The woman lived alone in a highway motel turned boarding house with a donut shop view from the front door.

I steadied the woman’s leg as my partner slipped off the woman’s sock. “How long have your toes been black,” my partner asked.

“I don’t know,” the woman answered. “I’m blind from diabetes.”

During two decades as a paramedic, I’d answered thousands of calls for help, from horrific crashes and backyard swimming pool drownings to an array of suicides and lots of elderly folks who couldn’t breathe. I preferred overnights. That’s when it all happened.

Except for the woman with the leg pain. At the time, I couldn’t know the significance of the call.

Her swollen leg was full thickness purple and black, which stretched to mid-calf like an angry bruise, assuring that her ride to the hospital would result in a below-the-knee amputation for diabetes-related gangrene. Neglect was the real disease.

Decades later, misaligned incentives persist, rewarding doctors for volume of procedures performed instead of quality of care. But that’s changing. New ways of providing care are emerging. Bundled payments for a group of services are on the horizon and so are financial incentives for keeping people healthy and out of the hospital.

The promise is great, from the Jewish Healthcare Foundation, which is exploring ways to better coordinate care to Monongahela Valley Hospital, where they’ve adopted a new approach to joint replacement surgery that is speeding recovery, to Allegheny General Hospital where doctors have found ways to reduce overall radiation exposure for patients by 75 percent during a common heart function test.

The movement is also taking root nationwide. Witness Mayo Clinic’s new partnership with insurer UnitedHealthcare to use claims data in outcomes research. Their goal - and the goal of every consumer and employer - is to find what works in medicine and what doesn’t.

And why should anyone pay for care that hasn’t been shown to work?

So, welcome to the Pulse, the Business Times’ health care blog, where we’ll sort out the green shoots of real system change. Indeed, the promise is great.
But what we really want to know is how we will be able to live longer, happier lives with fewer medical errors and hospital-acquired infections. An historic transformation is underway in health care and I’m delighted to help unpack the view with you.

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