LETTERS TO THE EDITOR
JUNE 2006

The summary of Dr Owen's presentation at Interclerkship Day published in the March 2006 Health Policy Newsletter points out very important myths surrounding the issue of the neurobehavioral performance of residents. However, there are other myths that need to be considered also, if we are to truly provide comprehensive and safe medical care for our patients and the best training for our residents:

Myth 1: Regardless of the stability of patients' medical status, all residents must leave the hospital immediately when they reach their time limit. Their departure will not impact patient care.

Myth 2: On-call residents will have the same vested interest in the care of patients as the daytime residents who know the medical history of their patients.

Myth 3: Residents leaving their duty can always anticipate and sign out all possible patient issues, such that the transfer of care will be seamless.

Myth 4: Residents can leave their patients at a times of medical crises and their learning experience will be just as good as if they stayed during the crisis and continuously monitored the effects of their interventions.

Myth 5: Teaching residents a "9 to 5" mentality will produce a generation of physicians dedicated to providing responsible care to all their patients, all the time.

William Tester, MD, FACP
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I too have served as a TAP member, for obesity. I enjoyed the article and would like to point out my dissatisfaction with the NQF process. I read the report from NQF's Steering Committee that disagreed with some of my TAP's recommendations. The next step in the process is then to allow the "equal voices" to comment on the Steering Committee's recommendations. I have found that as the AQA has contributed to several of these in the past, the NQF "consensus" seems to be more determined by CMS's influence. Several similar groups now seem to be utilizing their association with AQA in a "rebellion" of CMS's overbearing grip on NQF. (Personal observation)
I believe that your statement about using the National Voluntary Consensus Standards for Hospital Care allow CMS to pay a small "additional" percentage on key diagnoses is misleading. If hospitals do not report the outcomes, CMS withholds that small amount.
I appreciate your work on behalf of practicing physicians everywhere.

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I enjoyed your most recent issue, particularly Dan Louis's article on Part D -- Experiencing that first hand. I had some concerns about "TAP your Feet" as I did not see any issue discussed regarding the "patient." I have to assume that along with guidelines, there will be a strong component of how to get the patient involved in their disease. The clinical aspects of population management are certainly the primary aim, but without the economic and humanistic perspectives, the process is incomplete, and I am sure your TAP is paying attention to those other areas.

Otto Wolke, RPh

I enjoyed reading “TAP Your Feet” in the March 2006 issue of the Health Policy newsletter. I was particularly grateful to see some reference to the practical challenges in the closing paragraphs.

As a participant in the Integrated Healthcare Association’s California Pay-for-Performance initiative, I can tell you that such challenges can be formidable indeed. For us quality junkies, it is tempting to recommend immediate implementation of an effective intervention for a prevalent serious disease. Unfortunately, the result could be a tidal wave of recommendations that completely overwhelm good faith attempts to implement and measure. Guidance here might be found in Toynbee’s optimum challenges -- set achievable goals that require best efforts.

In closing, I would add that, as the list of interventions, guidelines and recommendations grow, some thought needs to be given to the limits of human mental capacity. It is pretty much agreed that the knowledge-problem couple required to produce evidence-based interventions at six-sigma frequencies exceeds human capability. I hope there is a TAP somewhere developing the decision support our frontline colleagues will require to deliver sage, timely, beneficial, patient-centered, equitable and efficient care to their patients. I wish you and them every success.

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