

4 DR. SIMMER: The Commission is pleased to
5 welcome its ninth participant, Martin Hatlie.

6 MR. HATLIE: Good afternoon. Thank you for
7 giving me the opportunity to speak to you today. My
8 name is Martin Hatlie. I'm a lawyer by training and
9 the president of Partnership for Patient Safety, a
10 patient-centered initiative to advance the reliability
11 of healthcare systems worldwide. That's my day job.

12 Previously I was a lobbyist for the American
13 Medical Association for about 12 years where my chief
14 functions were coordinating that organization's State
15 and Federal initiatives on tort reform, risk
16 management, and patient safety.

17 In 1996 and 1997, I worked with the AMA to
18 spin off the National Patient Safety Foundation and
19 served as the executive director of that organization
20 for two years. And if I can just say here that I've
21 been aware of Trinity Systems work since at least
22 2000, and it's inspiring to be here today and to hear
23 about a healthcare system that is doing as much good
24 work that Trinity is doing. I knew about Trinity
25 before it was Trinity, but it still is great to see

1 and to hear about a system that is really rolling up
2 its sleeves, and I think it really is a model for the
3 nation, so Michigan is to be congratulated for that.

4 I'm really here today to talk to you about
5 another organization, a nonprofit I had the honor of
6 being part of cofounding last year, called Consumers
7 Advancing Patient Safety, and this is an organization
8 dedicated to creating a space for dialogue between
9 consumers, healthcare providers, and legal system
10 stakeholders who are interested in partnering in a
11 truly transformative way to make healthcare more
12 patient centered and, frankly, to make the legal
13 system more client centered, which is something that
14 we really haven't spent as much time talking about
15 today.

16 The mission of Consumers Advancing Patient
17 Safety is to establish healthcare that is safe,
18 compassionate and just. This mission and six national
19 goals were developed in a workshop event that was
20 funded by HRQ last October, held at the M.D. Anderson
21 Cancer Center in Houston, Texas.

22 It included the Michigan perspective. We did
23 applications from around the country to get
24 participants in this and we had two Michigan people
25 out of 30 participating. One was Beverley McDonald,

65

1 who is on your panel today; and the other person was
2 Ken Wilson, a physician executive with the Henry Ford
3 Health Care System. Both of them made rich
4 contributions and really brought Michigan ideas into
5 our work.

6 Today I'm going to briefly review the mission
7 and goals that were developed in that workshop. I
8 offer them really to you as recommendations for you to
9 think about and consider as you move forward in your
10 patient safety work in Michigan.

11 But before I do, let me briefly share that my
12 interaction with Consumers started shortly before I
13 left the National Patient Safety Foundation in 1999.
14 In June of that year, we were picketed by a group of
15 victims rights activists, advocates, who really
16 gathered from all over the nation to picket us because
17 they were protesting at being left out of the
18 deliberation and the decision-making of National
19 Patient Safety Foundation.

20 And they were very, very angry. It was a
21 true protest outside the headquarters building of the
22 American Medical Association in Chicago where we were
23 housed.

24 But to show respect for them, a foundation
25 board member and I, as the Executive Director, agreed

66

1 to attend a two-day meeting that followed their

2 protest and really just listen to their experience and
3 honor their experience. Hundreds of stories were told
4 by self-styled victims, that's what they called
5 themselves that day, most punctuated by extreme blame
6 and extreme anger about the way in which they had been
7 treated.

8 There were several who made comparisons to
9 victims of the medical system and victims of the
10 Holocaust, so that just gives you a sense of how
11 extreme this day was.

12 And I actually found that experience very
13 numbing. I left thinking that there really was no
14 space for consumers and providers in particular to be
15 discussing safety in a constructive and proactive way.

16 But four years later I'm happy to tell you
17 that I'm wrong, or at least that I think times are
18 changing, that there are a different kind of consumer
19 that is emerging and really is available to you as a
20 partner. And in the last few years I've had the
21 extreme good fortune to meet several of these people,
22 and I number Beverley certainly among them.

23 Rather than self-identifying as victims,
24 they're forward-looking people who are interested in
25 really feeding back to the system their experience in

67

1 healthcare so that they can help in the prevention of
2 future errors and also so that they can partner with
3 healers who authentically want to first do no harm and
4 to together create a healthcare system that truly is
5 safe, compassionate, and just.

6 Now on to our work at the M.D. Anderson
7 workshop. I'd like to spend just a couple of minutes
8 telling you about that experience because it's a
9 process that was very productive for us and it might
10 be productive for you. And, frankly, I heard a lot of
11 echoes of it in some of the perspective that Paul
12 offered you just a few minutes ago.

13 First, our process was designed to be
14 consumer led and to create an opportunity for

15 consumers to really be at the center stage of the
16 discussion of patient safety issue.

17 So often consumers who care about safety find
18 themselves assigned to roles that I'll describe as
19 basically marginalized. We invite them in to tell
20 their stories and to motivate us to do better work.
21 But that's sort of where we think their contributions
22 end. We really don't think of consumers as being the
23 kind of people who can actually do the technical work
24 of safety. And, in fact, that leaves out a huge layer
25 of the safety net that we can create in Michigan or in

68

1 other states or across the world.

2 Consumers basically see things that busy
3 healthcare workers don't, and if we can capture that
4 experience, integrate it into our learning systems and
5 our reporting systems, we will have a safer system.

6 I can't tell you the number of discussions
7 that I have been in about reporting where the notion
8 of consumers actually participating and feeding into
9 that system is considered to be way out there. It's
10 not even discussed or considered. But I think they
11 can make a contribution that would be truly
12 advantageous to advancing safety.

13 Just to give you a sense of the process we
14 followed, prior to the M.D. Anderson workshop, we
15 screened potential participants to determine as best
16 we could whether they were truly interested in
17 authentic partnering.

18 We then used a technique called appreciative
19 inquiry to structure interviews between consumers and
20 healthcare providers so that they would actually get
21 to know each other before they came to the workshop.

22 Appreciative inquiry focuses on examining
23 people's personal and organizational successes. So,
24 again, we build on success and we don't focus on
25 problems, we don't draw the energy to thinking about

69

1 problems or the barriers to progress. We really look
2 at what people in their lives, in their teams, in
3 their organizations have been able to create and we
4 build on that success.

5 And, finally, I want to just briefly cover
6 our work product to give you the ideas of the national
7 goals that we're pursuing in Michigan and in other
8 states and really across the world at this point in
9 time.

10 To begin with, our mission is for a
11 healthcare system that is safe, compassionate and
12 just. How will we achieve that mission? We have six
13 goals. The first is to establish an authority,
14 preferably a national authority, to really coordinate
15 the work that's being done on safety.

16 This is not going to happen easily in this
17 country but there are a number of states that have
18 established state-based authorities to really
19 coordinate patient safety work. Those states are
20 Massachusetts, Pennsylvania, and Florida. They are
21 all new, and I would recommend the work that they have
22 done and the organizations they have put together to
23 you as models to consider in your work.

24 The second goal is to create consumer-led
25 advisory councils, preferably at the community level,

70

1 to really be sort of a standing focus group for
2 healthcare providers in the community to go to
3 consumers for their input on everything from patient
4 education materials to facility design to many of the
5 other issues you've heard today.

6 And we actually have an application pending
7 in Michigan with the Michigan Consumer Health Care
8 Coalition as the lead partner to develop a Michigan
9 model to do something like this.

10 The third is to institute a nonpunitive
11 national patient safety reporting and learning system.
12 Paul has spoken eloquently to that. Again, I don't
13 have much to add to what Paul has already said except

14 to say that you should really think about the role of
15 consumers both in designing a system like that and
16 also being a participant and feeding into it and
17 getting information out of it. There will be
18 technical issues, nomenclature issues, ways in which
19 you would have to change language to create those
20 pathways, but I think it would be very, very helpful.

21 Next is to establish a national education
22 effort for patient safety for both providers and
23 consumers really finding ways to reach both the public
24 and the providers about systems-based approaches to
25 safety.

71

1 Fifth is develop awareness that healthcare
2 systems really are intrinsically dangerous. This is
3 probably the biggest line of resistance that we see
4 right now in this country. Hospitals don't really
5 want to acknowledge that you are dealing with an
6 incredibly complex risk management task and it's only
7 getting more complicated as things progress.

8 Finally, this is the recommendation that
9 probably surprised me the most of all that emerged,
10 consumers really want a healthcare system that
11 provides them different kinds of pathways to resolving
12 disputes when something happens. They feel that the
13 litigation system is not necessarily one that works in
14 their best interest most of the time.

15 And this discussion really focused on the
16 need for some kind of attention to the variability in
17 awards. They don't want a lottery ticket. They want
18 to see that there is more consistent compensation
19 across the board for similar kinds of disabilities
20 that come, and they want different ways besides
21 litigation to move forward.

22 I know I've gone over my time. I appreciate
23 the extra time that I've been allowed. But,
24 basically, my core message to you, my bottom line
25 message is that if you reach out to consumers, and I'm

1 sure there are many in Michigan who would be happy to
2 partner in the important work you're doing, you will
3 find people that may, in fact, be your most dedicated
4 partners in really making healthcare safer in the
5 state. And we'll be watching and seeing what we learn
6 from Michigan. So thank you very much for your time
7 today.

8 DR. SIMMER: Thank you very much. Are there
9 any questions?

10 What I'd like to do now is have each of the
11 members of the Commission here introduce themselves,
12 and we will also review the process that we're
13 following for people who perhaps joined us after we
14 had reviewed those earlier, so....

15 MS. McCOSKY: The Department of Community
16 Health is an active partner in the Commission and
17 we're very interested in the proceedings. On Monday,
18 the director, Janet Olszewski, was present and heard
19 some testimony and other opportunities along the way.
20 There's two others of us who are sitting in. One is
21 Jan Christianson, who is Director of the Health Policy
22 and Legislation; and I am a staff person sitting in,
23 my name is Karen McCosky.

24 MS. PARKER: Hi, I'm Cindy Parker, I'm from
25 DaimlerChrysler, and we are also very interested in

1 patient safety. We have been a member of this
2 committee since the formation and we're looking for
3 more good things to happen.

4 MR. WAGENKNECHT: I'm Larry Wagenknecht. I'm
5 a pharmacist, and I'm with the Michigan Pharmacists
6 Association.

7 DR. SIMMER: Tom Simmer. I'm chief medical
8 officer of Blue Cross Blue Shield and trained in
9 general internal medicine.

10 MS. WHITEHOUSE: Hi, I'm Jan Whitehouse. I'm
11 with General Motors Corporation. I'm our director of
12 community healthcare initiatives.

13 MS. McDONALD: Hi, I'm Bev McDonald, and I'm
14 chairperson on the Michigan Consumer Health Care
15 Coalition.

16 MS. CIESKOWSKI: I am Colleen Cieszkowski.
17 I'm the Senior Vice President of Quality and Review
18 Operations at MPRO.

19 MS. FREUNDL: Marge Freundl. I'm a member of
20 the Michigan Nurses Association, and I'm a practicing
21 nurse and working in quality and healthcare. Thank
22 you.

23 MS. FINK: Hi, I'm Sara Fink with the
24 Michigan Health and Hospital Association. I work with
25 Chris Goeschel at the Keystone Center for Patient

74

1 Safety and Quality with the Hospital Association.

2 DR. SIMMER: Thank you. Okay. I'd like to
3 just review the testimony process. First of all,
4 those who wish to testify are asked to identify your
5 intention by completing a sign-in form, that way you
6 sort of officially enter the line. And if you are
7 expecting to testify and you haven't yet filled out
8 one of those, please go to the back and pick up one.

9 Second, since our time is limited, we limit
10 the oral testimony to five minutes per speaker. And a
11 recorder is present at each public hearing to record
12 the individual speakers' remarks.

13 To assure compliance with privacy standards,
14 the Commission asks that the speakers refrain from
15 including the names of specific patients,
16 practitioners, healthcare facilities in their remarks.

17 The Commissioners will not be really asking
18 questions to or seeking answers of those who are
19 giving testimony but we will ask questions on occasion
20 to clarify points.

21 And today's public hearing will conclude at 9
22 p.m. this evening. Of course we will be taking
23 occasional breaks in the meantime, we think.