Emergency Departments Face Shortage of Specialty Care

Obstetricians are among the specialists who don't want to take call because of the liability risks that are involved.

BY MARY ELLEN SCHNEIDER
Senior Writer

Most hospital officials are having trouble getting specialists to take emergency department call, according to a national survey of physician executives.

About 64% of physician executives surveyed reported having a problem getting specialists to take call at their hospitals. Many of them—about 47%—report that their hospitals are coping with this problem by paying specialists to take call.

Of those whose hospitals were not offering payments, 46.4% said the idea has been considered.

The survey, conducted by the American College of Physician Executives, was sent to 3,000 physician executives in hospitals and group practices around the country.

The poll had 814 responses, or a 27% response rate.

Obstetricians are among the specialists who are reluctant to take call because of the liability risks involved, said Damian Alagia, M.D., vice chair of the department of ob.gyn. at the Virginia Hospital Center, Arlington, and president-elect of the Medical Society of the District of Columbia.

"It's a horrible situation because we're talking about the life of a baby," he said.

While physicians recognize their obligation to take call in the emergency department, Dr. Alagia said the economic realities are different.

Obstetricians are walking into a situation where they haven't managed the pregnancy and they have no relationship with the patient. And many of the women who present in the emergency department have had little or no prenatal care, which obviously increases their risk of complications, he said.

"We're talking about the poorly insured or uninsured," he said.

Even if physicians are compensated for taking call, it's not enough to cover the related malpractice insurance costs. The risks incurred far exceed any payment provided, Dr. Alagia said.

The answer is to provide some type of legal protection for physicians, he said. Obstetricians need to know that if they provide their best care to patients in the emergency department, they will be protected from being sued, Dr. Alagia said.

The high cost of professional liability insurance also is forcing some neurosurgeons to stop or cut back on emergency call, said Alex Valadka, M.D., chairman of the Joint Section of Neurotrauma and Critical Care for the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons. Some insurance carriers offer discounts to physicians who cut back on these services, he said.

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In the past, physicians may have had enough of a profit margin to cover the cost to them of taking emergency call, he said, but declining reimbursements have mostly eliminated that margin.

"Like any other service, nothing is for free," said Dr. Valadka, who also is a professor of neurosurgery at Baylor College of Medicine in Houston.

But even with stipends for taking call, some neurosurgeons still won't do it, he said. "I think the money will help, but it's not going to solve all the problems," he said.

These financial incentives need to be coupled with federal medical liability reform to ease the strain of the high cost of premiums, Dr. Valadka said.

Paying specialists to take call helps to offset their costs, but it is only a stopgap solution, said James Bean, M.D., AANS treasurer and a neurosurgeon in private practice in Lexington, Ky.

In the short term, hospitals should create more incentives for physicians to take call. "You've got to create a carrot, not a stick," Dr. Bean said.

Over the long term, physicians and hospitals should consider the idea of a regional trauma system with a large staff of rotating specialists to handle cases.

"Clearly, the community needs physicians to take call," said Andrew Pollak, M.D., associate professor of orthopedics at the University of Maryland in Baltimore and a member of the board of directors of the American Academy of Orthopaedic Surgeons.

Hospitals and physicians need to work together to provide reasonable ways to manage call, he said. For example, hospitals should provide stipends to help offset physician costs. In addition, hospitals need to provide physicians with the right resources to work in the emergency department, such as having an adequate level of ancillary staff to assist physicians, Dr. Pollak said.

Emergency physicians have a different take on the issue, however. It's often the hospitals with the highest number of uninsured patients that face shortages in specialist care in the emergency department, said Wesley Fields, M.D., who is the immediate past president of the California chapter of the American College of Emergency Physicians and an emergency physician in Laguna Hills, Calif. But those are also the hospitals that are least able to provide stipends to physicians.

"This really just reflects the weakness of the hospital safety net," Dr. Fields said.

And money diverted to pay for physician stipends often means that less money is available to cover emergency department costs, he said. This worsens the burden on emergency medical groups, Dr. Fields said.

Paying stipends to physicians to take emergency department call is taking away from other services and the funding for uncompensated care, said Jeff Micklos, general counsel for the Federation of American Hospitals.

The federation is concerned that more hospitals will need to offer stipends to doctors for taking call, Mr. Micklos added. Otherwise, they will be creating an incentive for physicians to begin to invest in local specialty hospitals. ■

Two-Thirds of Surveyed Ob.Gyns. Suffer Burnout

Higher rates of burnout were reported in women and African Americans.

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — A survey of ob.gyns. from Delaware, New Jersey, and Pennsylvania revealed that almost two-thirds suffer the symptoms of burnout, Vincent A. Pellegrini, M.D., reported at the annual meeting of the American College of Obstetricians and Gynecologists.

All ACOG members in District III were surveyed in 2004, and 863 responded, for a response rate of 30%, reported Dr. Pellegrini, who is in private practice in West Reading, Pa. Of those physicians, 64% reported the symptoms of burnout, as judged by the Maslach Burnout Inventory. Burnout is defined as a syndrome of physical, emotional, and attitudinal exhaustion.

The burnout rate was 70% among those who practiced obstetrics but only 51% among those who did not, which was a significant difference.

A total of 40% of respondents said they plan to retire early because of today's medical environment, 29% said they were physically exhausted, and 16% said they wanted to quit medicine, Dr. Pellegrini said. All those responses had a significant positive correlation with burnout symptoms.

Of the full sample, 49% said they would encourage their children to go into medicine, but only 23% said they themselves would again make the decision to go to medical school. Twenty percent said that they were satisfied with their practice situation, and 16% said that they were satisfied with being a physician.

Only 27% were comfortable with their balance between work and family. That could be due in part to the long hours most ob.gyns. work. On average, they're working 59 hours per week, not counting nights on call.

Physicians under age 50 were significantly more likely to report burnout symptoms than those age 50 or above (58% vs. 45%). "It seems that the older physicians had some type of survival factor that allowed them to find ways to cope," Dr. Pellegrini said.

As far as manifesting symptoms of burnout, women appear to be faring worse than men (70% vs. 59%), and African Americans appear to be faring worse than other ob.gyns. (78% vs. 63%). While statistically significant, both of those differences may be confounded by the lower average ages of female and African American ob.gyns.

Workload played a major role in burnout symptoms. Physicians who reported a recent increase in workload had a burnout rate of 76%, while it was 46% for the few who reported a decrease in workload. Those who reported working full time had a 69% burnout rate, while it was 47% for those working part time.

The practice of obstetrics had a significant impact on burnout. The burnout rate was 70% among physicians still doing obstetrics but only 51% among those who had dropped obstetrics from their practice.

Given that, it's perhaps surprising that the survey uncovered no significant correlation between burnout and lawsuits. Fully 82% of the people who responded have had lawsuits filed against them, an average of 3.8 lawsuits apiece, with a range of 1-20.

Ob.gyns. with spouses who worked outside the home had a 66% burnout rate, while those with spouses who did not work outside the home had a 58% burnout rate. Among physicians who had children between the primary grades and college, there was a 72% burnout rate. But having younger or older children did not correlate significantly with burnout.

Dr. Pellegrini listed a number of factors that appeared to protect against burnout, and he divided them into controllable and less controllable categories.

Among the controllable factors are regular exercise, adequate sleep, working part time, practicing gynecology only, allowing 45 minutes for each new patient, and being connected to the community.

Among the less controllable factors are being older, being male, working in an academic environment, feeling adequately compensated, and having compatible colleagues. ■