Drop in recruitment of primary care MDs reported

An American firm reports that recruitment of physicians by managed-care firms appears to have stalled, at least temporarily. A review of more than 1600 assignments completed by Merritt, Hawkins & Associates, a recruiting firm in Irving, Texas, indicated that the number of searches it conducted for primary care physicians decreased, while demand grew for specialists and physicians in solo practice. “Managed care is supposed to be depressing incomes for specialty physicians, increasing the need for primary care physicians and reducing the viability of solo practice,” said Joseph Hawkins, the company’s CEO. “None of these trends is evident in this year’s survey.” He added that managed care “has churned the market for physicians like a twister, and the last 12 months may have been a lull in which the market paused to catch its breath.”

Pink slips tackle poor handwriting

Boston’s Institute for Healthcare Improvement has started a program to cut the number of adverse drug events, and a major part involves the distribution of pink slips to physicians who have written illegible, incomplete or suspect medication orders. The little slips are returned to the physician with a copy of the questionable order and suggestions for improvement. American Medical News reports that prescribing and transcription errors in a unit at a medical centre in Michigan fell by 85% within a few months of the program’s introduction.

New “envirohalers” on way

Pharmaceutical companies are phasing out the use of chlorofluorocarbons (CFCs) as the propellant for metered-dose inhalers (MDIs), but the change will likely make little difference for physicians or their patients. The new inhalers not only help protect the environment but also are more efficient and deliver medication more reliably in cold weather and near the end of an MDI’s life span. Physicians should know that the new MDIs, which will be available this fall, will provide patients with a softer “puff” of medication and have a different taste than the old inhalers. The change in propellant is part of an agreement signed by more than 150

The end of an era?

A leading Canadian cardiac surgeon says we are witnessing “the end of an era” in health care in which hospitals and physicians in solo practice may require “endangered-species status.”

Dr. Wilbert Keon, director of the University of Ottawa Heart Institute, told physicians attending the recent annual meeting of the Canadian Association of Radiologists to expect hospitals to continue to close, medical staffs to continue to shrink and more patients to be cared for at home. “Large hospitals are dinosaurs,” he said. “They’re not cost-effective and they’re dying.”

Keon suggested that the best way to reform the health care system is to develop integrated delivery systems to provide linked and coordinated health services. An integrated system of delivery would move the focus from hospitals to patients.

Under his model various specialties would be grouped into “clusters” of health services such as child and family medicine or mental health and addiction medicine to improve communication and reduce the duplication of efforts and actions. “We need to . . . increase communication because until we accept the concept of integration the technology that is available to us is useless.”

Keon said physicians must speak out against “unreasonable” reforms to ensure that the best interests of patients are considered. He considers the regionalization of health care a potentially hazardous reform. “The problem with regionalization is that it could create various regional health czars, and that is very dangerous.” — Steven Wharry
countries to eliminate CFC production. All CFCs must be eliminated from inhalers by the year 2000.

Manitoba funds aboriginal health centre

The Manitoba government will provide $2.37 million over the next 3 years to fund an aboriginal health and wellness centre in Winnipeg. It will develop and provide services that integrate both traditional native care and appropriate Western medical practices. The centre will use a model of aboriginal health that encompasses emotional, physical, spiritual, environmental and cultural aspects of life. It will be staffed by physicians, nurses, community wellness workers, social workers and traditional healers.

Saskatchewan loses only medical journal

Ontario and British Columbia are now the only provinces to produce journals for their physicians after the University of Saskatchewan medical school and the Saskatchewan Medical Association (SMA) decided to cease publication of the Saskatchewan Medical Journal. The move is expected to save $25 000 a year. The only remaining provincial journals are Ontario Medical Review, published by the Ontario Medical Association, and the British Columbia Medical Journal, published by the BC Medical Association.

The decision to kill the journal was made because the medical school’s Continuing Medical Education Division was running a deficit. Dr. Briane Scharfstein, executive director of the SMA, told the Saskatoon Star Phoenix that the move is “unfortunate, but it’s also unfortunate the division is under significant financial pressure.” The 24-page journal began as a newsletter 30 years ago but expanded to journal format in 1990. It was distributed free to 2000 physicians, medical students and residents in the province.

Division speaks out for St. John’s oncologist

The Newfoundland and Labrador Medical Association (NLMA) recently urged the province to end its “appalling treatment” of a St. John’s radiation oncologist, Dr. Dilip Panjwani, who had been providing care at the H. Bliss Murphy Cancer Centre without pay for 3 months. Last January Panjwani was released from his position as a department director at the centre, but continued to provide radiation oncology services. Since then, says the NLMA, the Newfoundland Cancer Treatment and Research Foundation has refused to pay him and the provincial health ministry instructed the Medical Care Plan (MCP) not to pay his fee-for-service claims. Following action by the NLMA, it appears the MCP will now honour the fee-for-service claims.

Don’t cooperate on project, Manitoba MDs told

The Manitoba Medical Association (MMA) is urging members to refuse to cooperate with the provincial government or its consultant on a project called the Health Information Network. In a July 11 letter to members, President Ian White warned that cooperation with the government “could undermine MMA efforts.”

The association’s main concern is that there aren’t adequate safeguards to protect the patient-physician relationship. The MMA wants the government to appoint a privacy commissioner to oversee the recently passed Personal Health Information Act, which is supposed to provide legal protection for personal health information. The MMA argues that it provides insufficient safeguards. “While the government may be willing to ‘milk’ physicians for information and ideas, it has not been prepared to answer our fundamental questions,” White wrote. “Who can access the system? What confidential personal information, if any, will be put online?” The MMA argues that patients clinical records should not be online because the information might be abused.

Ottawa plant to make artificial hearts

WorldHeart, the Ottawa company that’s in a race to produce the world’s first totally implantable artificial heart, is opening a plant in Ottawa to produce its HeartSaver ventricular assist device for use in preclinical trials and then in patients experiencing heart failure (see Can Med Assoc J 1997;157:128). The plant, which should be fully operational in November, will employ 50 workers.

Research and development work will be done at the University of Ottawa Heart Institute and the new facility. “We expect to have the first product from the pilot plant by year’s end,” said Dr. Tofy Mussivand, WorldHeart’s president. The heart institute’s Cardiovascular Devices Division has already spent 10 years and $30 million developing a ventricular assist device.

SIDS study

A Calgary researcher is attempting to determine how exposure to cigarette smoke increases the risk of sudden infant death syndrome (SIDS), which claims up to 800 lives a year in Canada. “We know that cigarette smoke is detrimental to health and a key risk factor [for SIDS], but we don’t know precisely how and where it does its damage,” said Dr. Shabih Hasan of the University of Calgary. “Our preliminary studies indicated that the fetus acts as a reservoir for nicotine.” His study is being funded by a 3-year, $272 000 grant from the Medical Research Council of Canada. Hasan says the risk of SIDS-related death increases in direct proportion to the amount mothers smoke during pregnancy.