POLICY & PRACTICE

More Talk, Fewer Errors

Most physicians have witnessed medical mistakes—but few are willing to talk about it, results of a study of more than 1,700 physicians, nurses, and clinical care staff indicated. Specifically, 84% of physicians and 62% of nurses and other clinical care providers have seen coworkers taking shortcuts that could be dangerous to patients, and 88% of physicians work with people who show poor clinical judgment. Yet, fewer than 10% of providers address problem behavior by colleagues, which routinely includes trouble following directions, poor clinical judgment, or taking dangerous shortcuts. The study was cosponsored by the American Association of Critical-Care Nurses (AACN), and VitalSmarts, a company that specializes in organizational performance and leadership training. "The truth is we must build environments that support and demand greater candor among staff if we are to make a demonstrable impact on patient safety," AACN President Kathy McCauley, R.N., said in a statement.

Get Sick, Go Bankrupt

It doesn't pay to get sick: Medical problems contributed to about half of all bankruptcies involving 700,000 households in 2001, according to a study that was published as a Web-exclusive article by the journal Health Affairs. More than 2 million people are directly affected by medical bankruptcies annually. "When medical debts and lost income from illnesses leave families facing a mountain of bills, bankruptcy is their last chance to stop the collection calls and try to put their lives back on track," said study coauthor Elizabeth Warren, the Leo Gottlieb Professor of Law at Harvard University, Boston. Most who have been bankrupted by medical problems had health insurance. Among those with private insurance, one-third had lost coverage at least temporarily by the time they filed for bankruptcy. The researchers obtained their information by surveying 1,771 bankruptcy filers and reviewing their court records.

Health Savings Accounts = Debt?

Nearly half of all insured adults who have a high deductible health plan have medical bill problems or debts, compared with less than one-third of those with lower-deductible plans, according to a study from the Commonwealth Fund. "Health savings accounts (HSAs) coupled with high deductible health plans have potential pitfalls, especially for families with low incomes or individuals with chronic health conditions, who are at greater risk of accruing burdensome medical debts and facing barriers to needed health care," said Commonwealth President Karen Davis. Individuals with high-deductible plans also struggle with access problems, such as not filling a prescription, or skipping a medical test or treatment, due to cost. To prevent medical access problems and debt, Ms. Davis suggested some legislative fixes for HSAs, such as reducing deductibles for lower-income families and requiring provider discounts for uninsured, low-income families.

New HHS Chief and Medicaid

Medicaid reform will be high on the agenda for new Health and Human Services Secretary Michael O. Leavitt. "Medicaid is not meeting its potential," Mr. Leavitt, former governor of Utah and former head of the Environmental Protection Agency, said at health care congress sponsored by the Wall Street Journal and CNBC. "It's rigid, inflexible; inefficient; and, worse yet, not financially sustainable. We need to have a serious conversation about Medicaid." Among the ideas he's considering are negotiating reductions in the prices Medicaid pays for prescription drugs and closing loopholes relating to coverage for long-term care. He also wants to stop states from manipulating Medicaid rules to increase their federal matching funds. President Bush in the meantime focused on medical liability reform and health savings accounts in his State of the Union address, asking Congress to move forward on tax credits to help low-income workers buy insurance, and on establishing community health centers in impoverished counties.

Older Patients and the Internet

Online health information has the potential to become an important resource for seniors "but it's not there yet," the Kaiser Family Foundation reported in a survey of 1,450 adults aged 50 and older. Of the 583 respondents aged 65 and older, less than a third had ever gone online. But more than two-thirds of the next generation of seniors (50-64 years) has done so, indicating that online resources may soon play a much larger role among older Americans. Seniors whose annual household income is under $20,000 a year are much less likely to have gone online (15%) as opposed to those with incomes of $50,000 or more (65%). "We know that the Internet can be a great health tool for seniors, but the majority are lower-income, less well-educated, and not online," said Drew Altman, the foundation's president and chief executive officer.

Medicine Takes on Disparities

The American Medical Association has teamed up with the National Medical Association and the National Hispanic Medical Association to create a commission to address disparities in medical care. The commission has established four committees to examine the current health care system and work to improve patient care. Two projects are underway: a survey of physicians about health care disparities and the factors causing them, and a promotion of selected training programs that use case study work, self-assessment activities, and video vignettes to increase physicians' cultural competency. More information is available at www.ama-assn.org/go/healthdisparities.

—Jennifer Silverman

Next Up for MC-FP: Chart Review Process

BY MARY ELLEN SCHNEIDER

Senior Writer

This year, the American Board of Family Medicine is changing the way physicians perform chart review as part of their maintenance of certification.

Starting in January, the board replaced part 4 of the process—the traditional Computerized Office Record Review—with the new Performance in Practice Module. The PPM is a prospective system of evaluating and improving patient care.

"We'd really like to be able to assure our patients that family physicians are dedicated to performing quality medicine," said Thomas Norris, M.D., president of the American Board of Family Medicine (ABFM) and vice dean for academic affairs at the University of Washington School of Medicine.

The new process will be similar to the old chart review system. Physicians will still be asked to submit information from selected patient records. However, whereas the old system was primarily aimed at maintaining high quality medical records, the new system will focus on evaluating systems of care and improving patient care, Dr. Norris said.

The information will be provided over the Internet and will be measured against evidence-based quality indicators. Physicians will receive feedback on their performance, and that information will be used to develop an individual quality improvement plan.

Later, physicians will be required to complete a follow-up record review to determine if their patient care has improved.

But the new process is likely to be less work for physicians than the old system, said ABFM executive director James C. Puffer, M.D. The system's prospective nature means that physicians won't spend as much time going back into records to extract information and that the board is requiring much less information from each of the patent charts, he said.

At press time, ABFM was finalizing its online instrument for completing the requirement. ABFM will offer physicians a choice of modules for either diabetes or hypertension this year. ABFM also plans to offer continuing medical education credit for the time spent completing the module.

In addition, the American Academy of Family Physicians has developed a program to aid physicians in completing the part 4 requirements of maintenance of certification. The program, called Measuring, Evaluating and Translating Research Into Care (METRIC), is awaiting approval from the American Board of Family Medicine.

The new requirement gives physicians an opportunity to evaluate their performance and make positive changes in their practice routines.

METRIC is currently available for evaluation of diabetes care. AAFP plans to launch a coronary artery disease module in July and to continue to launch two new disease modules each year, according to Christine Pullman, METRIC program manager.

AAFP will also offer CME credit for physicians who complete the module.

The part 4 requirement was praised by Richard Feldman, M.D., chair of the board of the Indiana Academy of Family Medicine, who has been critical of other parts of the maintenance of certification process.

"It's probably the most important and positive addition that they've done to the whole program," he said.

The new requirement gives physicians an opportunity to evaluate their performance and make positive changes in their practice routines, Dr. Feldman said, ultimately improving patient care. ■

Study: Stem Cell Lines Contaminated

Currently available lines of human embryonic stem cells are contaminated with a nonhuman molecule that compromises their potential use in humans, according to a study from researchers at the University of California, San Diego, and the Salk Institute in La Jolla, Calif. The study was published in the online Jan. 23 issue of the journal Nature Medicine.

Supporters of expanding the federal policy on stem cell research touted the research as evidence that the current policy isn't working. In August 2001, President Bush announced a policy allowing federal funding for human embryonic stem cell research but only on a limited number of stem cell lines that were derived before Aug. 9, 2001. "Stem cell policy in 2005 should not be based on 2001 policy," Rep. Mike Castle (R-Del.), said in a statement. "An expansion of this policy is critical to our scientists and researchers who need access to the best stem cell lines available and who want the important ethical guidance of the National Institutes of Health."

Rep. Castle and Rep. Diana DeGette (D-Colo.) have been pushing for an easing of the 2001 federal policy.

Meanwhile, at the state level, some states want to follow in California's footsteps by attracting scientists to their states to conduct research on human embryonic stem cells. The governors of New Jersey and Connecticut have announced proposals to spend millions to entice stem cell researchers to their states, and a New York state senator wants to ask the state's voters for approval of a $1 billion stem cell research initiative.

—Mary Ellen Schneider