

W.Va. Sees Improvement After Passage of Reform

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Senior Writer

The malpractice environment may be starting to improve for physicians in one state 2 years after a comprehensive medical liability reform bill was enacted there.

"It's probably too early to see a huge improvement," said Frederick C. Blum, M.D., president-elect of the American College of Emergency Physicians.

"But the signs are encouraging," he said.

The first signs are coming from the insurance industry. Loss ratios for medical liability carriers have improved since the reform legislation was passed in 2003, according to a report from the state's insurance commissioner. The percentage of medical liability insurance premiums spent on claims and expenses in the state fell from 135% in 2002 to 107% in 2003. Ratios above 100% indicate the insurer has an underwriting loss.

The 2003 law established a \$250,000 cap on noneconomic damages and set a \$500,000 cap on damages for injuries sustained at trauma centers. The law also strengthened the qualifications required to be an expert witness.

Within weeks of the law's passage, physicians stopped talking about leaving the state, said Steven Summer, president of the West Virginia Hospital Association. "Retention changed almost overnight."

And the malpractice insurance market

has become more predictable, he said, adding that the next piece will be a reduction in physicians premiums.

One specialty hit hard by the medical liability crisis is emergency medicine. Since malpractice reform was enacted, there has been a slight uptick in the number of emergency physicians practicing in the state, according to figures from the West Virginia Board of Medicine. In 2003, 178 physicians licensed in the state designated their specialty as emergency medicine. By the end of last year, that figure had risen to 188 physicians.

But physicians aren't out of the woods yet, said Dr. Blum, also of West Virginia University.

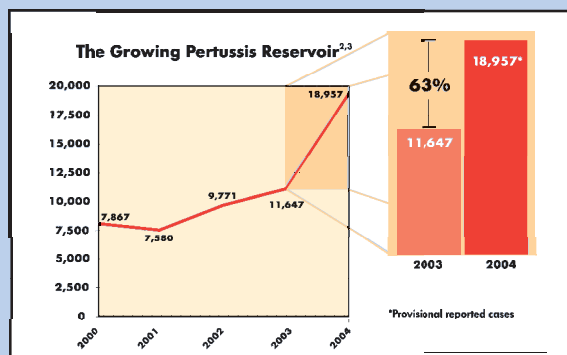
The law is already under attack by plaintiffs' lawyers trying to get the reform declared unconstitutional by the courts. But physicians got a boost last year when a state Supreme Court justice hostile to medical liability reform lost his bid for re-election.

In addition to remaining active in state Supreme Court elections, the medical community in the state continues to push for further reforms, said Robert C. Solomon, M.D., faculty director of the emergency medicine residency at Ohio Valley Medical Center in Wheeling. ■

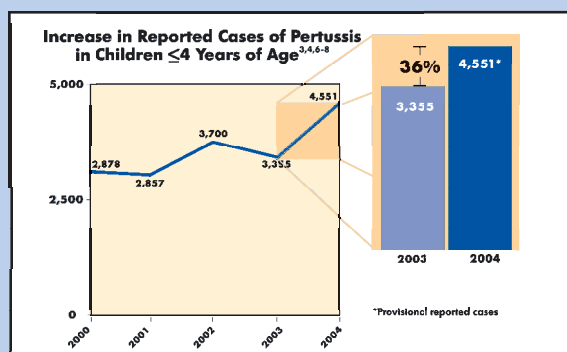
begins at home

The growing threat of pertussis — an often silent disease reservoir

Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.² Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.^{2,3}



Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less^{3,4}; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.⁵



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most contagious during

the first few weeks of illness before it is recognizable.⁹ In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."^{9,10} However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.¹¹ People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.¹¹ In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.¹¹ It's no wonder the ancient Chinese called pertussis "the cough of 100 days."

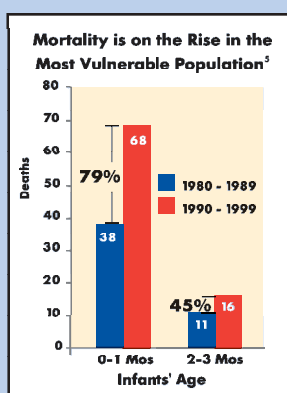
Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

www.pertussis.com; www.cdc.gov;
www.nfid.org; www.napnap.org;
www.aap.org

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