

Flexibility Is Key to Locum Tenens Work

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Ever wonder what it would be like to live and work in a remote village in New Zealand, or to travel around the United States practicing medicine along the way?

Since leaving his practice in June 2006 for a locum tenens position, Dr. Joshua Gutman said he has become more energized.

Currently living in Providence, R.I., Dr. Gutman practiced in South Attleboro, Mass., before taking up a locum tenens lifestyle. "After 29 years of practice, it was much easier for me to get down in the dumps and discouraged about the medical environment, or about issues with patients, or referrals or billing or personnel issues at work. With the administrative burdens gone, I feel much happier taking care of patients."

Locum tenens work allows him to fulfill a lifelong dream to travel while maintaining and stretching his clinical skills. His assignments have included a 7-week stint working in a

health center on a remote Navajo reservation in Arizona, where he learned splinting techniques that are typically performed by orthopedists, and a 4.5-month assignment working in a health clinic in Reefton, a small town in New Zealand, where he learned how to use an electronic medical record and how to remove foreign bodies from a cornea. His wife, Eva, who teaches English, French, and Spanish, traveled with him for the assignments and found teaching work in both locales.

Dr. Gutman said he was impressed with the universal health care system in New Zealand, where every citizen receives basic primary care. "They do have limitations of access to tertiary care and elective surgical procedures, but the health care system works so much better than here and it's so much less expensive," he remarked.

It also helps that medical malpractice is virtually nonexistent. "Patients there don't sue doctors," he said. By contrast, the litigious nature of Americans is renowned. On learning he was from the United States, his patients' reaction was often: "Don't worry, doc. We're not going to sue you."

A locum tenens recruitment organization (VISTA Staffing Solutions) arranged the assignment, and Dr. Gutman worked under a contract with the New Zealand government, which provided a week of paid vacation for every 8 weeks he worked. This enabled him and Eva to enjoy a 2-week paid vacation traveling the country.

Dr. Gutman noted that locum tenens work isn't suitable for everyone; flexibility is essential. "When you move into locum tenens, you have to be willing to do things their way," he said. "I've found people have been wonderful mostly because I'm willing to function within their system."

In summer 2008, they will travel to Fairbanks, Alaska, for a 9-week assignment. Meanwhile, he keeps busy doing locum tenens work locally 2-3 days a week.

Dr. Gutman's annual income is about two-thirds of what it was when he was in full-time private practice, "but I haven't made an effort to work 48-49 weeks as I did when I was in my own practice," he explained. "I have taken a few weeks' break between assignments."

That allows him more time to read, a favorite pastime. "I've also been spending much more time in the gym," he said. "I'm much more [physically] fit than I was when I was in my own practice. We



Dr. Joshua Gutman and his wife, Eva, kayaking in New Zealand, where he did locum tenens work at a clinic.

rediscovered skiing this winter, which we hadn't done for the last 8 years."

Dr. Monica Speicher entered locum tenens work right out of residency in 2003 because she was not sure where she wanted to work. It "gave me a chance to bounce around and see several different areas of the country," said Dr. Speicher, who spent 4 years on assignments in Alaska, Arizona, Maine, Washington state, and New Zealand before accepting a full-time position on the clinical faculty at Washington (Pa.) Hospital. "Almost everywhere I worked, I was offered a permanent job, so it's a good way to test-run a practice," she said.

She accepted assignments primarily in rural locations where specialists were sparse. As a result, she said, she quickly gained confidence in her clinical skills, although she admits to being rattled during her assignment at the same clinic in Reefton, New Zealand, where Dr. Gutman worked. There, she routinely rode along with emergency medical staff on ambulance calls, responding to car accidents and other emergencies.

Working at a remote clinic on Prince of Wales Island, Alaska, also tested her mettle. The clinic receives so few critical cases that when one came in, the support staff "tended to panic," she said.

She echoed Dr. Gutman's sentiment that locum tenens work best suits physicians who are flexible. "If you're a flexible, more laid-back type of person, you will really enjoy it," she said. ■

For more information, visit the Web site of the National Association of Locum Tenens Organizations at www.nalto.org. See also a magazine called *LocumLife*, at <http://locumlife.modernmedicine.com>.

POLICY & PRACTICE

MDs Not Sleeping Enough

Physicians are not getting the sleep they need to function at their best during the day, and their current work schedules could be to blame, according to a survey from the American College of Chest Physicians. In the survey, 70% of physicians reported needing at least 7-8 hours of sleep to function at their best. But on average, physicians reported sleeping 6.5 hours a night, and 43% of physicians indicated their current work schedule did not allow for adequate sleep. In addition, 22% reported not feeling refreshed upon waking at least a few nights a week. Almost all physicians (93%) reported drinking at least one caffeinated beverage a day, compared with 81% of the general population, but 84% of physicians said they are in very good or excellent health, compared with 56% of the general population. The survey included responses from 581 physicians.

Woodcock Named CDER Head

Dr. Janet Woodcock has been named director of the FDA's Center for Drug Evaluation and Research. Dr. Woodcock, a rheumatologist, served as director of CDER once before, in the 1990s, and has served as acting director since October 2007. The drug industry's chief lobbying group, PhRMA, welcomed the appointment. Dr. Woodcock "has demonstrated willingness to work with diverse partners, including researchers, Congress, the White House, patients and pharmaceutical research companies," said a statement from the group. But Dr. Sidney Wolfe, director of Public Citizen Health Research Group, said in an interview that he's "not terribly hopeful" that Dr. Woodcock will lead the center well, because she doesn't like conflict and controversy. "I don't think she's the kind of CDER director we need right now," Dr. Wolfe said. "She's aware of a number of drugs on the market that should be taken off the market, but I don't think she has the fortitude to do something about it." CDER is charged with assuring that safe and effective drugs, including prescription, over-the-counter, and generic products, are available to Americans.

CMS Finds Improper Payments

More than \$371 million in improper Medicare payments was collected from or repaid to health care providers and suppliers in 2007 as part of a demonstration program that used recovery audit contractors in California, Florida, and New York, the Centers for Medicare and Medicaid Services announced. Almost all the improper payments (96%) identified in 2007 were overpayments collected from providers, while the remaining 4% were underpayments that were repaid to providers. Most of the improper payments occurred when providers submitted claims that did not comply with Medicare's coverage or coding rules, and more than 85% of the overpayments collected and almost all underpayments refunded were from claims submitted by inpatient hospitals. The demonstration program began in

2005 and was expanded to include Arizona, Massachusetts, and South Carolina in 2007.

NYC Implementing EMRs

New York City is in the process of computerizing the medical records of patients for hospitals, community health clinics, and private physicians in a project that has cost about \$60 million to date, Mayor Michael Bloomberg said. More than 200 health care providers—serving more than 200,000 city residents—already are online, putting New York on track to reach its goal of signing up 1,000 providers by the end of the year, Mayor Bloomberg said in a statement. "That will make our city home to the largest community network of electronic health records anywhere in the country," he said. "And it will allow New Yorkers to spend more time with their doctors, and less time filling out paperwork in the waiting room." The new system, a software package developed with funding from the city, state, and federal governments, will integrate patients' medical histories, lab results, and pharmaceutical records.

Trouble Paying for Rx

Four in 10 Americans—and half those regularly taking at least one medication—reported that they have trouble paying for drugs, skip prescriptions, or cut pills because of the cost of their prescriptions, a poll jointly conducted by USA Today, the Kaiser Family Foundation, and the Harvard School of Public Health showed. People were most likely to report one of those three issues if they lack drug coverage, if they have low incomes, or if they take four or more drugs regularly. The survey found that while the public values the products drug companies produce, they do not like what they charge and are suspicious of their motivation. Nearly 80% of Americans said that the cost of prescription drugs is unreasonable, and about 70% said pharmaceutical companies are too concerned about making profits and not concerned enough about helping people. But at the same time, the public overwhelmingly believes that recent advances in prescription drugs provide benefits, the survey found.

Retiree Health Costs \$225,000

A 65-year-old couple retiring in 2008 will need approximately \$225,000 to cover medical expenses in retirement, according to Fidelity Investments' most recent health care cost estimate. The estimate assumes individuals do not have employer-sponsored retiree coverage and includes expenses associated with Medicare Part B and D premiums (30% of the total), Medicare cost-sharing provisions (39% of the total), and prescription drug out-of-pocket costs (31%). It does not include other health-related expenses, such as over-the-counter medications, most dental services, and long-term care. Since the retirement health care expense estimate was first calculated in 2002, it has risen a total of 41%.

—Jane Anderson