

Reader's Forum

Quality Care and Performance Improvement

To The Editor:

I am writing in reference to the fine special article "Remembering Cecil" that appeared in the September/October 2004 issue of the *North Carolina Medical Journal*. I was one of the young physicians participating in the Rural Practice Project to whom the author, Donald Madison, MD, referred in the last paragraph of his remembrance to Dr. Cecil Sheps.

After I graduated from Duke Medical School and completed my family medicine residency, I joined a public health service practice in Tooele, Utah with little appreciation of what I would confront. I had the good fortune to work with a terrific team of dedicated people in our small practice, and together we learned many important lessons about how to provide health-care to the people we served in our rural community.

We applied for a grant from the Robert Wood Johnson Foundation (RWJF) in 1975 and were fortunate to be selected as one of the 13 grant recipients. Donald Madison was the director of this national program called the Rural Practice Project. It was established to help improve the ability of rural practices to survive in the face of some of the significant challenges that they faced at the time. Our participation as a member of the Rural Practice Project resulted in our having visitors on occasion who might not otherwise have found their way to Tooele. Cecil Sheps was one of those visitors and, in fact, one of the most memorable and notable.

I fondly recall Cecil's visit and believe it was 1978. He was stopping at several rural practices as part of a study he was conducting. He sat in my office as I was speaking with a consultant in Salt Lake City about a dying hospitalized patient I wanted the consultant to evaluate to make sure I was not overlooking a potentially reversible cause for her illness. She was an older woman and did not want to leave Tooele, but she was willing to do so at my request provided she did not have to remain in the Salt Lake City hospital for more than two days. I told the consultant over the phone what I was seeking from him both from my and from the patient's perspective. Cecil reflected after hearing the conversation that it would certainly help introduce more sanity into our healthcare system if those in primary care could "call the shots" on a more consistent basis as advocates for their patients and their patients' families.

It was inspiring for me to see Cecil's passion and observation skills. Although his time in our community was short, and although our paths crossed subsequently for only brief periods, I still remember the validation I felt as a result of his positive comments. Needless to say, we certainly could benefit from more leaders like Cecil Sheps in our world today.

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To The Editor:

I was amused at the frequency with which the authors in the current issue of the *North Carolina Medical Journal* bemoan unnecessary and duplicative paperwork as a detriment to the delivery of quality medical care and the improvement thereof. As a perpetrator and victim of quality improvement efforts in my own practice and hospital since such became fashionable in the late 1980s, I can report from experience that most of the unnecessary and duplicative documentation and reporting is a result of poorly conceived quality improvement efforts imposed on those at the bedside by governmental agencies and their surrogates like JCAHO. Such requirements are usually not supported by clinical science, but "seem like things we ought to be doing" by bureaucrats or the residents of think tanks and their accomplices at the local hospital. Thus, as those of us at the bedside continue to cope with the increasing demands of an older, fatter, sicker population, ever more belligerent attorneys, stingier paymasters, and fewer physicians in practice, we can look forward to more forms, checklists, signatures, meetings, and ever more imaginative intrusions all in the name of quality. Sadly, I have seen nothing in the last 22 years of practice to assure me that efforts at quality improvement in medicine, as laudable as they may be, can produce anything more than that.

I hope I am wrong.

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