



Editors' Comments

Beauty and Truth

In *The Permanente Journal* our goal is to bring you both beauty and truth, if you allow that we know neither for sure. On viewing this issue's cover art you must pause to catch your breath! A grand moment of Fall mountain watercolor becomes a beautiful vessel for the moments of imagination, experience and study that authors express through the words inside. It is all Permanente Practice.

With this image in mind the Editorial Team welcomes you to the second issue of *The Permanente Journal*. We are pleased that in the first issue we met, and in some cases exceeded your expectations. "Stunning," one said, as you can read in our letters section in which we cited representative perspectives of your clinician colleagues, senior leaders, and team members. For balance we also include constructive criticism, some of which we correct in the second issue. You believe as we do that *The Permanente Journal* achieves progress toward several current and future organizational goals.

Companion Perspectives

In this second issue you will find several companion articles in our attempt to bring you multiple points of view and practice experiences: partnership agreements, psychobehavioral approach to clinical care, consumer protection, and practice redesign. We have a strong interest in future articles that will be multiple-authored from people in different regions, disciplines, and departments as we search for different experiential viewpoints. We can all benefit from comparative knowledge and practice, though it must be highly usable, easily applicable, and effective for achieving valuable outcomes.

Agreements and Cartoons: The Past and the Future

As we seek to grow forward into the future from roots in the past, you will see linking documents, concepts, and visual images. For example, recognize the remarkable similarity between the Tahoe Agreement of 1953 and the National Partnership Agreement of 1997. This reminds us of the importance and necessity of awareness of the present, evaluation of the current state of practice, and study and reaffirmation of the values of the past that when renewed compel us to a better future. What is most remarkable in this regard is that over time, things change yet things stay the same. In this case both the content of the issues and the form of the process and solution were nearly identical. Some principles are timeless and wisdom resides in past experience, though its application in a new setting necessitates careful analysis and interpretation.

Nurturing a new present that will grow a new future is equally necessary, even in the form of cartoon-strips: Joe Oleniacz's, "Dr. Garfield," joins Steve Bachhuber's, "Life On The Sunnyside" in this issue. Humor often breaks through the dense coming and going of our day to reveal truth. Through this insight we may readjust our plan. By linking formal agreements and informal cartoons in these paragraphs, I have created a wide spectrum of relationship.

However, all elements of our work participate in organizational success. In *The Permanente Journal* we provide a durable forum for our work as we live it. That Kaiser Permanente has such history and imagination to draw on is one of our sustainable competitive advantages. Let's celebrate this.

Distribution

As is often the case, creating a new product or service venture requires creating a new process—the development of communication and distribution networks essential for *The Permanente Journal* to function effectively for all 10,000 physicians in our national medical group, the 3,000 providers they work with, and the thousands of nurses and other professionals on the health care delivery team. Because these people haven't regularly communicated between regions there are no established information vehicles or distribution channels. The Editorial Team has had to overcome this relative absence through extensive work to discover how best to ensure that each issue reaches you in a timely manner. Unless the means exists to quickly deliver important information to a clinician's desktop, optimal learning becomes disabled. The development and refinement of these channels is ongoing and will serve other interregional groups and projects.

Communication

The Permanente Journal does achieve one mode of national information exchange through hardcopy; electronics technology achieves, through near instant information transfer, another mode. What we need though is a matrix of media interconnectivity to realize truly clinician-friendly knowledge transfer. Thus we look to a fluid integration of the Internet, electronic mail, voice-mail, audio and video conferences, hardcopy in the form of quarterly journals, written letters, faxed and printed newsletters, and multi-access forums such as KP Exchange, and multi-user forums such as the Care Management Institute's chat room. Is it yet obvious to recognize that no one medium serves as a communication panacea? All mediums have their advantages and limitations. Together some mediums achieve synergy. Additionally, if we are to respect the variety of ways that adults learn and share knowledge, then maintaining a healthy respect for all forms appears most sensible. While people may at first think of *The Permanente Journal* as a static document, we envision a continued integration into the complex, existing communication capabilities, and to find those associations between mediums that produce the greatest synergy. In contrast to accelerating electronic connectedness many are rediscovering the high value of actual personal interaction through individual dialogue, group discussions and group meetings. And as many of us are finding, you cannot overcommunicate, though we often miscommunicate. After improving communication and information exchange in our national group we will then want to reach outside to our contract and network clinicians, to other medical groups and health plans, and to other health care entities, and individual consumers.



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Quality and Learning Conference

The Permanente Journal team is preparing for the Kaiser Permanente Quality and Learning Conference in San Diego in November. *The Journal* Advisory Board and Editorial Team will meet to review and evaluate the first two issues, assess the effectiveness of our initial strategy in meeting clinicians and medical group needs, and plan for the next issues. The conference committee approved our proposal for a poster presentation, so we will be there on the demonstration floor to talk with you and hear your feedback. We encourage your participation through authorship of articles or creation of visual art for our future covers and interior illustrations, drawings and photographs. Members of the Editorial Team will look for opportunities to meet with you in your areas to further discuss how *The Permanente Journal* can be of value to you. Enjoy reading this second issue and anticipate the third issue in the winter where you will find articles on access to specialists, the genome project, dyspepsia, managed genetic care, and brand strategy. And please let us know about areas you would like to see in future issues. Thank you for your support.

Clinical Contributions

Arthur L. Klatsky, MD, Editor

It is with a sense of eager anticipation that I join the staff of *The Permanente Journal* as an Associate Editor with responsibility for Clinical Contributions. I am grateful to my predecessor, Dr. Phillip M. Brenes, for launching this section and for making the assumption of this role a smooth transition. The concept of the *Journal* is a wonderful idea, probably overdue, and with the leadership already evidenced, easily within the capabilities of Kaiser Permanente. This *Journal* is likely to develop into an important publication, influential both in Kaiser Permanente and in the general medical community. Thus, it is an honor to play a role.

The Clinical Contributions section offers an opportunity for Kaiser Permanente practitioners to present new findings, reviews, analyses, and practice programs of interest and importance. Full length and brief articles, observations, or reports are welcome. That we have an abundance of talent for this endeavor is a given. Our vast clinical experience should be shared. This new forum should act to encourage creative medical writing, with resultant beneficial effects upon our self-esteem and upon the view others will have of our capabilities.

This issue presents a variety of such articles in several areas of clinical interest. It also includes a reprint, with current commentary, of a 54 year-old article by one of our pioneering physicians, Dr. Cecil C. Cutting. It is planned to publish, from time to time, several such reprints by early Kaiser Permanente physicians, for historical interest and to demonstrate the timeliness of much material published long ago. ❖

Artful Work

"... our solutions are too often ineffective because they address the symptoms rather than the causes. We change our ideas and techniques without changing our beliefs...."

Because we need to question our current beliefs and orders.... I am inspired by artists: novel poets, potters, painters, and other people who are sometimes considered oddballs by those of us who inhabit organizational corridors. Artists embrace different beliefs and orders and see work differently than do most people who work in organizations. We have much to learn from them....

Actors in rehearsal speak of 'going off book,' or reciting one's lines without the script.... Going off book means that the actor is no longer looking to an external source—the script guidance.... The actor finds self-expression through the character ... stops wondering how to be, takes ownership of the character, and becomes self-expressive."

Dick Richards, Artful Work, Berkley Books, New York.

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