

Town Hall Health Care Forum

August 25, 2009

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Major Issues with Current Proposed Legislation

- Liability Reform is not addressed
- Costs are not controlled
- The financial burden for a government run health plan is undefined
- Will there be an adequate number of physicians?

The Current Problem

- Who are the victims of an out of control tort system ?

All of us!

Defensive Medicine

- The cost of medical liability is huge
- 92% of physicians order tests that are not necessary, to avoid being sued
- Ordering these unnecessary, expensive tests becomes the standard of care over time, resulting in more malpractice suits

Medical Liability Costs

- Medical liability issues increased annual health care spending by \$124 billion in 2006 dollars.

*According to PricewaterhouseCoopers, The Tort Tax,
The Wall Street Journal 10/12/08*

The Cost to the American People

- The average American family spends an additional \$1,700 to \$2,000/year of their healthcare dollars to pay for the costs of defensive medicine.
- Imagine all the uninsured people we could cover with this money.

Liability Reform

- Could reduce defensive medicine occurrences, leading to a 5-9% reduction in medical expenditures without any effect on mortality or medical complications.

Kessler and Mark According to a study by Daniel McClellan.

The Current Tort System Does not Work

- Patients are not compensated in a timely manner (trial can take 5 years)
- Lawyers end up with the largest share of the award (33% off the top plus expenses resulting in over 50%)
- It is difficult to find a lawyer to take on the smaller, less lucrative cases.

Liability

- Lawsuits against physicians do not decrease errors.
- Most cases take 5 years to go to trial.
- The emotional toll on the physician is major. Many stop practicing medicine or add more defensive medicine procedures. They also limit which patients they will see (e.g.: no high risk obstetrics).

Medical Liability Premiums

- Reimbursements to physicians and hospitals continue to decline despite increasing malpractice rates
- The average percentage increase in medical liability premiums from 1976-2002 was 920%

Unintended Consequences

- Access to Care progressively diminished, especially in the emergency room
- Costs of Medical care increased due to defensive medicine
- Many students choose to avoid medicine due to the risk of being sued
- Negative change in the doctor/patient relationship (81% of responding residents said that they view every patient as a potential lawsuit)

Medical Liability Cases

- In Mississippi, after passage of medical tort reform, the number of malpractice cases decreased from 1,475 to 192.
- In one Texas county, the number of lawsuits decreased from 745 to 49 after medical tort reform passed.

Government Sponsored Health Plan

- Sounds good in theory
- Look at what happened to Keiki Care in Hawaii:
 - 80% of kids who were enrolled left a private health care plan
 - This bankrupted the program
 - We can not afford the cost of government sponsored health care

The Risk of Being Sued

50% of neurosurgeons

33% of orthopedic surgeons

33% of trauma surgeons

33% of emergency physicians

Are sued EVERY year!

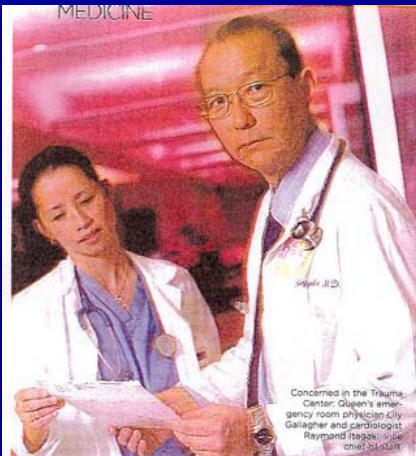
Emotional Toll of Lawsuits

- Physicians who have been sued
 - Often change their practice style
 - Leave the State
 - Suffer depression (30%)
 - Commit suicide

Medical Malpractice Suits found to be without Merit

86%

Medical Liability Reform is critical to keeping physicians in Hawaii



Concerned in the Trauma Center, Queen's emergency room physician Lily Gallagher and cardiologist Raymond Hagiwara, chief of staff.

Crisis in the Trauma Center

The trauma center at Queen's saves hundreds of lives every year. What happens if it closes?
By Ronna Bolante

HOST OF US EXPECT THAT, IF WE get seriously hurt, we'll be taken care of. Listen to the news enough, and you notice that most victims in major car crashes are either "rushed to Queen's" or "medevaced to Queen's." Last year alone, The Queen's Medical Center received about 45,000 people in its emergency room, 1,300 of whom were trauma patients—those who suffered life-threatening injuries due to collisions, falls or violence.

These are people like Ima May Baptiste. In 1998, she was driving through an intersection in Kaneohe when another driver ran a red light at 80 miles per hour, broadsiding her car. Emergency technicians pulled Baptiste from the wreck and transported her to Queen's trauma center. Baptiste's back was broken in three places, one of her hips in two. One of her kidneys had to be removed. Her liver had to be stitched back together.

In the process, Baptiste needed eight blood transfusions.

"I was in a coma for five days, and my mom was told that I might not make it," says Baptiste, now 28. But she did. After a month-long hospital stay and a year of intense physical therapy, Baptiste fully recovered. "If it weren't for Queen's trauma center," Baptiste says, "my accident could have been devastating."

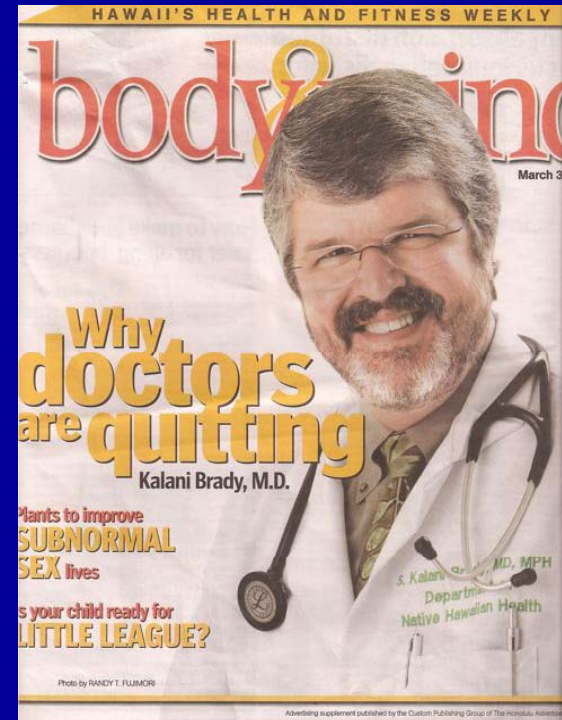
As the leading trauma center in the state, Queen's treats practically all of Hawaii's major trauma patients, including many transferred from other hospitals on O'ahu and the Neighbor Islands. But for all its importance to the people of Hawaii, Queen's is facing an alarming shortage of doctors in its trauma center. For financial and personal reasons, fewer and fewer physicians are willing to take emergency patients, crippling the hospital's ability to care for critically injured patients in the islands.

As the only trauma center in Hawaii certified by the American College of Surgeons, Queen's must have surgeons, an anesthesiologist and various medical staff in-house 24 hours a day, as well as keep doctors in at least 15 other specialties on call at all times, ready to respond at a moment's notice.

With each passing year, Queen's is having a tougher time providing that safety net. Neurosurgeons, for example, perform one of the most crucial aspects of trauma care, but there are only four neurosurgeons at Queen's willing to take emergency calls—down from eight just a few years ago.

"The four neurosurgeons, including myself, take calls five days a month, more or less, but that means there are some days when there are no neurosurgeons on call," says chief of neurosurgery Michon Morita. "There were five days in January when there was no neurosurgeon on call. There was one day in February. Up until the

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The Honolulu Advertiser

HAWAII'S NEWSPAPER

HONOLULUADVERTISER.COM

Hawai'i losing its doctors

HIGHER COSTS, FEWER PHYSICIANS

9% Drop in the number of obstetricians in Hawai'i in the past two years	29% Drop in the number of orthopedic surgeons in Hawai'i over the past decade
2.6 Average number of times an OB-GYN will be sued in a career (nationally)	45% Increase in average malpractice insurance premiums for orthopedic surgeons in Hawai'i since 2001
53% Increase in malpractice insurance premiums for OB-GYNs in Hawai'i over the past five years	

SEE DOCTORS, A2

Source: American College of Obstetricians and Gynecologists, Hawai'i section, Hawai'i Medical Assoc., Dr. Linda Rabinowitz, past president of the Hawai'i Orthopedic Assoc.

Access to Care

- It is predicted that in order to meet the anticipated needs of an aging population, there must be a 39% increase in the number of family practice physicians by 2020.

Delaying or denying access to
primary care for illness
prevention or diagnosis

results in

advanced disease conditions
that have a higher mortality rate
and require more health care
dollars to treat

End of Life Care

- 30% of the Medicare dollar is currently spent in the last 6 months of life.
- To control costs the government is looking to put more patients into hospice care.
- Pg 469 Euthanasia clause (mandatory food & water deprivation)
- Will there be more limits in the future?
- Guam situation (no cancer care)

Medical Liability Reform

- Has no cost to taxpayers
- Saves the system \$\$\$
- Benefits the injured patient with
 - Quicker settlement
 - Larger portion of the settlement

Solutions

- Medical liability reform must be part of the solution to avoid further exploding the National debt.
- Savings from medical liability reform could be one means of protecting end of life care services, which are most vulnerable to extreme gov't cost cutting measures.
- A government run insurance program could be financially disastrous and should be re-evaluated.

Thank You!