

Book Reviews

Len Scarpinato, DO, Section Editor

Law and the Physician: A Practical Guide. Edward P. Richards III and Katharine C. Rathbun. Little, Brown and Co, Boston, Mass, 1993, 571 pp, \$37.00. ISBN 0-316-74417-4.

Law and the Physician: A Practical Guide serves as a good introduction to law and the legal system for interested family physicians. The authors, one a law professor and the other a physician, bring a dual perspective to the issues.

The book is organized into six sections, reflecting the various categories in which physicians may encounter legal issues: lawyers, patients, other medical personnel, public health, the family, and "special practice areas." The book is as comprehensive as a general reference can be, given the variation in specific law from state to state, and it is organized in an easy-to-use format, with critical points described prominently at the beginning of each chapter. It is extensively referenced at the end of each chapter.

For the family physician involved in day-to-day patient care, the first section is a valuable part of the book. This section helps demystify the legal arena by giving some insight into the legal system and the factors motivating decisions made by attorneys and malpractice insurers. What it does not do is give specific suggestions for surviving depositions, although trial survival is addressed. This book focuses more on the legal issues and the system, leaving specific preparation tactics to the attorney, while giving the reader suggestions on how to become an effective participant in the litigation process.

Another section, Physicians and Other Medical Personnel, contains information on peer review, which should be mandatory reading for every physician who participates in any hospital or health plan peer-review committee. Physicians often fail to understand that improperly conducted peer review can expose them to antitrust and other liabilities; properly conducted peer review brings important legal protections. This section alone is worth the price of the book.

Substantial space is devoted to legal issues associated with the practice of occupational medicine. These sections will be of interest to physicians who include this aspect of care in their practice but

may lose the interest of some family physicians. The brief but important section on access to emergency care should be obligatory reading for all of us who have patients who use or who might use the emergency department, who see patients in the emergency department, or who take emergency department call.

Law and the Physician is recommended as a general reference or introduction to understanding the legal system. Physicians involved in teaching, public health, or occupational medicine will find it especially helpful. The book does not attempt to cover the specifics of state laws as they apply to individual circumstances, which, after all, is a job for legal counsel.

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Medicare Rules & Regulations: A Survival Guide to Policies, Procedures and Payment Reform 1994-1995. Denise L. Knaus. Practice Management Information Corp, Los Angeles, Calif, 1994, 475 pp, \$39.95. ISBN 1-57066-005-0.

Denise L. Knaus has undertaken a difficult task with excellent results in *Medicare Rules & Regulations: A Survival Guide to Policies, Procedures and Payment Reform 1994-1995*. The intent of the book is to provide a guide for physicians and other health professionals with information about how to correctly bill Medicare. It is organized in a manner that allows the reader to easily consult the table of contents to identify areas of interest.

The 11 sections of the book range from an introduction to the author's view of the future. The author has included a complete and very useful section on Medicare and insurance terminology at the beginning to enable the reader to understand the acronyms that are so prevalent in this arena. The section on What Does Medicare Pay For? is a successful attempt to simplify multiple documents. For example, the discussion of consultation clearly points out that second opinions or consultations will be covered, but that duplication of testing will likely be denied. This section also addresses services that are not covered and ways for the physician to avoid denial for services that are not considered reasonable and necessary.

The section on filing Medicare claims will be very helpful to the office

staff of any provider. It explains the three methods for submitting claims, how to complete the claim forms, issues regarding reassignment of benefits, and even how to handle claims for deceased beneficiaries. A separate section discusses the issues of Medicare as a secondary payer, such as worker's compensation and end-stage renal disease.

Additional sections cover the appeals process and audit fraud and abuse. The author also provides some insights into preventive measures that will or should keep the provider out of trouble.

This is a well-organized, comprehensive book that can be very helpful to a provider's office staff. In view of constant changes in Medicare and the interpretation of complex regulations addressed in this text, the author plans a yearly updated edition. It will be most useful to the multiple physician office where there is one person charged with handling the Medicare billing. The book can serve as a very useful reference and would be invaluable for educating a new staff member or the new physician just starting in practice. Reading selected areas of the book allows the reader to quickly obtain a good overview of Medicare and its complexities. Educators who are teaching students and residents about Medicare should also find it a useful source. If you want to know more about Medicare in the most painless way, this book is probably the answer.

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Basic Dysrhythmias: Interpretation and Management (2nd Edition). Robert J. Huszar. Mosby-Year Book, Inc. St Louis, Mo, 1994, 453 pp, \$32.00. ISBN 0-8016-7203-1.

The shelves of my local medical bookstore are filled with texts on electrocardiography. The majority are intended to supply basic information to the novice interpreter, while others provide the exhaustive detail needed by serious students or experienced practitioners. *Basic Dysrhythmias*, a paperback text in the Mosby-Year Book series, is a hybrid that purports to address both audiences. This is a difficult assignment, and the author is only intermittently successful at accomplishing his task.

The text is nicely organized, begin-

ning with basic anatomy and physiology of the heart and an overview of the electrical basis of the electrocardiogram (chapters 1 and 2), followed by a review of the components of the ECG (chapters 3 and 4). Specific arrhythmias are addressed in individual chapters that follow. The author also includes two chapters, "Miscellaneous ECG Changes" and "Myocardial Ischemia, Injury and Infarction," which are only indirectly related to dysrhythmia, presumably to make the text a more complete reference for ECG interpretation. The final chapter addresses the clinical significance and treatment of specific arrhythmias. The book concludes with an extensive self-assessment section, which contains over 200 sample ECGs with interpretations and a complete glossary of related terms.

The problems with the text begin with its structure and format. The book's structure itself is a hybrid. It is not a programmed text, as are some introductory electrocardiography texts, but each chapter opens and closes with a list of objectives covering its material. The objectives seem intended for students rather than practitioners, as they focus on didactic material rather than clinical management situations, and the content is basic and repetitive. The author uses 8 pages of text to present four different ways of determining the heart rate. He later proposes an eight-step process for interpretation of ECGs, which seems unnecessarily complex when compared with the five-step process used in Dubin's classic programmed teaching text. I suspect clinicians will either bypass the first four chapters or slog through them with mounting frustration.

The chapters on specific arrhythmias are somewhat more useful for clinicians. They are well organized and concise, and laid out with text and sample ECG tracings on facing pages. The text seems aimed at students rather than practitioners. Clinical significance, management, and treatment are not addressed in this logical place, but instead are sequestered in a separate chapter, where most of that relevant information is contained. However, its content is similar but less detailed than that available in spiral-bound clinical manuals, and the author provides no references for further review.

This is the least "reader-friendly" text of its kind I have seen. Distracting graphics and formatting made it difficult for me to read the text. Graphics and related text are sometimes separated by two or three pages for no apparent reason, and

the overuse of bold-faced text made it quite difficult to determine what the author wished to emphasize on several pages.

Basic Dysrhythmias represents an attempt to provide a one-stop reference on electrocardiography for both students and clinicians. The organization, layout, and lack of references place it squarely in the student category. Clinicians wishing to review basic electrophysiology in a reference that contains some clinical context may find it useful, but clinicians with experience in basic ECG interpretation will find a more advanced text far more valuable.

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Software Reviews

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CCMS (CLINICAL COMPUTATIONS MANAGEMENT SYSTEM). MicroHealth Software, PO Box 98471, Raleigh, NC 27624-8471. (919-954-0807) \$198 first user, \$10 each additional user.

DOCUMENTATION: Brochure. Menus are self-explanatory.

HOW SUPPLIED: One 720K (3.5-in.) disk or one 360K (5.25-in.) disk. There is also a version for hand-held computers available, but this was not tested.

HARDWARE REQUIREMENTS: IBM-PC or -compatible with 512K RAM, hard drive.

MOUSE SUPPORT: No.

TOLL-FREE CUSTOMER SUPPORT: No.

DEMONSTRATION DISK: Yes. \$25, cost applicable to purchase.

CCMS (Clinical Computations Management System) is a computational tool designed for use primarily by physicians, nurses, and hospital pharmacists. The program is a set of specifically labeled sub-routines, which are listed on a main menu and used to perform standard calculations for common problems in primary care, emergency care, and critical care. These calculations include drug dosages and intravenous flow rates. Perhaps the most useful features for family physicians are unit conversions and what is labeled "physiologic profiling," which includes body surface area calculations, fluid balance equations, anion gaps, estimated creatinine clearance, and Glasgow Coma Scale, for example. *CCMS* is a DOS pro-

gram that also runs under Windows, but is not mouse-sensitive.

Installation of the program is simple. *CCMS* has one main menu screen that allows the user to choose the calculation desired. Once the specific calculation is selected, the entry of required data (age, weight, desired dose) carries the program from screen to screen. It is simple and straightforward to use. For example, for arterial blood gas analysis, the user chooses the menu letter corresponding to "ABG," and is presented with an entry screen for pH, PCO_2 , and HCO_3 . Once entered, the "analysis" of the values appears, for example, metabolic acidosis. Users then can choose to see the differential diagnosis of the acid-base disorder if they wish, or they can return to the main menu.

In assessing the practical uses for *CCMS*, I view as ideal for computers in a hospital emergency department, hospital floors, and clinical pharmacies the portion of the program that includes the drug dose calculations and the IV flow rates. I believe that the entire package, which includes physiologic computations such as cardiac index, anion gaps, and creatinine clearance, would be helpful to house staff and physicians who carry hand-held calculators in their coat pockets for situations during rounds when such calculations are needed.

On the downside, there are some calculations that are frequently done on rounds that are not included in this software. These would include peak flow calculations for asthmatics, fractional excretion of sodium for renal tubular function determination, Ranson's score in acute pancreatitis, and alveolar-arterial PO_2 difference calculations, to name a few. No depression or anxiety, alcoholism screening, or dementia scales are included.

CCMS provides a relatively inexpensive and easy tool appropriate for a number of clinical uses. I believe that it would be a good investment for house staff, emergency departments, and intensive care units, especially if some additional useful calculations were added.

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