**Interview with Reed V. Tuckson, MD, FACP, Tuckson Health Connections, LLC**

Reed V. Tuckson, MD, FACP, is Managing Director, Tuckson Health Connections, LLC; former Executive Vice President and Chief of Medical Affairs, UnitedHealth Group; and former Senior Vice President for Professional Standards, American Medical Association. Dr. Tuckson spoke at the Keynote Session of the PIAA’s Medical Liability Conference, May 14-16, in Toronto.

**IML:** What steps can physicians, and MPL companies, take to remain flexible and nimble in a rapidly evolving healthcare system?

**Tuckson:** First of all, we can never escape the truism that the secret to caring for the patient is caring for the patient. In the midst of the current turmoil and change, we need to be reemphasizing and rededicating our commitment to our love of people, and our caring for people—our sense of compassion, our sense of humanity. And I think we should be committed to being a learning health system-based practice, constantly keeping our commitment to our oath of the continuous replenishment of our expertise.

We must make sure that our practice is consistent with the most available evidence base for what we’re doing. And then continue to learn—to keep that going. We should be monitoring our own performance, and being very meticulous in evaluating how well we are doing, in comparison to what our professional society guidance is for our discipline. That’s extremely important.

And then I would say that we need to be fully engaged in the health of our patients, in a comprehensive way. Today’s delivery system requires us to think about how we engage with and talk to our patients, and how our work fits into the comprehensive needs of the individual. Our work should be plugged in, in a way that is centered on the needs of the patient—as opposed to our particular discipline or interests.

**IML:** Do you think the sheer size of an accountable care organization will be a hindrance to this goal?

**Tuckson:** Whatever alphabet soup we use to describe more collaborative, team-worked, comprehensive, patient-centered care delivery, that seeks to drive up quality and drive down medical costs, and that aligns our reimbursement with the outcomes of care—whatever alphabet soup we call it, whatever permutation on that model might be thinking about, it is always going to be a very positive thing.

This is necessary—and it’s inevitable. I don’t think that any one can envision a future where we go back to a Marcus Welby-oriented, siloed, kind of practice. Will there be many different models to get us where we need to go? Yes. But at the end of the day, our work is going to be evolutionary. And we can decide to either drive that evolution, or be driven by it.

**IML:** As we get more and more of this data—for example, blood pressure readings in real time—and see the emergence of new roles like health coaches, what kinds of healthcare training will be needed for these individuals?

In the midst of the current turmoil and change, we need to be reemphasizing and rededicating our commitment to our love of people, and our caring for people.
Tuckson: The question recognizes the fact that there will be many different new entities that will be engaged in this holistic, patient-centered healthcare experience. There will be companies that will find a way to make a go of it by functioning as an intermediary in collecting, analyzing, and feeding back the data that is relevant and necessary for optimal clinical care delivery.

There will be companies that will figure out how to generate a revenue stream from this. And of course, they will have to demonstrate that the service they provide adds value. And that it is economically valuable either to the insurer, the employer, the patient, and the delivery system.

But yes, there will be intermediaries. I think that’s important. Can we predict all the ways in which that will occur? I don’t think so. This is a very chaotic moment, because we’re in uncharted territory with some of the data and information we’re getting now. Many of the devices that will be health-important for individuals will be purely consumer products that will just help the patient.

Some of the new products will be in a middle ground between consumer items and “medical” devices. And some will be purely medical devices.

Some of the new products will be in a middle ground between consumer items and “medical” devices. And some will be purely medical devices.

IML: In your presentation today, you put up a slide with a “physician’s charter” and it alluded to the elimination of superfluous tests. And I thought about the liability system, with its need for defensive medicine. What about the convergence of those factors—how does that get resolved? Does the liability system have to change to be able to meet that objective?

Tuckson: Inevitably, the liability system will have to change, just as the whole scientific and clinical basis of medicine is changing. That’s why I am so excited about being with PIAA.

This is an incredibly important time for a much more informed and expert-driven dialogue with the American people regarding these liability issues. We are so concerned about patient welfare, and we always are preeminently concerned about patient safety, and avoidance of harm.

That being said, we are also extremely attentive—must be—to the sanctity of patients getting only appropriate care, the care which makes sense for them. And that’s only right, so we don’t do harm by the diagnostics themselves, for example, with extra radiation, or inflicting
harm to the patient by doing tests that were indicated inappropriately by other tests, which led us down routes of inquiry that culminated in patient harm.

So it is all about appropriateness, and I think that the liability system needs to be very sure that it is not harming people in the goal of protecting people. And there is absolute room for harm, if we're not careful, especially given the kinds of new diagnostic tests that we're seeing in the genetic space.

I would urge the PIAA to be very energetic and enthusiastic about adding its voice to the public discourse around the sacred principle of protecting patients by giving them that which they need, when they need it, protecting them from that which they do not need it, especially when they don't need it.

**IML:** Given advances in technology like the “digital band aid” and the wafer chip, how do we take the next step? A big part of our charge as physician-owned and -operated medical liability companies is to examine practices and come back with patient safety measures. Is this something we need to be now moving into our risk-management areas, examining the new technologies? Because it's a very different way of doing things.

**Tuckson:** I think the implications of new technologies like the digital wafer chip inside of a medication—just the concept of it, to know that it is possible to do it, to know that it is being done, changes the way that we might approach medication safety. It certainly gives a whole other level of specificity in monitoring, in tracking, or knowing whether a patient is compliant or not. It just opens up so many doors and avenues.

This is the kind of disruptive technology that shows us how we are thinking about old problems with new solutions. This is the kind of thinking we need to embrace in medicine.

I think that what it is also saying to us in medicine is that we have friends, or potential friends, that we've never thought about, that are outside of medicine.

There are many enterprises that while healthcare may be challenged now, it is still a $3 trillion business. There are a lot of people that see opportunity inside of this chaos. That is what entrepreneurs do—they find opportunity in chaos.

Therefore, what this tells you at PIAA is that there are people whom you want to embrace, that are good at talking to patients in ways that physicians have not been, historically. There are whole industries whose very success is in sustained, continuous conversation, whether it is about retail products, books, or social media. There are people who know how to think about this. These are people that we should be deputizing as members of the health team.