

Ontario MDs lose, Quebec MDs win in malpractice fee shuffle

Quebec doctors should see a dramatic reduction in their Canadian Medical Protective Association (CMPA) malpractice fees next year, while Ontario doctors will likely face a “substantial rise.” The fees will be different because of the CMPA’s new regional fee structure.

A recent cost-analysis study done for the association determined that awards or settlements in Quebec averaged about \$67 000, or half the national average of \$131 000, for the period 1989/1999. The average settlement in Ontario totalled \$172 000 — 156% higher than in Quebec. Differences in other parts of the country are less significant. The CMPA’s governing council recently voted unanimously to move to a new regional fee structure to reflect these differences.

“The differences between Ontario and Quebec are dramatic,” explained Dr. André Duranceau, a CMPA vice-president. “Regional differences in cost should be reflected in membership fee schedules in order that physicians, the medical community and governments in various parts of the country can see the relevance of the impact of court awards and settlements on costs in their particular region.”

The CMPA moved to regional fees following a detailed actuarial analysis of its costs last summer. “As a not-for-profit organization run by and for physicians, the costs of providing service to our members are simply passed on to doctors through their membership fees,” said Duranceau. “We cannot control costs such as those associated with court awards or settlements.”

About 12 500 of the CMPA’s 58 000 members are from Quebec. — *Steven Wharry, CMAJ*

“Blood saves lives” theme of World Health Day 2000

Raising global awareness about blood safety and the importance of voluntary donors will be the focus of World Health Day on Apr. 7. In promoting the event, the World Health Organization cites an increasing need for safe blood donations. Worldwide, about 75 million units of blood are collected annually, but only 53% are from voluntary, nonpaid donors. About 18 million units are not tested for transfusion-transmissible infections; WHO says that between 5% and 10% of cases of HIV infection are caused by the transfusion of contaminated blood and blood products. WHO hopes to use the day to encourage governments and policymakers to achieve a safe blood supply (www.who.int/pht/blood_safety).



Rapid test may save money by allowing quicker emergency flights

A project by British Columbia’s infant transportation team ambulance helicopter service is aimed at saving money while helicopters are on the ground.

Dr. Andrew McNab, director of the pediatric air ambulance program at the BC Children’s Hospital, and Kyle Stevens, a paramedic and third-year medical student, are comparing results from the use of an iStat monitor, a point-of-care diagnostic tool, with conventional laboratory testing of blood gases prior to air-lifting patients to hospital. Analysis of the gases is a key factor in determining whether a patient is stable enough to fly. If this determination can be made faster it will save money, because it costs \$3000 an hour to have the ambulance helicopter standing by, and it takes about 2 hours to stabilize most patients.

The iStat monitor, which uses a tiny amount of blood, takes 2 minutes to produce results and can be used by paramedical personnel; the tests cost \$15-\$20 each. (The waiting time for conventional lab results ranges from 10 to 20 minutes, depending on the size of the hospital. McNab says that in a study he conducted involving 46 patients, the average wait for conventional results was 11 minutes.) The iStat units, which have been on the market for about 4 years, cost about \$8000. McNab predicts that using them routinely could result in significant savings because of reduced overtime for ambulance staff and less callback time for laboratory technicians. One in 4 flights results in overtime payments to paramedics, who carry out about 50% of the calls without an accompanying physician.

To provide a comparison, McNab said that an oximeter, which is now used heavily on these flights, paid for itself in less than a year. About 1000 children use the air ambulance service each year, and McNab estimates about half of them could benefit from iStat testing. Apart from the cost savings, children who are stabilized speedily will arrive at hospital in superior condition. “The better condition you are in when you arrive in the intensive care unit, the less likely you are to need overall hospital care,” says McNab. The researchers plan to extend the project to head-injured children, a move that McNab says will result in “an even greater reduction in morbidity” and help optimize care during the transfer to the Children’s Hospital.

Stevens began the project as part of a summer program in pediatrics that is offered to first- and second-year medical students, and he will continue the work throughout this academic year. — *Heather Kent, Vancouver*