

Paging Dr. Diaper

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Have you ever had the opportunity to step back, for a little bit, to be able to look at some of the weirdness in the system under which we operate? I mean, have you really been slapped upside the head by some of the more humorous, surreal Kafkaesque aspects of our medical milieu? I think I may have the story that tops them all. In the world of the left hand not knowing what the right hand is doing we need only to look at Medicare as the archetype.

I've just spent the last week going back to work. I was asked to come back to the clinic on a part time basis for a week, while the Medical Director (and only full time physician) was going to be out of town. Was I being brought back for direct patient care, as one would assume? Not really, but it'd be nice if I did do some direct patient care. Was I being brought back to mentor the younger practitioners? Well, yes, but only secondarily.

"Here's what we really need. We really need you to sign off orders written by Mid-level practitioners." Essentially, my old clinic had to pay me a physician's wages merely to sign and process paperwork; anything else I did was gravy. The reality is that I was being brought back primarily to sign "diaper" orders!

Yes friends. In one of the true lunacies of the regulatory climate we live under, this one concerning mid-levels takes the cake. These people, through long hours of training and certification, have the legal ability to prescribe some of the most dangerous drugs known—Schedule 2 narcotics, potent antibiotics--but they cannot legally write for *Depends*. Nor can they order imaging studies, physical therapy or *any* piece of durable medical equipment. Don't get me wrong. I really enjoy coming

back to work the way we've got it set up. But it strikes me as a wasteful use of resources, paying a physician to do a clerk's job.

There have been hundreds of studies documenting how valuable mid-levels have become in extending "physician reach;" whole swathes of rural America, including large parts of Humboldt and Del Norte Counties, would have no medical care at all if it wasn't for mid-levels. On a nation-wide average, mid-level practitioners attend one in three office visits, and a much higher percentage of patient visits in our clinic system.

Yet, these extremely valuable members of the healthcare team are legally prohibited from writing for all those things that can make a patient's life more comfortable: a walker, adult diapers, a bedside commode or grab bars for the shower. Their diagnostic tool box has been legally emptied of imaging orders. Their ability to treat musculoskeletal injuries is hampered by having PT off the table. However, as soon as a physician affixes his John Hancock to this piece of paper, all is instantly legal. Forget for a minute that, in all likelihood, the physician has absolutely no idea who this patient is, but his signature magically opens the doors. Yet, Medicare states that mid-levels are "valued."

In an era of rapidly escalating primary care shortages, Medicare throws up yet one more bottleneck in delivery of services. In order for anything that's funded by Medicare to move in an expeditious manner there must be a physician present at all times. If the signing physician is out of the office for any length of time, all comes to a standstill. DME orders can't be processed. Home Health orders can't be sent on. Patients can't get their physical therapy or replacement parts for their CPAP machine.

I appreciate that Medicare is concerned about fraud, and fraud is big business. In 2013, fraud

accounted for \$58 billion, about 10% of Medicare's spending.¹ And since 29% of Medicare fraud involves DME, I assume that requiring a physician's signature for a walker is some sort of anti-fraud measure. But how, pray tell, is a physician's signature a guarantee against fraud? Especially since, in 2013, Medicare paid out more than \$16 billion for needless imaging tests ordered by doctors. Why are doctors necessarily more trustworthy than mid-levels?

I could certainly understand it if a physician had to sign for certain imaging studies: MRI with contrast, or some other esoteric study that would fall outside of the scope of practice for mid-levels. Physicians have more training, and supposedly more experience. A physician's signature in this case would presumably indicate that the mid-level and the physician sat down and discussed the case before ordering the study. But to put a blanket prohibition on even routine orders, and *especially* DME or PT, as an anti-fraud effort? That's just nuts. That doesn't protect against anything. Doctors can be just as corrupt and dishonest as everybody else; just read the Medical Board Reports of disciplinary actions taken against physicians.

All over the country, especially up here in our two county area, practices are having problems recruiting primary care practitioners, both MD's and mid-levels. In the clinics everyone has a full patient load, and the wait times can be long. There will also be times that physicians will be out of the office. On those occasions the paperwork train grinds to a halt, further lengthening the time that some patients wait for services. Should we be penalizing patients for a physician's absence? For that's what it is. We're penalizing people for seeing mid-levels rather than physicians. The solution the clinic has arrived at, bringing a "diaper order" signer on board, works really well for me, and decreases the wait times for the patients to get their imaging study or DME delivery. But it does cost the clinic a fair chunk of

change.

So it's time to loosen things up a bit, and decide why we need physician co-signatures—anti-fraud or consultation? If they're needed for consultation, then let us consult, and countersign the mid-level's orders. If, on the other hand, they're an anti-fraud measure, then let's figure out a better way to combat Medicare fraud, rather than employing the magical incantations of the signature amulet, which doesn't prevent fraud anyway. And let's give mid-levels a little more autonomy and responsibility.

NOTES

1. John Carreyrou and Christopher S. Stewart "Why It's So Hard to Fix Medicare Fraud" *Wall Street Journal* Dec. 25, 2014 <http://www.wsj.com/articles/why-its-so-hard-to-fix-medicare-fraud-1419559442>

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