FPs Carry Disproportionate Load of Indigent Care

BY BETSY BATES
Los Angeles Bureau

VANCOUVER, B.C. — Family physicians provide ambulatory care to a higher proportion of disadvantaged adults than do other specialists, including general internists, according to a study presented at the annual meeting of the North American Primary Care Research Group.

Dr. Robert Ferrer of the University of Texas Health Science Center, San Antonio, analyzed 2004 data from the Medical Expenditure Panel Survey of that year by comparing proportional access to physicians and midlevel practitioners by people disadvantaged by income, health insurance status, race or ethnicity, and rural or urban status. He presented his findings during a Distinguished Paper session at the meeting.

Adults with at least three markers of disadvantaged status received just under 46% of their ambulatory care from family physicians, said Dr. Ferrer, whereas adults with no markers of disadvantage received about 31% of their care from family physicians.

Family physicians provided a higher proportional level of care to poor, near-poor, low-income, and publicly insured patients than did general internists, surgical specialists, other medical specialists, nurse practitioners, or physician assistants.

Internists provided a higher proportion of care to blacks than did other specialists, which may be explained by the presence of major hospitals and residency programs in urban areas, noted Dr. Ferrer.

Midlevel providers, including physician assistants and nurse practitioners, followed by family physicians, provided the highest proportion of care to rural adults.

In addition, family physicians even provided a disproportionate share of care to poor, near-poor, and low- and medium-income children, compared with pediatricians or nurse practitioners.

Pediatricians saw many more children overall than did family physicians, but more than 30% of children with at least three markers of disadvantage saw a family physician for ambulatory care, compared with just under 17% of children with no markers of disadvantage.

"[FPs] are the only clinician group that does not demonstrate income disparities in access to care," Dr. Ferrer concluded. ■

Insurance Status, Race Mediate Mortality Rates Following Trauma

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

NEW ORLEANS — Minority and uninsured patients are significantly more likely to die after injury than are white, insured patients, Dr. Adil H. Haider reported at the annual clinical congress of the American College of Surgeons.

He concluded that black uninsured patients were 78% more likely to die after trauma, and that Hispanic patients without insurance were more than 130% more likely to die than white insured patients, even after controlling for numerous confounding factors.

Black uninsured patients were 78% more likely to die after trauma than white insured patients.

DR. HAIDER

Dr. Haider, a trauma surgeon at Johns Hopkins University, Baltimore, extracted his data from the 2001-2005 National Trauma Data Bank. He assessed mortality after moderate to severe trauma in 377,000 patients: 69% were white, 19% black, and 11% Hispanic. Patients included in the study were adults between the ages of 18 and 65 (mean age 36 years), and 70% were male.

Overall, 53% of patients had some kind of commercial medical insurance, and 47% were either self-pay or Medicaid recipients. Blacks were most likely to be uninsured (69%), followed by Hispanics (62%) and whites (38%).

Hispanics had the highest crude mortality, with 9% dying after their injury, compared with 8% of blacks and 5.5% of whites. Mortality was also significantly different between insured and uninsured patients (8% vs. 4% in the unadjusted analysis).

The adjusted mortality analysis controlled for injury severity using the Injury Severity Score, Revised Trauma Score, and Abbreviated Injury Scale. Dr Haider also controlled for age, gender, severe extremity injury, type of injury (blunt vs. penetrating), and mechanism of injury, based on ICD-9 codes.

The multivariate analysis showed that race and insurance were still significantly associated with the risk of death. Compared with whites, blacks were 17% more likely to die and Hispanics 47% more likely to die. Uninsured patients were 46% more likely to die than were insured patients.

To further stratify the effect of race and insurance, Dr. Haider broke down the groups according to both factors. Compared with insured white patients, insured black patients and uninsured Hispanic patients were still significantly more likely to die (20% and 51%, respectively).

Uninsured white and black patients were significantly more likely to die (55% and 78%, respectively), than were insured white patients. Uninsured Hispanic patients faced the highest risk—they were 2.3 times more likely than insured white patients to die from similar injuries. ■

POLICY & PRACTICE

ED Visits by Elderly Increase

The number of emergency department visits among elderly persons could almost double from 6 million in 2003 to just under 12 million by 2013, according to an analysis using National Hospital Ambulatory Medical Care Survey data from 1993-2003. The overall rate of admission in those patients aged 65-74 years increased 34% during the study period (Ann. Emerg. Med. 2007 [doi:10.1016/j.annemerg med. 2007.09. 011]). The visit rate for elderly blacks rose 90% during that time but did not increase significantly for whites or other races. Researchers used admission rate and number of medications administered (one, two, or three) to gauge the acuity of the visit and found the absolute admission rate increased as did the number of visits in which three or more medications were given, suggesting "older Americans are having more true emergencies, rather than using the ED for convenience." Ignoring these trends will result in a "serious increase in the problem of ED crowding," they warned.

Center Takes on Nursing Shortage

A new think tank will address the burgeoning nursing shortage and its impact on the quality of patient care. To achieve this goal, the Center to Champion Nursing in America will focus on increasing funding for nursing education, expanding nurse representation on hospital boards, and informing policy makers and the public about the profession. The shortage is projected to hit 1.1 million by 2020, according to a statement from the Robert Wood Johnson Foundation, which gave the AARP a grant for establishing the center. A study in 2005 by the foundation and Harvard School of Public Health, Boston, found that 60% of Americans considered a shortage of nurses a major factor in poor care in hospitals, two-thirds cited nurses' working conditions as reasons for poor-quality care, and 80% said nursing quality affected their choice of hospital. "If we are going to improve the quality of hospital and nursing care, we need to find ways to fill the pipeline," said Dr. Risa Lavizzo-Mourey, RWJF president and CEO.

DEA Accused of Electronic Stalling

The Drug Enforcement Administration, which investigates and prosecutes crimes involving illicit use of controlled substances, has been criticized for stalling implementation of a national electronic prescribing system for controlled substances. Sen. Sheldon Whitehouse (D-RI), speaking at a Senate Judiciary Committee hearing on e-prescribing, cited the DEA's tardiness in developing regulations for such a system and its reluctance to commit to a deadline for completing the regulations as the main reasons. Currently, doctors write prescriptions for controlled substances but can prescribe noncontrolled substances electronically, but most doctors use a "pen-and-paper regime" for all prescriptions, said Sen. Whitehouse, who argued that e-prescribing for all medications could save as much as $20 billion a year. Joseph T. Rannazzisi, a deputy assistant administrator for the DEA, told the committee that the agency is concerned an electronic system would be susceptible to abuse.

Access Reduced by Cost

Forty million Americans can't get access to needed health care, and 20% said the main reason was because they could not afford the services, according to a report issued in December by the Centers for Disease Control and Prevention. Health, United States, 2007, is a compilation of pertinent data gathered by the CDC's National Center for Health Statistics. In 2005, 1 in 10 people between the ages of 18 and 64 years reported they had not been able to get prescription drugs in the past year because of the cost. Another 10% said they had delayed necessary medical care because of costs. The report also found 30% of 18- to 24-year-olds were uninsured, and another 30% of that group did not have a usual source of medical care. In 45- to 64-year-olds, 10% did not have a usual source of care.

FDA Can't Fulfill Mission

Three members of the Food and Drug Administration's Science Board issued a damning report on the state of the agency, saying that it "suffers from serious scientific deficiencies and is not positioned to meet current or emerging regulatory responsibilities." The authors wrote that the agency has become weak and unable to fulfill its mission because of the increasing number of demands and an inability to respond because of a lack of resources, meaning that "American lives are at risk," adding that the agency can't fulfill its mission "without substantial and sustained additional appropriations." The report was written by Gail Cassell, Ph.D., vice president of scientific affairs at Eli Lilly & Co.; Dr. Allen D. Roses, the Jefferson Pilot Corp. Professor of Neurobiology and Genetics at Duke University, Durham, N.C.; and Dr. Barbara J. McNeil, head of the health care policy department at Harvard Medical School, Boston.

Agency's Approval Plan Flawed

The Food and Drug Administration is considering new guidance that would allow drug companies to use journal articles to promote "potentially dangerous uses" of drugs and medical devices without prior FDA review and approval, according to a top lawmaker. Rep. Henry Waxman (D-Calif.), who chairs the House Committee on Oversight and Government Reform, urged the agency in a Nov. 30 letter to reconsider its draft guidance, which he said was close to being finalized. "[It] … would, in effect, allow drug and device companies to short-circuit FDA review and approval by sponsoring drug trials that are carefully constructed to deliver positive results and then using the results to influence prescribing patterns," he said. "This und ercuts the prohibition on marketing of unapproved uses of drugs and devices." He requested detailed information on development of the new policy.

—Renée Matthews