Society for Participatory Medicine sums it up well. She says:*"this is not a new problem, but a problem that has not had a home."*

What can the patient do to protect him/herself?

Become fully engaged in your healthcare and communicate completely, accurately and thoroughly when you visit your clinician

a. Bring written notes with you to the visit

b. Bring a pad, paper, tablet or other device to take notes

c. Go prepared to challenge what you do not understand and ask lots of questions. Do not be put off by the pressures of time.

Understand your own and your family history

a. Have a list of all the procedures, treatments, surgeries you have had in the past

b. Genetics plays an important role in your overall health profile so try to have as complete a family history as possible.

Be proactive

a. Use all of the available resources to learn everything you can about your health conditions, tests and procedures and medications, including web resources, and social networks.

b. Be diligent in coordinating your care so that all of your clinicians are up to date on all of your conditions and have your full information at the point of care.

c. Solicit the advice and assistance of a healthcare advocate if you feel unable to cope and manage your health by yourself.

d. Never assume that no news is good news when you have not been notified of the results of a test or procedure. Make sure you are diligent about procuring g the results and discussing

them in detail with your clinician.
e. Be informed and involved in all health decisions.
There is a way to cure medical misdiagnosis. It can be resolved with full collaboration and cooperation of all members of the healthcare team, (including the patient), who have to acknowledge this weakness in our system and be diligent about considering all possible options when addressing a health concern.

TELEMEDICINE: CARE TRANSITIONS WHEN DISTANCE IS A FACTOR BY NANCY B. FINN

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The following blog post is reprinted from The Emmi Blog
Engaging the Patient from EMMI Solutions
Bob is a farmer who lives in rural Minnesota. He was severely burned on his hands, chest, and back while fixing some farm machinery. Initially, he was treated at a local hospital, stabilized and then transferred to the Regional Burn Center in Rochester, Minnesota, 450 miles from his home. Once Bob was released, he arranged for his follow-up care to be handled over the St. Alexius Telecare network of North Dakota. He participated in three telemedicine visits, each lasting 30 minutes, avoiding a two-day trip. This long-distance care enabled Bob to keep the farm going. It also provided relief to the family, because they did not have to transport him 450 miles and back.(1)
For patients like Bob who are going from a hospital or rehabilitation facility to their home, but live hundreds or thousands of miles from the facility, telemedicine/telehealth can provide care and monitoring, or consulting from super-specialists who provide the knowledge and expertise needed for a catastrophic illness, emergency, or a care transition.
Using the broadband technology which is so widely available today, telemedicine technology enables health centers and hospitals to reach out to patient populations that are challenged by distance, limited mobility, and limited health literacy. For example, a wide range of diagnostic and rehabilitation therapies can be deployed via telemedicine including:

Physical and Occupational Therapy

Using video/audio conferencing systems, along with instructions that are mailed to patients, or included in their discharge materials, physical therapists can illustrate various stretches and exercises and instruct patients how to move in a particular manner to help them recover from surgeries such as hip and knee replacements, strokes, and other skeletal conditions. The patient and the distant healthcare provider can see and hear each other using full-motion video and digital audio systems. Seeing demonstrations of things like physical therapy exercises helps ensure patient understanding in a way that written descriptions and still images do not.

Mental Health Counselling

Using a closed circuit video system, mental health professionals can have face to face conversations with patients, help them manage their medications and address their concerns. For example, people may stop taking medication for something like depression if they don't feel the medication is helping. But this can provide an opportunity to remind them that it can take many weeks before they can tell if it's making a difference.

Chronic Condition Management

Telemedicine can help deliver specific instructions for a particular chronic condition such as diabetes or heart failure. For example, patients can send vital information about their blood sugar to a diabetes educator and via telemedicine can get instructions on how to adjust their diet or medication.

Patient Education and Health Literacy

Telemedicine networks can also help educate patients how to manage and monitor chronic conditions. The educator is at one end of the video link and the patient, family members, and caregivers are at the other end. They can have a conversation, and when arrangements are made to have a translator, in the patient/family's native language, view videos, get instructions, and send and receive data that measures and monitors the patient's condition. This complete loop creates an open

dialogue that helps patients and their families understand and manage their own health in a more effective way.

Telemedicine is providing patients with better information in a way that helps ensure the understand and can manage their health without making long trips back to the hospital.

1. Excerpt from: e**-Patients Live Longer, the Complete Guide to Managing Health Care Using Technology.** Nancy B. Finn, based on interview with Nina Antoniotti, Marshfield Clinic, Telehealth Network, Marshfield, Wisconsin, February 2010.