

The priorities at Partners

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By Thomas H. Lee | January 22, 2009

TRY AS I might, I can't recognize the Partners HealthCare described in the recent Boston Globe Spotlight series as the place where I work. I am the leader of Partners' physician network, and I practice internal medicine/cardiology at one of our hospitals. For these two roles, the goals are one and the same - to take good care of patients.

I am part of all the strategy discussions at Partners, and the core of our strategic thinking is surprisingly simple. We must provide superlative care. That means we have to recruit excellent physicians and nurses, and we need information systems that enable them to work together. We need the technologies and expertise to provide cutting-edge care. And we need to negotiate contracts that pay enough to accomplish these goals.

At the Partners where I work, we know our care is very good, but we also know that we cannot stop trying to make it better. We also know that people value many things about us that "traditional" quality measures do not capture, like access to innovation and the audacity to go all out for patients whose prognoses are complex or grim.

But the tough reality of medicine is that you cannot rest on your laurels. You start from scratch with each patient, and you have to prove yourself anew every day. If I don't do a good job with my patients, no U.S. News and World Report ranking is going to rescue me in their eyes.

So I'm less interested in how we rate today than what will make us better tomorrow. That is why we were the first network to mandate that all physicians adopt electronic medical records. Our patients notice the difference when their doctors can see colleagues' notes, and know what drugs have been prescribed.

At the Partners where I work, we see ourselves as an asset to our community, not a threat. Last year alone, we provided \$151 million in community benefits, which included un-reimbursed care for more than 100,000 uninsured and Medicaid patients, and support for community health centers. We collaborate with community hospitals on clinical programs that bring excellent care at a lower cost and greater convenience to patients in the suburbs. We don't invade anywhere; we go where we are invited - and we get a lot more invitations than we can accept.

We're proud of the contributions of our researchers, who are helping generations of patients yet to come, and energizing the region's economy. I respect my colleagues at our health plans, which really are the best HMOs in the country. But I don't think many life-science companies have relocated to Boston to be near them. The attraction is researchers like ours.

At the Partners where I work, we understand the responsibilities that go with market leadership. That is why we worked passionately for Massachusetts healthcare reform, and why we take the challenge of rising costs seriously. We work hard to make our care more efficient. Ask our doctors, who we bombard with data comparisons of their practice patterns with those of their colleagues, and who must order X-rays and medications using computer systems that guide them to cost-effective choices.

We do all this work because we have an idea of what healthcare can be. We want to match resources to patients' needs - efficiently. We want to connect sick patients with clinicians who can help them - reliably and quickly. We want to bring organization to the chaos of modern medicine. We have a long way to go, but the work is well underway, and we will be better a year from now, and even better the year after that.

Whatever disagreements I might have with the Spotlight series, the discussion it has generated about our challenges in healthcare is, well, healthy. I am sure that it is making my organization even better.

So I will begin tomorrow morning as I always do. I will read the Globe, and then I will go see about 15 patients, proud to be doing so at Partners HealthCare.

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