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Other Uses of Probioitcs

ReachMD XM157 now presents this week's top stories from the pages of American Medical News, the nations leading newspaper for physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM157, I am Dr. Mark Chyna and I am Sue Berg.

SUE BERG:

On this weeks program health insurance premiums are up this year. Research suggests surgery for osteoarthritis has limited benefits and the latest flu vaccine is plentiful and appears effective. Now with a top story from American Medical News here is Dr. Mark Chyna.

DR. MARK CHYNA:

Medicare is revamping it's contractor system, the goal is to improve the physician claims process and make the medicare program run more efficiently when the effort is complete in 2011 all physicians and hospitals in a given jurisdiction will have one medicare administrative contractor handling all of their part A and part B claims. Some doctors are unhappy because they must switch from a carrier they have been billing for decades to a new unfamiliar contractor roughly two dozen states have switched from their old carriers to new contractors. Medicare chose the contractors based partly on competitive bids. Dr. Arthur Snow Jr. is a family physician in Shawnee Mission, Kansas. In his jurisdiction Wisconsin Physician Service Insurance Corporation took over operations from longtime carrier Blue Cross Blue Shield of Kansas.

DR. ARTHUR SNOW JR:

This occurred on March first of this year and we noted that our payments, which are primarily coming from medicare, I am almost exclusively a medicare provider hardly 99% of my receipts gradually increased payments markedly stopped. It became very noticeable in about May, 2 months after the transition, which reached a point that our accounts receivable which normally ran about 150% of 1 months' production had increased to 300% of one months collection in other words accounts receivable had doubled.

DR. MARK CHYNA:

Wisconsin Physician Service Insurance Corporation is saving cost by forgoing a Kansas based medical director and regular educational sessions with local physicians, instead the company is reaching out from it's Wisconsin headquarters via web-based bulletins, WPS, said it encountered some claims issues that needed fixing, but those effected only a small number of doctors. Medicare says it is working individually with doctors on payment problems. It says physician should try to resolve issues with their new contractors before contacting Medicare.

SUE BERG:

Flu vaccine is plentiful this year and medical organizations are urging doctors to immunize themselves, their staff and as many people as possible. Dr. Ardis Hoven is secretary of the American Medical Association. He spoke recently at a briefing sponsored by the National Foundation for Infectious Diseases and other organizations.

DR. ARDIS HOVEN:

A healthcare workers recommendation is one of the strongest factors influencing patients to get vaccinated and so physicians in this country need to make a point of discussing influenza and discussing vaccination and discussing the availability of it because this year we are going to have plenty of vaccine available. Many physicians don't have the time or take the time to communicate with their patients about this and this is something that we really must be doing this year.

SUE BERG:

A survey by the National Foundation for Infectious Disease found that 70% of adults would likely get vaccinated if their physicians recommended it. The Centers for Disease Control and Prevention says that last year only 42% of healthcare professionals were vaccinated. This year's reformulated vaccine is expected to provide more protection than last season's version. The CDC now recommends flu vaccination for children and teens, ages 6 months through 18 years and any adult who want to reduce the risk of becoming ill or of transmitting the flu to others. These categories include about 84% of the population.

DR. MARK CHYNA:

From this week's government and medicine section, employer-based health insurance premiums are up this year. A survey released by the Kaiser Family Foundation and Health Research and Educational Trust found that premiums increased 5% and employees are facing higher deductibles. The average annual cost of a family plan in 2008 was \$12,680 that is \$574 more than last year, annual single coverage costs \$4704, larger employers were more likely than small businesses to offer high detectable health plans this year and they were more likely to offer wellness programs. The consulting from Hewitt Associates predicts that healthcare cost will increase by more than 6% next year. Nearly one-quarter of adults told the Kaiser Family Foundation in August that they had a serious problem paying for health insurance.

SUE BERG:

A court has thrown out a claim by an Arkansas Cardiology Clinic that its physician owners were wrongly excluded from health insurance network. Little Rock Cardiology Clinic had charged that states largest hospital system Baptist Health conspired with Arkansas Blue Cross Blue Shield to keep the cardiologists and their clinic out of the network to avoid competition. The dispute arose when Arkansas Blue Cross Blue Shield excluded the physicians from its first source network after opening Arkansas Heart Hospital in 1997, other doctors were allowed to stay in the plan and Baptist Health barred its doctors from having outside financial interest in competing facilities. Legal expert say the ruling may offer guidance in similar lawsuits. Thomas Greene is director of the Center for Health Loss Studies at the St. Lewis University School of Law.

THOMAS GREENE:

Well the Little Rock case is little bit unique and that much of it turns on failures as the plaintiff to comply with the statute of limitations and other technical requirements. That part of the decision I do not think would be repeated very often, plaintiffs usually find a way to file their cases on time. The case does raise a number of issues about the geographic marked and relevant marked that court should look at in these cases involving specialty hospitals, but each of those facts are going to be pretty unique to the case in front of a court. In this case though I guess the case has some broader implications because the court was willing to use some tools that had to dismiss the case that were recently given to it by the Supreme Court. The Supreme Court has made it easier to dismiss cases under its decision in _____ case based on requiring plaintiffs to show some evidence that the market they are alleging is plausible really at the outset that makes it harder for plaintiffs to survive motions to dismiss and in cases like this where the facts are pretty unclear sometimes it is hard for the plaintiff to allege the relevant facts.

SUE BERG:

Little Rock Cardiology Clinic is appealing the decision.

DR. MARK CHYNA:

From the American Medical News Professional Issues section other countries are surpassing the United States and making donor organs available for patients. In the United States almost 100,000 Americans are on their waiting list for donor organ and 1 patient on the list dies every 73 minutes. Iran has nearly eliminated the waiting list for organ donations by establishing the world's only legal regulated system to compensate kidney donors. Spain has an opt-out system in which organs are taken after death unless an individual says otherwise while alive. Spain's organ procurement rate is 35% higher than that in United States. Many transplant physicians in the United States would like to see similar policies here. Dr. Benjamin Hippen is a transplant nephrologist in private practice in Charlotte, North Carolina.

DR. BENJAMIN HIPPEN:

I think that organ donor should receive financial compensation if they want it. Financial compensation comes in a number of different packages, 1 such package which I think aligns with a number of goals about the transplant community donors society at large is to provide lifelong comprehensive health insurance for donors, which by any ones measure is a valuable financial incentive. That particular incentive would permit transplant professionals to follow longitudinally and prospectively the health of donors so that we can better describe the long-term risks of donation for people who want to be donors whether in exchange for incentive or not in exchange for an incentive.

DR. MARK CHYNA:

Several years ago a US Institute on Medicine Committee rejected donor compensation and presumed consent. The panel said that the risk of public backlash against the transplant system would be too great. The AMA is exploring both options and plans to lobby congress to allow ethically designed trials of financial incentive.

SUE BERG:

A recent California court ruling may limit the way hospitals impose rule changes on medical staff members. The court found that a hospital board's application of revised staff membership requirements was unreasonable. The court said they had unfairly singled out one physician without giving him an opportunity to comply. Los Robles Regional Medical Center gave nephrology privileges to Dr. Sohail Nasim in 2001 and he joined the hospital's provisional staff after he completed specialty training. At that time, Dr. Nasim was not board certified and hospital rules did not require staff doctors to obtain certification within a specific time. Two years later the hospital notified Dr. Nasim that it had revised the criteria. Dr. Nasim was unable to meet a new deadline and he lost his nephrology privileges. The court ruled that hospitals have the authority to set certain standards, but they must not be directed at specific individuals. Lawyers say the ruling does not go against hospital's rule making authority.

INCOMPLETE DICTATION.