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Standard & Novel Approaches to Spinal Cord Injury

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

Welcome to American Medical News on ReachMD XM 160. I am Dr. Mark Chyna

And I am Sue Berg.

MS. SUE BERG:

On this week's program, a report looks at the impact of fewer primary care physicians. Slow Medicaid pay discourages physician participation and a study reveals the link between kidney stones and chronic kidney disease. Now with the top story from American Medical News, here is Dr. Mark Chyna.

DR. MARK CHYNA:

The lack of access to primary care doctors leads to worse health outcomes and higher cost according to an American College of Physicians report released in November. The 63-page white paper is aimed at influencing the shape of impending health system reform. The ACP reviewed more than a hundred studies from the last 20 years to conclude that the proportion of primary care doctors in the community is related to population health outcomes and system costs. The number of US medical graduates entering residencies in family medicine and internal medicines has dropped by half in the last decade, as physicians pursue less time squeezed and higher paying specialties. The ACP report said, frustrated primary care doctors have all complained of long hours, low pay, and excessive paperwork; more than half say they would not recommend medicine, as a career to young people according to a survey released in November by the Physicians Foundation. Dr. Lou Goodman is CEO of the Texas Medical Association and President of the Physicians Foundation.

DR. LOU GOODMAN:

Well, the survey was conducted by the Physicians Foundation to in effect take the temperature of the medical profession. What we found from our comprehensive survey was that there is a fever running among the profession that physicians, primary care doctors in particular, but all doctors are feeling overwhelmed by paperwork, red tape, government hassle, and it's causing a problem.

DR. MARK CHYNA:

Family physicians and pediatricians want congress to pass legislation to boost the pay of primary care doctors and help them with their medical school debt. President-elect Barack Obama's health proposals include a plan to offer loan help and better wages to primary care physicians and to expand grants for primary care training. In November, the AMA adopted policy supporting programs to decrease the educational debt load of physicians, who choose primary care practice. The association also endorsed the medical home concept and pledged to work with medical schools to devise innovative ways to recruit and train primary care physicians.

MS. SUE BERG:

Leaders in the senate have begun laying the groundwork for comprehensive health system reform in 2009. Senate finance committee chair Max Baucus released a proposal that would reform Medicare's physician payment formula and boost pay for primary care. Baucus' proposal would require everyone to have insurance and would expand eligibility for Medicaid and the children's health insurance program. The plan would establish subsidies to make health insurance more affordable and most employers, who don't offer health insurance to their workers would have to contribute to a fund to cover the uninsured.

DR. MARK CHYNA:

From this week's Government and Medicine section, delays in reimbursement for Medicaid patients can discourage doctors from participating in the program, that's from a report in the general health affairs. The authors found that states with high pay and slow reimbursement had lower Medicaid participation than states with high pay and faster reimbursement. Dr. Peter Cunningham is one of the authors. He is a senior fellow at the center for studying health system change, a healthcare research organization.

DR. PETER CUNNINGHAM:

The major findings of the study were that the speed of reimbursement affects physician's willingness to accept Medicaid patients. We all know that the amount of reimbursement, particularly low reimbursement tends to discourage physicians from accepting Medicaid patients, but it's also the case of the speed of reimbursement, that is, how fast Medicaid reimburses physicians can also affect their willingness to accept Medicaid patients. So basically the study found that slow payment times offset the effect of high fees on Medicaid participation by physicians.

DR. MARK CHYNA:

The slowest state to reimburse was Pennsylvania, which took an average of 115 days or almost 4 months. Kansas was the fastest at 37 days per claim.

MS. SUE BERG:

Government investigators recovered more than 1 billion dollars in settlements and judgments under the False Claims Act last year. The money came from a variety of groups including the drug companies Merck and Cephalon and the managed care company, Amara Group. Settlements involved allegations of illegal off-label promotion by drugmakers as well as anti-kickback violations by drug firms, device makers, and hospitals. Patrick Burns is the spokesman for consumer watchdog organization, Taxpayers Against Fraud. He says

physicians are rarely targeted under the False Claims Act, but they can be called on to help with investigations.

MR. PATRICK BURNS:

The main reason that the Department of Justice doesn't like to target physicians is that most of the time physicians are acting the way they are because they are being induced or bribed by kickbacks from large corporations. The only need to end the cheating or graft by going after one side and so if you can bring a case against a company; let's say it's a pharmaceutical company or a hospital or a device maker and they have deeper pockets and it's one trail, otherwise you have to go after hundreds of physicians that have much shallower pockets in hundreds of trails. So the goal of the government is to end lying, stealing, and cheating, and ripping off from Medicare and Medicaid.

MS. SUE BERG:

Some law makers want to expand the list of potential whistle-blowers and the statute of limitations for bringing suits.

DR. MARK CHYNA:

From the American Medical News Professional issue section, today almost all US medical boards put physician profiles online and state medical societies say they have not heard the outcry from doctors that they once feared. Most states post license status and disciplinary history, some include medical malpractice payments and criminal convictions. Consumer Advocacy Group say that they would like to see more states disclose this type of information. Physicians say a decade old requirement in Massachusetts to post physicians profile online has been working as well as they could have hoped. Dr. Bruce Auerbach is president of Massachusetts Medical Society.

DR. BRUCE AUERBACH:

Well, it gives the patients as well as hospitals and other providers the opportunity to get background information on any physician with whom they are or wish to be affiliated, so they can look up and see where they did their training, when they did their training, what other certifications they have, what hospitals they may be affiliated with, what insurance companies they take and the like and this kind of information can certainly be very helpful for people as they are particularly people, who may be moving into an area and wish to find a new physician.

DR. MARK CHYNA:

State societies credit the success of these profiles to state medical board's willingness to listen to doctor's call to make sure that data is put into context rather than just dumping raw data, but doctors say those battles to make sure accurate data is put online is not over. For example, that debate is going on in North Carolina where the state's medical board and general assembly wants to post more data to physician profiles.

MS. SUE BERG:

In this week Business section, identifying some doctors as champions of healthcare of technology is easing the move to electronic records. Dr. Gavin Parisi is an emergency doctor and physician champion at Banner Estrella and Banner Good Samaritan Medical

Centers in Phoenix.

DR. GAVIN PARISI:

The kinds of duties that physician champions take on are multi-faceted. Basically, the main job of the physician champion is to provide an environment for physicians to feel comfortable with the technology and in doing that we are taking about is technology for physicians. My job is basically to get physicians comfortable, understand the technology, feel free enough to use it to ask questions and really to support them. Physicians have a very critical way of analyzing everything from patient interactions to technology itself and basically they need to have an environment where they can express their concerns, give their input, make suggestions, and critique a product or a process.

MS. SUE BERG:

Doctors are better than administrators at anticipating their colleague's questions and they can act as liaisons between the medical staff and vendors, and doctors and the administration.

DR. MARK CHYNA:

The Medical Society of New Jersey has challenged a proposal by Horizon Blue Cross Blue Shield to become a for-profit company. Doctors and other say that in the face of the current economic meltdown, they want Horizon to withdraw its application or come up with a new one. Horizon says the crisis has heightened the need for the switch to for-profit status, but the medical society and its allies say Horizon was counting on a more lucrative stock offering is possible now.

MS. SUE BERG:

This week in Health and Science, very few people know their risk of developing type 2 diabetes. As many as a fourth of US adults have prediabetes, but only 4% of those in a CDC survey said they had been told about it. Prediabetes is marked by impaired fasting glucose, glucose tolerance or both. People with the condition are at heightened risk of developing type 2 diabetes. It is not clear, who should be screened for prediabetes. The American Diabetes Association takes an aggressive approach and recommends screening all patients, who have a body mass index of 25 or greater and other risk factors. The ADA also recommends screening everyone older than 45. A recent study in the annals of family medicine describes a new assessment tool that can help determine which patients to screen. It's called the Tool to Assess Likelihood of Fasting Glucose Impairment or TAG-IT. Dr. Richelle Koopman is one of TAG-IT's developers. She is an Assistant Professor of Family Medicine at the University of Missouri.

DR. RICHELLE KOOPMAN:

So the TAG-IT risk score can identify people with undiagnosed diabetes or impaired fasting glucose, which is a prediabetes state and the way that it does this is through using risk factors and we chose the risk factors for the score to be risk factors that were relevant in predicting, but also ones that people would know about themselves or could easily measure. So things like family history, their blood pressure, their weight, and we chose weight and height to make a body mass index BMI rather than something like waist circumference because people don't routinely measure waist circumference.

MS. SUE BERG:

TAG-IT uses 6 readily obtainable identifiers – age, sex, body mass index, family history of diabetes, heart rate, and hypertension. Dr. Koopman says the tool makes it easier to assess each patient's combination of risk factors.

DR. MARK CHYNA:

People who develop kidney stones are more likely to develop chronic kidney disease and end-stage renal disease. This link was discussed recently in Philadelphia at Renal Week 2008, the American Society of Nephrology's 41st annual meeting and scientific exposition. One study suggested that individuals with a history of kidney stones had a 60% increase in risk of developing chronic kidney disease and a 40% increase in risk of end-stage renal disease. The authors say it's important to help people avoid getting kidney stones. Those who tend to get them may need to take certain medications or change their diet. Some researchers say the studies findings should be interpreted with caution. They say it showed only an association, but not cause and effect.

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