Healthcare Policy

Welcome to the Patient Institute's Conditions and Diseases of Healthcare Systems (CDHS)

This open and free collection is designed to ultimately identify and characterize serious disorders of healthcare systems hopefully leading to their amelioration or cure. These disorders not only affect the care of patients but they cause pain and suffering to providers and payors as well. Virtually all the conditions and diseases found in healthcare systems impact every stakeholder but manifest themselves in each stakeholder and stakeholder group differently. While many of the conditions and diseases have what appear to be ironic or amusing names, they are all serious conditions that affect the well-being of patients and other stakeholders in healthcare systems. By its nature this collection will always be a work-in-progress and is always subject to expansion and modification. We invite contributions to the CDHS via info@patientinstitute.org. If you truly have a passion for this enterprise and are interested in becoming a CDHS curator/editor, please contact us at the same email address.

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Systemic Conditions and Diseases

(including information systems/medical records, payment systems/revenue cycle and regulation/compliance):

ACOsis

The pressure felt by healthcare system leaders and providers to alter their operational and revenue models to meet the regulatory requirements of the ACO models proposed by regulators and insurance companies. While the intentions and many of the goals of the ACO models are laudable, the secondary and higher-order consequences of their practical implementation are either unknown or problematic.

Malignant ACOsis

Where healthcare system leaders and providers rapidly implement structural and operational changes to their organizations and create new entities that are operationally unsound or unsustainable in an attempt to obtain a theoretical or specious competitive advantage in their medical marketplace.

Bureaucrosis

The required production of large quantities of non-clinical/administrative work, often in an inefficient manner, which distracts healthcare providers and staff from delivering care to individual patients. Extremely common in health/medical record systems and as part of the third-party payor, benefit management and accreditation/compliance/regulatory processes.

> **Malignant Bureaucrosis:** A more severe variant of bureaucrosis where the non-clinical/administrative work load yields no meaningful and useful results while also impairing—sometimes dangerously—the delivery of care to individual patients. Bureaucrosis and Malignant Bureaucrosis are general conditions and a more specific diagnosis should be made in appropriate circumstances.

Benefit Managmentosis

Benefit Managementosis is the condition where a non-physician third or fourth-party decides and controls (through a preauthorization/authorization process) whether an insured patient receives a particular diagnostic test or therapy. In this common condition, non-professional clerks employed by insurance companies or fourth-party benefit management companies make medical decisions without formal clinical training and a state medical license. While benefit managers came into existence to control costs through the reduction of unnecessary medical procedures, this condition adds to the uncompensated administrative burden on healthcare providers resulting in delays of needed care to patients.

> **Malignant Benefit Managementosis** is the condition where the delay or refusal of authorization causes added or prolonged pain and suffering. This condition sometimes results in the death of a patient.

Cost/Value Disassociation Syndrome

The condition where the cost/price of a service is out of proportion to its value. Since allowable fees for many procedures are set by regulators and the national political system rather than market forces, providers are often both overcompensated and undercompensated depending on the specific procedure provided. This leads to underutilization of poorly reimbursed but effective services and overutilization of excessively compensated services.

Data Overload Syndrome

This syndrome is ubiquitous in the healthcare system and manifests is innumerable ways. The amount of data that physicians, other healthcare providers and caregivers, payors and patients must manage often exceeds the ability of the human mind to effectively process in a timely fashion. Even if the data is of “perfect” quality and is easily accessible, which

is almost never the case, the sheer size of the information set is so overwhelming that optimal decision making is often impossible except sometimes in retrospect. Data Overload Syndrome can lead to Congestive Information Failure.

> **Congestive Information Failure**
> The condition where critical information is either not available, not received, or not processed in a timely fashion causing suboptimal clinical and/or operational medical decision making and outcomes. CIF directly prevents timely access to the information necessary to making effective medical decisions. In this condition, critical information may be buried in the mass of data stored in paper or electronic health records preventing it from being fully appreciated until after a sub-optimal decision is made or outcome experienced. This condition is a consequence of data overload syndromes.

Healthcare Delivery Disintegration Syndrome
The condition where different physicians, non-physician providers, and healthcare systems are unable to coordinate care to provide the safest, most effective and efficient care possible. This is exacerbated by absent or poor data access and communications between institutions and providers.

HIPAA Illiteracy Syndrome
The complexity of the Health Insurance Portability and Accountability Act and its associated regulations prevent physicians and other healthcare providers from achieving a workable understanding of the law's requirements. Compliance often comes at the cost of being overly restrictive of information exchange thereby impairing efficient and timely communication of patient information.

HIPAA Inefficiency Syndromes
The uncompensated burden and complexity of HIPAA and its associated regulations both increase costs and impair communications between health system providers. Physicians and non-physician providers must undergo hours of uncompensated HIPAA training separately for each institution in which they practice. There are expensive, uncompensated administrative procedures/HIPAA business agreements that healthcare organizations must execute when they do business. *See* Bureaucrosis, *supra.* Although laudable in intent, it is not clear whether the law has improved patient privacy in this era of aggressive, sophisticated computer hacking.

HMOsis (Late 20th Century)
Analogous to ACOsis in the 1990's. Many believe that ACOs are the 21st century analog to 20th century HMOs. HMOsis is the condition where healthcare system leaders and providers feel pressured to alter their operational and revenue models to meet the

regulatory requirements of the HMO models proposed by regulators and insurance companies. While the intentions and many of the goals of the HMO models are laudable, the secondary and higher-order consequences of their practical implementation are either unknown or problematic. Most HMOs in the late 20th century ultimately failed or were restructured.

Hypermetricosis
The collection of large quantities of metrics/data, often in an inefficient manner, which distracts healthcare providers and staff from delivering care to individual patients. Extremely common in electronic health/medical record systems and as part of the third-party payor, benefit management and accreditation/compliance/regulatory processes. A type of bureaucrosis.

> Dissociative Hypermetricosis
> A form of Hypermetricosis where the acquired data provides no added benefit because it is not meaningful or useful.
>
> Malignant Dissociative Hypermetricosis: A more severe form of Dissociative Hypermetricosis where the Hypermetricosis also dangerously impairs the delivery of care to individual patients.

Incentive Malalignment Syndromes
A fundamental condition of healthcare systems where the interests of patients, healthcare providers and those who pay for services are not in alignment. It is argued that this condition is the root cause of most of the problems extant in healthcare systems today.

Jargonosis/Jargon Dyscommunication Syndromes: Use of terms and acronyms by and among experts to aid in the efficiency of communication. The use of jargon by anyone impedes communication and understanding by those who are not versed in the unique language.

> Medical Jargonosis: ("Medicalese"): Use of terms and acronyms by and among physicians and other healthcare providers to aid in the efficiency of communication. Medical jargon—not well understood by patients—impedes communication and understanding between providers and their patients. Medical jargonosis exacerbates the nearly ubiquitous health illiteracy among patients at all socioeconomic and educational levels.
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> Healthcare System Jargonosis: Use of terms and acronyms by and among healthcare system administrators and regulators to aid in the efficiency of communication. Healthcare system jargon is not well understood by most physicians and other providers nor their patients. Healthcare system jargonosis

impedes communication and understanding between all healthcare stakeholders and exacerbates bureaucrosis syndromes.

Medical/Political Dysregulatory Dissonance Syndrome

A condition caused by the incongruity between legislative goals and individual patient needs. Attempts to legislate payment and incentives to providers and healthcare systems frequently fail to account for individual patient needs, rational patient demand, and market forces. The political system correctly or incorrectly makes decisions on a macro/population scale while the needs of a unique patient are either secondary or not considered. Physicians and other healthcare providers operating in an environment suffering from this condition must provide care to individual patients whose needs and interests may not be consistent or directly conflict with regulatory or payment policies. Many of these physicians feel they are in the uncomfortable middle between the patient and the political/regulatory/payment infrastructure.

Maladaptive Dysdocumentosis--Data Form

This condition exists when a physician or non-physician provider dysfunctionally enters data into electronic medical records in order to satisfy administrative and/or regulatory requirements. This condition is exacerbated by operational inefficiencies and burdens placed on by providers by poorly executed EMR interfaces and regulatory requirements. Examples include: cutting and pasting previously entered data without updating it, entering incorrect patient data to allow completion of workflow, among many others. *See* hypermetricosis, *supra*.

Maladaptive Dysdocumentosis—Personal Dysinteraction Form

This condition is characterized by physicians and non-physician providers excessively interacting with a computing device entering data while ignoring the patient in the room, preventing the effective and compassionate interchange of information. This condition leads not only to poor patient satisfaction with the physician/provider but also engenders an incomplete and error-prone medical record thereby leading to poor medical decisions and outcomes.

Medical Mechanosis/Deming Process Misapplication Disorder

The condition where a patient is treated as a powerless and unimportant part of a healthcare delivery machine designed to provide care without adequate regard for the patient's unique characteristics and conditions. This condition often results from an effort to standardize the delivery of services with an emphasis on variability reduction and efficiencies at the cost of reducing customized care optimized for each individual.

Oligosis (mixed/combined oligopolosis/olgopsonosis syndromes)

The condition in many medical markets where there are few dominant insurers/payors

and few dominant hospital systems/providers. In this condition, patients, physicians, and other providers are dominated by the market power of the insurers and hospital systems.

> **Combined Monopolosis/Monopsonosis Syndrome (single payor/single provider syndromes)**
> A more severe form of oligosis where there is only one dominant insurer and one dominant hospital system. In this condition, patients, physicians, and other providers are dominated by the market power of the insurer and hospital system.

Patient-payor-provider maladaptive dyscommunication syndromes: TBA

Pseudorandom provider mispayment syndromes: TBA

Regulator/god/self-misidentification syndrome: TBA

Retrospectrosis/punitive retrospectrosis
The condition where the political and regulatory leadership and infrastructure acts as though it knows what is best for the population despite its necessarily limited knowledge of the needs and interests of individual patients.

System opacity syndromes
TBA

Systemic pricing opacity syndromes
TBA

Conditions and Diseases of Physicians

ACOsis
ACOsis is the condition where physician leaders feel pressured to alter their operational and revenue models to meet the regulatory requirements of the ACO models proposed by regulators and insurance companies. While the intentions and many of the goals of the ACO models are laudable, the secondary and higher-order consequences of their practical implementation are either unknown or problematic.

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Healthcare Ill-leadership Syndromes
A common condition where physicians and others in healthcare leadership positions do not display those characteristics of great leaders. Most physicians have never received leadership training nor did their role models and mentors. This condition causes physicians and others in authority to make decisions that are neither in the best interests of their patients or their respective organizations.

Healthcare Provider Financial Illiteracy Syndromes
Condition where physicians and other healthcare providers do not understand the financial and economic consequences of their practice and personal actions. This situation is exacerbated by the lack of practical economic, financial, and leadership training provided to physicians and other healthcare professionals in most traditional training curricula. And to the extent such education is provided to young doctors, these topics are usually given short shrift since they are not "medicine" or formally tested by the board exams.

Hyperdebtosis/hyperspendia/Iatric Spendthrift Disorder
Multifactorial disorder where physicians find themselves with excessive debt exacerbated by excessive spending habits. This condition is caused by a combination of the high cost of college and undergraduate medical education and the requirement of gratification deferral by pre-medical and medical students. This condition is exacerbated by expectations of a very high living standard by physicians for their deferral of gratification during their training and because of the long hours and high pressures of their chosen careers.

Hyperergosis/Dysfunctional hyperergosis: TBA

HyperStarkia/self-referral syndromes
Condition where financially overzealous physicians and their agents look for ways to increase income at the expense of the patient and payers. Often characterized by schemes designed to find loopholes in the so-called "Stark" anti-kickback laws.

Iatric Hypohedonia
Condition where physicians lose the joy in the practice of medicine. This condition typically manifests in overworked medical students and interns but can also be seen in physicians of all ages who are working in conditions that do not allow them to properly take of their patients and themselves. *See* iatric hypopyrosis, *infra.*

Iatric Hypopyrosis/Physician burnout
A condition caused by the loss of a sense of purpose and humanity. Often secondary to and exacerbated by **healthcare systemic syndromes** and working with others who also suffer from **hypopyrosis syndromes**. Also known as Physician Burnout.

Iatric Hyposoulia: TBA

Iatrogenic Hypertestosis:
Condition where physicians and other healthcare providers order excessive diagnostic tests. This serious condition not only raises healthcare costs but also adds unnecessarily to the stresses perceived by patients. A common secondary consequence in the uncovering of incidental minor abnormalities which must be pursued to exclude life-threatening conditions. This condition contains several subtypes:

> **Iatrogenic Hypoexperientia Hypertestosis**—The ordering of excessive diagnostic tests due to ignorance of appropriate practice guidelines and/or inexperience.
>
> **Defensive Medicine**—The act of compulsively trying to make sure nothing is missed in an effort to avoid misdiagnosis and litigation. In this subtype, minimization of liability takes priority over effective patient care.
>
> **Self-Referral**—The ordering of excessive diagnostic tests due to the financial incentive for the physician or employing institution from the testing.

Iatrogenesis imperfecta/Dysiatrogenesis/Delayed-onset/acquired iatric dysgenesis syndromes
Suboptimal training of physicians caused by the immense and growing body of knowledge that physicians must master and absent or inadequate leadership and practical ancillary skills training. These conditions are exacerbated by curricula aimed at optimizing standardized testing results of medical students and physicians. These standardized tests often fail to emphasize important practical skills. Medical schools and post-graduate training programs are rated by their graduates' performance on these examinations and thus incentivized to teach narrowly to the tests rather than optimizing practical patient care and other associated life skills. A presumptive root cause of other healthcare system disorders. Acquired iatric dysgenesis often occurs when medical students and junior physicians model inappropriate behavior heretofore tolerated by powerful physician leaders acting as poor role models. *See* healthcare Ill-Leadership Syndrome, *supra*.

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Medical Jargonosis: ("Medicalese"): Use of terms and acronyms by and among physicians and other healthcare providers to aid in the efficiency of communication. Medical jargon—not well understood by patients—impedes communication and understanding between providers and their patients. Medical jargonosis exacerbates the nearly ubiquitous health illiteracy among patients at all socioeconomic and educational levels.

Physician/god/self-misidentification syndrome: TBA

Spousal Nonalignment Syndrome: TBA

Conditions and Diseases of Nonphysician Providers

Healthcare provider financial illiteracy syndromes: TBA

Healthcare illiteracy syndromes: TBA
Healthcare ill-leadership syndromes: TBA

Provider Hypopyrosis
Non-physician provider burnout. Often caused and exacerbated by **healthcare systemic syndromes** and constantly dealing with behavioral issues caused by physicians and other providers who also suffer from **hypopyrosis syndromes** themselves.

Hyposoulia: TBA

Physician/god-misidentification syndrome: TBA

Conditions and diseases of healthcare administrators

- ACOsis/Malignant hyperACOsis
- Healthcare ill-leadership syndromes
- Hyposoulia
- Physician-god misidentification syndrome
- Physician-idiot misidentification syndrome
- Revenue cycle jargon dyscommunication syndromes

Conditions and diseases of patients

- Acute financial ischemia syndrome
- Chronic/maladaptive financial ischemia syndrome
- Healthcare illiteracy syndromes
- Healthcare financial illiteracy syndromes
- Jargon dyscommunication syndromes
- Physician/god-misidentification syndrome

Conditions and Diseases of Hospitals and Healthcare Delivery Institutions

- Acute financial ischemia syndrome
- ACOsis/Malignant hyperACOsis
- Bureacrosis syndromes
- Chronic/maladaptive financial ischemia syndrome
- Hypermetricosis syndromes
- Institutional HyperStarkia/self-referral syndromes
- Intrinsic hyposoulia
- Jargon dyscommunication syndromes
- Strategic and functional hysteresis syndromes
- TJC hyper-anxiety/cover-up disorder (formerly JCAHOsis)

Conditions and Diseases of Non-Hospital Facilities

- ACOsis
- Bureaucrosis syndromes
- Financial ischemia syndromes
- Hypermetricosis syndromes
- Institutional HyperStarkia/self-referral syndromes
- Intrinsic hyposoulia
- Jargon dyscommunication syndromes
- Strategic and functional hysteresis syndromes
- TJC hyper-anxiety/cover-up disorder (formerly JCAHOsis)

~End~

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