

Doctors Fight Consumer Efforts to Gain Information on Physician Performance

A federal appeals court has ruled in favor of efforts supported by the American Medical Association to block the release of physician data that a consumer group had sought in an effort to increase transparency in health care. In a 2-1 ruling, the U.S. Court of Appeals for the District of Columbia reversed a lower court ruling requiring that the information be released by the Department of Health and Human Services (HHS). The American Medical Association (AMA) had joined the Department's efforts to prevent the release of the information.

Consumers' Checkbook, a nonprofit consumer research and information organization, had requested the data for use on a consumer Web site that would report the various types of major procedures performed by physicians and reimbursed by Medicare. The organization had hoped consumers could use the information to consider whether a physician has an appropriate level of experience performing the procedure needed. Studies have shown a correlation between the higher volume of procedures performed by a physician and better outcomes.

The organization also believed the data would allow the public to assess how well the Medicare program is addressing problems such as:

- the substantial number of physicians performing large numbers of high-risk procedures even though they are not trained or certified to do so
- a physician's record of poor results or sanctions related to the reported procedures
- conflicts of interest related to prescribing procedures at facilities they own
- large numbers of physicians not meeting basic standards of care for their patients
- millions of dollars in fraudulent claims

In a split decision, the appellate court ruled in favor the argument supported by AMA that the release of the data was an invasion of a physician's privacy. Dissenting judge Judith Rogers disagreed, finding "a commanding and important public interest in disclosure of the data." She continued, "In reaching this conclusion the court overstates the inviolability of the privacy interest and overlooks the near undeniable fact that the requested data can be of some assistance to the public's evaluation of how HHS is carrying out its initiatives aimed at measuring and improving health care quality and its efforts to combat Medicare fraud and waste."

Study of Texas Hospitals Confirms that "Paperless" Hospitals are Better for Patients

Results for a large-scale Johns Hopkins study of more than 40 Texas hospitals and 160,000 patients show that when health information technologies replace paper forms and handwritten notes, both hospitals and patients benefit strongly. Results showed that with computerized automation of notes and records, hospitals whose technologies ranked in the top third were associated with a 15 percent decrease in the odds that a patient could die while hospitalized. The highest scores in decision support systems – computerized clinical information that guides a physician's treatment choices – were associated with a 21 percent decrease in the odds that a patient would develop complications. The research also found that hospitals with the highest technology scores in the rating system showed significantly lower patient costs.

Health Quiz

1. According to a recent study, patients are safer at hospitals that use paper records.
(a) True
(b) False
2. In a recent lawsuit, the AMA supported release of physician data to help consumers make informed choices.
(a) True
(b) False
3. Increased transparency of physician data will reveal the frequency doctors perform certain procedures.
(a) True
(b) False
4. "Cherry-picking" through self-referrals harms community-based hospitals.
(a) True
(b) False
5. A recent study indicated that hospital checklists are not useful.
(a) True
(b) False

Medical Groups Block Federal Proposal to Limit Physician Referrals to Facilities They Own

As a part of the legislation to extend and expand the State Children’s Health Insurance Program (CHIP), the U.S. House of Representatives included in their version of the bill a provision by Rep. Pete Stark (D-Calif.) to limit “self-referrals” to physician-owned hospitals. The Congressional Budget Office estimates that such limits would save the taxpayers about \$1.2 billion over the next ten years.

The provision was adamantly opposed by the American Medical Association and the Physician Hospitals of America, the trade association that represents physician-owned hospitals. The two groups’ lobbying efforts were rewarded when the U.S. Senate version of the bill and the final measure that was sent to President Obama did not restrict self-referrals.

Texas currently has 63 physician-owned hospitals. Critics of those hospitals argue that they represent an inherent conflict of interest and provide an incentive for “cherry-picking.” Doctors who have a financial stake in the hospitals have a natural incentive to refer better paying and healthier patients who are the least likely to have complications from the procedures to the hospitals they own. Physician-owned hospitals tend to limit their services to the most lucrative specialties, mostly cardiac and orthopedic services and treat patients who have less severe illnesses and live in ZIP codes with higher socioeconomic status. That leaves the sicker, poorer patients for the community hospitals.

Simple Checklists Can Reduce Deaths in Surgery

Something as simple as a checklist for doctors and nurses to follow before, during and after a surgery can significantly reduce the death rate and the frequency of post-surgical complications. The checklist is easy enough to make, costs little, and is easy to follow. While it seems to make common sense, it has not been a common practice.

In a report released in the online version of *The New England Journal of Medicine*, a study conducted by researchers from the Harvard School of Public Health, working with the World Health Organization, found that when checklists, which included basics like ensuring there was adequate blood on hand and that the patient had been given antibiotics, if called for, were followed the results were significant. The checklists also included having the entire surgical team introduce themselves, so that the junior members of the team would be more comfortable speaking up during the procedure if they noticed something wrong. On an even more basic level, the checklist required the surgical team to identify the patient and confirm the procedure that was to be performed.

The researchers stressed that there was no specific item in their 19-point checklist to which they could attribute the improved outcomes; rather it was the combination of them in the elimination of simple errors.

Trivia answers: 1. b (False) 2. b (False) 3. a (True) 4. a (True) 5. b (False)

Birthdays

March

1 – Sen. Kevin Eltife
3 – Rep. Dennis Bonnen
4 – Governor Rick Perry
5 – Rep. Dan Branch
6 – Rep. Dora Olivo
7 – Rep. Armando Walle
7 – Sen. Juan Hinojosa
7 – Rep. Carl Isett
7 – Rep. Paula Pierson
11 – Sen. Bob Deuell
11 – Rep. Jose Menendez
13 – Rep. Joe Farias
14 – Rep. Rene Oliveira
15 – Rep. Gary Elkins
18 – Sen. Kirk Watson
19 – Rep. Al Edwards
20 – Rep. Stephen Frost
20 – Rep. Linda Harper-Brown
20 – Rep. Jim Jackson
23 – Rep. Todd Smith
24 – Rep. John Zerwas