

On-Call Specialist Deficit At Hospitals Gets Critical

BY JOEL B. FINKELSTEIN
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It all started with the neurosurgeons. "I was in situations in El Paso where we had no neurosurgery, and we had to ship patients out to other cities," recalled Dr. Juan Fitz, an emergency physician with Covenant Medical Group in Lubbock, Tex. "Now we're finding it here in Lubbock: With maxillofacial, we have no call; [with] neurology, we have no call."

It's a problem hospitals and emergency departments across the country are facing more often.

Many are finding it difficult to find physicians willing to accept emergency calls, forcing emergency departments to find nearby cities where patients can see specialists. "There is a tremendous crisis developing on the surgical side to staff the in-house care that must take place after the emergency department," Dr. C. William Schwab recently told the U.S. House Committee on Oversight and Government Reform.

Hospitals are already experiencing a shortage of physicians, specifically surgeons, willing to be on call for the emergency department. That is a problem that will become even more profound as the nation's 80 million baby boomers age, said Dr. Schwab, chief of the division of trauma and surgical critical care at the University of Pennsylvania Medical Center in Philadelphia.

Dr. Schwab cited the findings of an Institute of Medicine panel on which he served. That panel warned that the increasing difficulty of finding specialists to take emergency calls is one of the most troubling trends faced by U.S. emergency departments.

"Providing emergency call has become unattractive to many specialists in critical fields such as neurosurgery and orthopedics," according to the institute's June 2006 report, "Hospital-Based Emergency Care: At the Breaking Point."

There are several factors involved, such as the difficulty specialists face in trying to collect payment for on-call services, especially from uninsured patients. There are also liability concerns unique to the emergency department.

"Patients are often sicker, and emergency procedures are frequently performed, in the middle of the night or on weekends, when the hospital's staffing and capabilities are not at their peak. A national survey of neurosurgeons found that 36% had been sued by patients seen through the ED," the report continues.

And the problem is getting worse, Dr. Ramon W. Johnson, an emergency physician at Mission Hospital, Mission Viejo, Calif., and a member of the American College of Emergency Physicians board of directors, said at the House hearing.

Dr. Johnson cited the results of a national survey of emergency department

directors conducted in the spring of 2004 and again in the summer of 2005. The ACEP survey found that access to specialists deteriorated over the year. In 2004, 67% of the departments reported having too few specialists on call, while by the next year the number had risen to 73%. More than half said the problem was due to physicians leaving the hospital to practice elsewhere.

The survey found that the top five specialists in short supply were orthopedists, plastic surgeons, neurosurgeons, otolaryngologists, and hand surgeons. Many of those who are still willing to take emergency calls have agreed to fewer on-call coverage hours.

In the past few years, physicians have



Dr. William Schwab testified before a House committee about the on-call crisis.

found they have much more say over whether they accept emergency calls. Although taking emergency calls was once a requirement to maintain hospital privileges, physicians now have a greater ability to perform outpatient procedures in their offices, at ambulatory centers, or elsewhere besides the hospital, explained Dr. Robert Berenson at a recent forum held by the Center for Studying Health System Change.

"This is a big issue. Hospitals are working very hard to try to draw lines as to which physicians they are going to compensate for taking call or for caring for uninsured patients," said Dr. Berenson, a senior fellow at the Urban Institute, Washington. "It has not yet become standard that all docs are getting paid by the hospital for ER call, but it is increasingly a cost of business."

Given that choice, specialists may prefer not to take emergency calls, in part because of the impact it has on their lifestyles and in part because being on call all night can cut into their ability to keep regular office hours, said Dr. Fitz. "Unfortunately, it is a problem across the country that has been around for some time, at least for the past 5 years, and it has just gotten worse [over time]," he said.

Recently, the emergency department in Lubbock has found itself with a shortage of on-call neurologists. Within only a couple of months, the number of neurologists willing to take emergency calls dropped from half a dozen to none. "If somebody comes in with a stroke, there's nobody to call," said Dr. Fitz. ■

POLICY & PRACTICE

Louisiana Enacts Partial Birth Law

Physicians who perform so-called partial-birth abortions in Louisiana will face criminal penalties, except under limited circumstances, under a new state law. Last month, Gov. Kathleen Blanco (D) signed legislation creating a ban on partial-birth abortion except in cases where the mother's life is in danger. Physicians who perform the procedure would face penalties of between 1 and 10 years in prison, fines of \$10,000-\$100,000, or both. The legislation was opposed by Planned Parenthood of Louisiana and the Mississippi Delta, which launched a letter-writing campaign to Gov. Blanco in the weeks before the bill was signed, urging her to veto the legislation. The group argued that enacting such a law would be akin to allowing legislators, not doctors, to practice medicine. A similar federal ban was signed into law by President Bush in 2003 and was upheld by the Supreme Court earlier this year.

New Stem Cell Legislation Introduced

Members of Congress recently introduced legislation aimed at increasing research into stem cells without the creation or destruction of human embryos for research purposes. The bill, the "Patients First Act of 2007" (H.R. 2807) was introduced by Rep. J. Randy Forbes (R-Va.) and Rep. Daniel Lipinski (D-Ill.). The legislation directs the Department of Health and Human Services to support basic and applied stem cell research that does not involve the creation of a human embryo for research purposes or the destruction or discarding of a living human embryo. It also calls on the HHS secretary to submit a report to Congress detailing the funding of stem cell research. The bill was referred to the House Committee on Energy and Commerce.

Attitudes Toward Prenatal Care

African American women are less likely to receive adequate prenatal care if they have psychosocial problems, don't participate in the Women and Infants Children Program, or have limits on their insurance coverage, according to a new study. The study, which was published in the August issue of the *Journal of Health Care for the Poor and Underserved*, aimed to answer the question of why African American women in urban areas fail to utilize prenatal care adequately. The researchers analyzed survey responses from a convenience sample of 246 African American women who were interviewed during their postpartum hospital stay at one of five Washington hospitals. They found that 60% of women in the sample had inadequate prenatal care. They also found that women who received inadequate prenatal care were more likely to report that they could take care of themselves and didn't need regular care. Lack of health insurance, no money to pay for prenatal

care, substance abuse, and child care problems also were significant factors, according to the study.

Teens Hold Steady on Drugs, Sex

The percentages of 8th, 10th, and 12th grade students reporting illicit drug use in the past 30 days remained stable from 2005 to 2006, although use among all three grades has declined since 1997, according to a report by the Federal Interagency Forum on Child and Family Statistics. In addition, the percentage of high school students reporting having had sexual intercourse—47%—stayed steady from 2003, although the percentage has declined from 54% since 1991. The report also showed the percentage of low-birth-weight infants was up, as was the proportion of children aged 6-17 years who were overweight.

Managing Thyroid Disease in Gravidas

A new clinical practice guideline from the Endocrine Society does not recommend universal screening of pregnant women for thyroid disease. But the guidelines do advise physicians to use a targeted case-finding approach during early pregnancy. The guidelines recommend case finding by measurement of thyroid-stimulating hormone (TSH) among certain women who are at high risk for thyroid disease, including women with the following: a history of hyperthyroid or hypothyroid disease, postpartum thyroiditis, or thyroid lobectomy; a family history of thyroid disease; a goiter; thyroid antibodies; and clinical signs that suggest either thyroid under- or overfunction. The high-risk groups also include women with the following: type 1 diabetes; other autoimmune disorders; infertility; previous therapeutic head or neck irradiation; and a history of miscarriage or preterm delivery. The guidelines were e-published in June and are scheduled to appear in print in the August issue of the *Journal of Clinical Endocrinology & Metabolism*.

E-Prescribing Called 'Win-Win'

Electronic prescribing could prevent nearly 2 million medication errors and save the federal government \$26 billion over the next decade—even after providing funds for equipment, training, and support—if physicians were required to use the technology for their Medicare patients, according to a study released by the Pharmaceutical Care Management Association. The study found that when physicians use e-prescribing to learn their patients' medication history and prescription choices, both patient safety and savings improve dramatically. However, fewer than 1 in 10 physicians actually use e-prescribing, according to PCMA. The group, which represents pharmacy benefit managers, is pushing the Centers for Medicare and Medicaid Services to require e-prescribing for all Medicare Part D prescriptions by 2010.

—Mary Ellen Schneider