

On-Call Duties Usually Mean Additional Pay

BY MARY ELLEN SCHNEIDER

Nearly two-thirds of physicians receive additional pay for providing emergency department on-call services in the hospital, a survey from the Medical Group Management Association shows.

The survey of more than 2,500 physicians in group and solo practices and other health care providers found that 38% of respondents did not receive additional compensation for on-call coverage, while 62% received some type of added payment. Of those who received additional payment, the most common method of payment was a daily stipend.

But the survey's findings prompted a skeptical response from some emergency medicine experts.

This is the first year that the Medical Group Management Association (MGMA) has surveyed physicians and other health care providers about on-call compensation levels.

"Historically, on-call duties have been sporadically compensated by hospitals. However, we're seeing more hospitals compensating physicians, and we're seeing hospitals paying more," Jeffrey Milburn, a consultant with the MGMA Health Care Consulting Group, said in a statement.

For those who get paid for on-call coverage, more than two-thirds were paid only by the hospital. About 16% received added pay from their medical group only, and another 16% received some type of added pay from both the hospital and the medical group.

Neurological surgeons had the highest median daily rate for providing on-call coverage, about \$2,000 a day. Near the top of the pay scale were neurologists (\$1,500), cardiovascular surgeons (\$1,600), internists (\$1,050), and anesthesiologists (\$800).

Among the specialists earning lower median daily rates for on-call compensation were psychiatry (\$500), general surgery (\$500) gastroenterology (\$500), ophthalmology (\$300), and family medicine without obstetrics (\$300), according to the MGMA survey data.

The survey also found that for most specialties, physicians working in multi-specialty group practices received higher on-call compensation than did those in single-specialty practices.

Regional pay variations also were seen. For example, orthopedic specialists received higher compensation in the East, while general surgeons were paid at a higher rate in the Midwest than in other areas of the country.

The task force recommended the adoption of a compensation model for physicians who provide on-call coverage in the emergency department. It also supported various ways that hospitals in the same region could work together to provide on-call coverage. ■

APA, AMA Object to New Rule

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professionals to develop and implement a written identity-theft prevention and detection program to protect consumers. Specifically, the rule calls for organizations to conduct a risk assessment to determine their vulnerability to identity theft. Next, they must develop and implement a written identity-theft program to identify, detect, and respond to those risks.

As part of the plan, organizations must specify how they will detect the

"red flags" alerting them to potential identity theft. The program also must include how the organization will respond once a red flag is detected.

While identify theft is most commonly associated with financial transactions, there is increasing concern about identity theft in the health care sector, according to the FTC. For example, medical identity theft can occur when a patient seeks care using the

name or insurance information of another person.

For most physicians working in settings with a low risk for fraud, an identity-theft program could be simple, according to the FTC.

For example, staff at the practice could check a photo identification at the time services are sought.

Another part of a basic program would be to develop steps to take in the event that someone's identity has been misused. That might include not collecting debt from the "true consumer" and not reporting the debt on the con-



IMPORTANT TREATMENT CONSIDERATIONS

PRISTIQ 50-mg Extended-Release Tablets are indicated for the treatment of major depressive disorder in adults.

WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of PRISTIQ or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PRISTIQ is not approved for use in pediatric patients.

Contraindications

- PRISTIQ is contraindicated in patients with a known hypersensitivity to PRISTIQ or venlafaxine.
- PRISTIQ must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping PRISTIQ before starting an MAOI.

Warnings and Precautions

- All patients treated with antidepressants should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the first few months of treatment and when changing the dose. Consider changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or includes symptoms of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, mania, or suicidality that are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Families and caregivers of patients being treated with antidepressants should be alerted about the need to monitor patients.
- Development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including PRISTIQ, particularly with concomitant use of serotonergic drugs, including triptans, and with drugs that impair the metabolism of serotonin (including MAOIs). If concomitant use is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. Concomitant use of PRISTIQ with serotonin precursors is not recommended.
- Patients receiving PRISTIQ should have regular monitoring of blood pressure since sustained increases in blood pressure were observed in clinical studies. Pre-existing hypertension should be controlled before starting PRISTIQ. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported. For patients who experience a sustained increase in blood pressure, either dose reduction or discontinuation should be considered.