

California and National News



Physician Health Program Vetoed by Governor:

A.B. 214 (Fuentes) would have instituted the Public Protection and Physician Health Program within the Department of Public Health. The bill proposed establishing a committee with the department comprised of experts in addiction and mental health and public members appointed by the Governor, department, and legislature. The committee was to be tasked with developing regulations and best practices for referral to treatment and monitoring of impaired physicians. Licensed physicians would have been allowed to volunteer to enter a program that has agreed to abide by the regulations established and has been accepted by the committee. The bill would have allowed for multiple not-for-profit entities to be accepted into the program. Physician licensing fees of up to 2.5 percent of each fee (approximately \$11 per licensee per year) would have been used to fund the work of the committee and the department. The physician participant would have been charged with the costs of individual treatment and monitoring. The Governor opposed separating the operation of such programs from the Medical Board of California. However, he invited the author and stakeholder community to engage his Administration on how to design such a program. (From the CMA Legislative Hot List, September 8, 2008, and the Governor's veto letter.)

Kickbacks to Orthopods: As part of a deferred prosecution agreement, the five largest manufacturers of knee and hip implants (yes, we know their “reps” are permitted to convert orthopedic operating rooms into a bizarre street bazaar)—Zimmer, Depuy, Smith and Nephew, Biomet and Stryker—have been forced by the U.S. Government to disclose the names of almost 2,000 “medical consultants,” many physicians, and medical organizations to whom they paid over \$1 million each during 2007—pure and simple kickbacks prohibited by law, but poorly camouflaged in starkly crude behavior behind closed operating room doors. Moreover, there have been hundreds of millions of dollars in fines paid to avoid criminal charges, as long as these companies coupled this pittance of fines with reform of their criminal practices within 18 months. Almost 700,000 (and growing) joint replacements in the U.S. alone contribute heftily to this \$10 billion business worldwide. Anti-kickback statutes violated included payment to physicians for exclusive use of a company's products. Each company now has a monitor to oversee (or outwit) reforms, and new consulting payment agreements, now capped at \$500 per hour, still permit royalties for helping to develop products, train colleagues, conduct research, or monitor devices on the market. (From David Woreacos, *Bloomberg Report*, November 1, 2007.)

British Hospitals Ban Neckties, Long Sleeve Shirts and Coats, and Fake Nails and Jewelry, Including Watches and Bracelets: As a preventive measure to stem the expanding epidemic of hospital-borne infections, the National Health Service in Great Britain is banning clothing and accessories that are infrequently laundered/cleaned and have no proven benefit to patients while harboring deadly pathogens, such as methicillin resistant *Staphylococcus aureus* (MSRA). Reducing the risk of hospital-acquired infections, especially through the hospital hygiene practice of hand-washing, is one of the 2008 United States National Patient Safety Goals. England's "bare below the elbows" and bare-boned accessory dress code (fake finger nails, bracelets and watches are not permitted) will perhaps weaken the movement touted by some within our specialty to enhance the appearance of professionalism. The United States health authorities have not yet proposed banning functionless clothing items and accessories.

Mystery Patients: Consumerism in health care is gaining force. Hospitals, and even surgery centers and physicians' offices, now are required by accreditation organizations to report patient satisfaction surveys. Hospital personnel satisfaction surveys are part and parcel of quality of care and employee retention. Even physicians' satisfaction is being considered by corporate hospital chains, for both quality of care and bottom line reasons. Nowadays, everyone is considered to be a customer. And, to be sure, payers and purchasers of health care are urging consumers to shop for their care based on price and quality—which, for patients, now includes their own satisfaction. However, patient complaints are *not* inevitably, or even often, really about quality of care. We know that the stress and unpleasantness of illness and the experience of subsequent care, especially when the outcome is not desired or the process is unavoidably unpleasant, can result in a poor satisfaction grading by patients or family.

Enter the mystery or secret shopper to ferret out patient (remember to read that as consumer) satisfaction. Already used by commercial interests such as hotels, restaurants and banks, these trained consumers now are being hired by healthcare institutions. These nefarious and insidious hired guns are, in fact, experienced and educated consumers who will provide in detail their emotional responses to the services received. Surprisingly, some of these mystery patients are not covert, but are well advertised to employees. In the best of worlds, these shoppers will evaluate how consistent the employees are in fulfilling the mission, values, and vision of the health care organization, which has, one would hope, quality of health care at the top of its list. (Adapted from "Mystery Patients" by Charles Lauer, *Modern Healthcare*, August, 2008.)