

Why healthcare practitioners are unwilling to change practice patterns

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Healthcare Practice

Module 1 DQ 1

Why Healthcare Practitioners Are Unwilling To Change Practice Patterns

There are several factors that make healthcare practitioners unwilling to change their practice patterns. Chalk and her peers (2010) are categorical that there are instances where healthcare practitioners are unaware of (newly) existing codes. This is especially the case when substance use and practice patterns are being addressed uniformly, in both private and public sectors. For instance, in 2006, the Center for Medicare and Medicaid Services (CMS) introduced and approved billing codes that would help Medicaid services providers to bill for brief intervention and screening services. However, despite the Current Procedural Terminology (CPT) rules being approved by the American Medical Association in 2008 and this logistical development subsequently making it easier for the reception and transfer of payments, healthcare services providers have not yet come to significantly use them.

Conversely, healthcare practitioners may find it hard to change their practicing patterns because of the unfavorable balance between inadequate healthcare resources and the unreasonable demand for the same services.

Doctors and nurses may for instance want to make their practice more patient-friendly by elongating consultation hours, but the queue in the waiting room may not allow this.

How to Utilize Education and Experiences in Planning the Implementation of a Major Change

One can take a compassionate approach when dealing with physicians who

loathe evidence-based systems. In this effect, it will be gainful to facilitate dialogue with physicians, so as to understand their point of view, in lieu of singling out individual physicians for professional malpractice. For a hospital leader, it will also be important to make an initiative of presenting solid evidence. The corollary to this is that upon seeing pieces of relevant information that bring about a significant difference, healthcare practitioners will gradually come to appreciate evidence-based systems. Integrating these efforts with information Electronic Health Records (EHR) systems and clinical decision support will also help solve this problem.

Module 1 DQ 2

Question: Why Physicians and Nurses Kill More People than Airline Pilots

This statement is indeed legitimate, since the odds of dying in a healthcare center are greater than the risk of an air crash. Particularly, chances for dying in a healthcare institution because of human error are 33, 000 times higher than the danger of dying in an airplane crash (Hammond, 2008).

Critical Thinking and Reflection on This Rationale

Although it is indeed true that the danger of dying in a hospital is more imminent than that of an airline accident, yet, this should not be construed to mean that healthcare practitioners are more careless, compared to pilots and the flight crew. On the contrary, this standpoint underscores the complex nature of treatment and appropriate administration of medicine.

First, unlike aviation, medical treatment is too complicated to be contained in a conventional formula and procedure of doing things. The inadequacy of healthcare resources and the fact that healthcare practitioners are directly exposed when handling patients underpin this danger. All the above pitfalls

of medical services administration do not face pilots and their flight crew.

How to Address the Question If It Were Posed In a Forum

It would be expedient to concede to the fact that this postulation (that physicians and nurses kill more people than airline pilots) is in itself lucid. From this juncture, it will be helpful to explain the various reasons why deaths are more preponderant in the healthcare sector, compared to aviation. The complex nature of medical intervention, the inadequacy of medical services and the relatively higher degree of healthcare practitioners' exposure to danger are to be cited and explained. Finally, propositions are to be surely made, as a way of abating the high mortality rates in the healthcare sector.

References

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