

# Houston, We Have a Problem

Practices can learn valuable lessons  
from the Apollo 13 Mission.

BY JON A. HULTMAN, DPM, MBA

A valuable lesson for those wanting to improve their practice management outcomes is portrayed in a scene from the movie *Apollo 13*. The importance of looking for and focusing on strategies that are within one's control is clearly demonstrated in this scene. While most physicians rue the idea that they are gradually losing control over their practices as the years progress, the reality is that there are strategies they could employ to reverse this. Many expend too much time and energy focusing on factors over which they have little control while overlooking things right in front of them over which they have complete control. An *Apollo 13* scene mirrors this predicament and illustrates this point.

An explosion of an oxygen tank in Apollo's service module causes massive internal damage, jeopardizing the lives of the three astronauts aboard. Because the oxygen level in this module is dipping dangerously low, it becomes necessary for the crew to transfer to the lunar module (LEM). This prompts the oft-quoted message to Mission Control: "Houston, we have a problem." Mission Control, under the leadership of Gene Kranz (portrayed by Ed Harris), is challenged to devise a plan

by which to return the astronauts safely to Earth.

While the move to the LEM is necessary, this new environment poses its own challenge. The LEM was designed to support two people for a period of 36 hours—not the three endangered astronauts who, by mission control estimates, will

filtration system—one that can be constructed utilizing only the limited supplies available on the craft itself.

A noteworthy scene in the film depicts the aerospace engineers and astrophysicists as they assemble around a table in a room at Mission Control. Initially, rather than focusing on fixing the problem, they

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require 96 hours of support. The transfer is made, and once completed, carbon dioxide in the LEM quickly builds up, exposing the astronauts to this new danger. The only way to solve this problem is to swap the filters in the LEM's CO<sub>2</sub> scrubbers for clean ones. This process is thwarted when it is discovered that clean ones in the command module cannot be used. Unfortunately, the command module's scrubbers are square, and will not fit the round configuration of the scrubbers in the LEM. A team on the ground is assembled to solve this problem and design a replacement

focus on fixing blame—i.e. why were different scrubber configurations designed for the two modules, and who made this decision? Once this distraction runs its course, they shift from "fixing blame" to "wishful thinking"—*if only* the astronauts had access to "such and such" on the LEM—or, *if only* they could somehow transport the necessary materials to the craft from Mission Control.

This lack of focus only wastes valuable time, which is limited because the buildup of excess CO<sub>2</sub> is coming dangerously close to asphyx-

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iating the crew. This is when the camera shifts to Gene Kranz who walks into the room with a box filled with “junk.” He proceeds to empty its contents onto the table, saying “This is what they have available on the spacecraft. You have to find some way to solve this problem using just these materials.” Everyone immediately shifts focus solely to the contents on the table, working together to find a solution. In record time, the ground team puts together an improvised adapter using an assortment of random parts identical to those available to the astronauts on the spacecraft—parts which include 2 lithium-hydroxide canisters, a cardboard flight manual cover, duct tape, suit parts, 2 socks, LCG bags, and a bungee cord.

The trajectory of the process that these rocket scientists take when trying to solve the CO2 problem on board is familiar. It is similar to that which was taken by doctors who were forced to make critical decisions when managed care first entered the healthcare scene, healthcare delivery became more price-competitive, and fees steadily declined. As with the scientists in Apollo 13, frustrated doctors first focused much of their time fixing “blame.” They blamed their decreasing profits on lower fees set by employers, payers, and government

officials. Also, as with the Apollo 13 scientists, many practitioners wasted time in “wishful thinking”—hoping that things would eventually just return to “the good old days.” As time progressed and it became clear that they were losing ever more control over fees and their “bottom lines,” doctors still were not focused on the many options available to them—things that they could work

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with that were actually “on the table.” There were many variables still under their control which they could utilize to effect change.

To retain profitability, most doctors focused, and still are focusing, solely on one strategy to reverse this situation—increasing their practice volumes. Increasing volume is one “tool” available which is capable of impacting profit; however, just as was the case for the Apollo 13 scientists, practitioners actually have many more tools available to them “on the table.” In addition to volume, doctors have control over at least 13 (to stay with the Apollo 13 analogy) aspects of their practices—things such as quality, costs, efficiency, productivity, technology/equipment, capacity, schedules, hours of operation, staffing (i.e. use of physician extenders), service mix, payer mix (contracts), DME/supplies, and ancillaries. They need to assess all of these “parts on the table” to find solutions that will work for them.

Any practice can effect positive changes if it stops fixing blame, wasting time with wishful thinking, and concentrates on the strategies (tools) that are under its control. For group practices, there is greater opportunity to employ more of these tools, but there are few groups that actually do so. Instead, many have come together simply for the purpose of negotiating higher fees through better contracts. These groups are still focused on only one of the tools available to them. While better contracts are important, the greatest success will be achieved for both doctors and patients when strategies are focused on using all the “tools on the table.” Can you imagine the potential opportunity available to any practice that actually employs all 13 of these tools to its advantage? **PM**



**Dr. Hultman** is Executive Director of the California Podiatric Medical Association, practice management and valuation consultant for Vitera Healthcare Solutions, and author of *The Medical Practitioner's Survival Handbook* (available at [www.mbagurus.com](http://www.mbagurus.com)).