

*New Technology—The Permanente Way!*

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This special issue on new technology showcases a major competency of the Permanente community—successful integration of new technology while maintaining high-quality care and a world class cost structure.

Many of society's new technologies have become a community standard without the application of a sound scientific approach, contributing greatly to the rising cost of medicine. Based on scientific approaches, and with a focus on patient-centered care—not technology-centered care—this Permanente-physician-led integration has partially insulated Kaiser Permanente from the escalating health care costs in the medical community. Our approach is a model that is not only applicable to the United States, but also around the world as countries struggle with developing health policy related to technology changes in environments with limited resources.<sup>1</sup> In the Health Systems section of this issue, KP's process is the focus of Dr Tan's review of Permanente's approach to new technology acquisition as well as of Mr Sugarman's descrip-

tion of the Interregional New Technology Committee.

I believe it is keeping our eyes on the patient that is the hallmark of KP's new technology integration strategies. In 1938, Dr Arthur Hertzler, a "horse-and-buggy doctor" of the late 1800s, lectured a group of upstart, slightly arrogant young physicians on the importance of keeping one's focus on the patient despite the advances of the time. Dr Hertzler admonished the physicians: "What concerns the individual doctor is not so much what medical science can achieve as how much of this he can deliver to his patients. That is the personal element, for which each doctor is responsible."<sup>2</sup> These observations are probably still very relevant to clinicians today. In 1903, Dr Osler warned universities not to forget to keep the patient the center of learning: "The whole art of medicine is in observation, as the old motto goes, to educate the eye to see, the ear to hear, and the finger to feel ..." "... the best teaching is that taught by the patient himself."<sup>3</sup> Technology should not replace the humanness and effectiveness of the exam room encounter, but rather should support the clinician-

patient interaction. This is the focus of Dr Lum's article on the impact of new technology—the computer—on patient communication in the exam room. With amazing automation of the care experience, can we still keep our eyes on the patient? [Patient—communication contributions will be a regular feature of the Health Systems section; Dr Lum's article is the inaugural contribution.]

Finally, again in the spirit of new technology enhancing a Permanente competency, Dr Havens presents a view of the future of CME technology within Kaiser Permanente. It is one of our core values—the constant learning within our group model—that enables us to leverage technology enhancements.

I'm certain that you will enjoy this edition. We have all enjoyed this opportunity of highlighting new technology to again wave with pride the Permanente flag of excellence!

## References

1. Iglehart JK. International health reform [special focus section]. *Health Aff (Millwood)* 1999 May-Jun;18(3):9-134.
2. Hertzler AE. *The horse and buggy doctor*. New York: Harper; 1938.
3. Cushing H. *The life of Sir William Osler*. Oxford, Eng: Clarendon Press; 1925. Vol 1, p 597.

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"I am a part of all that I have met."

*"Ulysses," Alfred, Lord Tennyson, 19<sup>th</sup> Century poet laureate of England*