

Our Autonomy

Last week I attended our usual Medical Executive Committee meeting. After the usual agenda items, we discussed one of the initiatives affecting the hospital and staff. We discussed the national guidelines for cardiac response in patients with acute ST elevation abnormalities in acute myocardial infarction. This is called a STEMI event. This data is used to judge hospitals with cardiac services. The quality of care is determined based on this data and is not graded by size of hospital, house staff or any comparative information. Community hospitals are therefore judged by the same standard that large teaching hospitals with all the house staffs and 24-hr in-house cath labs are. To make a long story short, if a patient with ST elevation acutely enters the emergency department, that patient has to get to the cath lab and have the balloon inflated in a vessel in a time frame of 90 minutes. A passing grade is 90 minutes or less, anything more is a failure. This data is then published in the national database for everyone to see, and is given to the industry to judge how well the hospital meets national best practice standards.

After listening to this information, a discussion ensued concerning the hours of meetings that have gone into the hospital plan to obtain a passing grade. The Cardiology committee, the ER committee and the systems review by the hospital has been incredible. Everything and everyone has been looked at from the lady at the door to the nurses in the cath lab. How, when, and who notifies the MD has been reviewed as well. There is no moment in the 90 minutes that has been overlooked.

After everyone talked about this information and procedural plan, the number of EKGs done on everyone with any suggestion of chest pain was reported. The number was staggering. Then, the specific information was brought up about the number of positive cases with findings that meet the criteria. The number was four!!! Four patients meet the criteria for inclusion as a measure of the excellence of the hospital. Hundreds of patients had myocardial symptoms but only four met the criteria. The statistics on those four patients can shape the scope of national opinion!!!

I began to think about the number of, so called, quality issues that we in the medical community must comply with in order to be judged as providing standard of care. The non-reimbursable cost to look good statistically is causing a tremendous amount of financial burden to be placed on hospitals and physicians at a time when we are chastised for doing too many tests and not judiciously using our resources.

At the July 9th Maricopa Medical Society Board meeting Dr. William Mangold visited and answered questions about some Medicare rumors and pay-for-performance. Several rumors surrounding changes in consultative services were clarified. The take home message was that Medicare was going to stiffen the interpretation of the codes. The CPT codes that our individual society groups had agreed to, would be interpreted much more strictly and retrospective audits would occur if irregularities were found. Therefore, we were going to have to be even more careful with our billing practices and documentation. Once again, we are increasing our efforts in order to get paid.

Dr Mangold also suggested that our participation in the “pay-for-performance” initiatives is important. Even with major questions about the cost benefit ratio, participation is suggested to be necessary to encourage Congress to improve reimbursement in the future. I won't hold my breath on that point!!

Where does this end? How do we regain control of our practices and our lives? The answer is not yet determined. One thing is important however, if organized medicine does not assert itself and take a strong stand in the development of health care delivery we will all lose. We will lose our autonomy and we will all be GS rated employees. We must become informed, stay informed and assert our influence with legislators and more importantly, our patients. If our patients understand the problem we have a better voice. If we don't become serious we will all be enjoying our new forty hour workweek!!!

Jud Tillinghast, M.D.
President

Comments are welcome at MCMS@medical-society.com