



Prescriptions

Medical Alert

Fall 2009

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Debating Evidence-Based Medicine

As the debate about health system reform heats up in Washington and across the country, among the issues under discussion is how best to bring down rapidly escalating costs, while continuing to ensure that patients receive the highest quality of care. One potential solution involves reliance upon evidence-based medicine (EBM) to determine appropriate treatment for an individual patient. However, opponents argue that EBM initiatives, such as recent investments by the Federal government in comparative effectiveness research (CER), could lead to restrictions on physician care.

EBM refers to a clinical decision-making process based on the best available evidence, the expertise and judgment of the physician, and the personal preferences of the patient. When practicing EBM, physicians typically go through the following steps: they pose a clinical question; they search for the best available evidence from relevant clinical trials; and they assess the evidence and make a decision about the most appropriate course of treatment based on the evidence and the patient's individual circumstances and preferences. If questions or doubts should arise, the physician can then point to the evidence used to arrive at his or her clinical decision.

The current administration has focused on EBM as a better, albeit less than perfect, alternative to the current insurance-led model, where physicians may feel compelled to make decisions based on insurance-related issues. At a news conference on July 22, 2009, President Obama stated, "Part of what we want to do is to free doctors, patients, hospitals to make decisions based on what's best for patient care."

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Treating Obesity with Dignity

Obesity is a medical condition that has reached epidemic proportions in the United States. Many patients who are obese struggle to lose weight and are often embarrassed or ashamed to discuss the issue with their doctors. Doctors, on the other hand, may also struggle to effectively communicate with patients about strategies for managing their weight and improving their general health and quality of life.

Around one-third of U.S. adults are now considered obese, which is defined as having a body mass index (BMI) of 30 or more, according to the Centers for Disease Control. While obesity rates are now showing signs of stabilizing, obesity prevalence doubled among adults between 1980 and 2004. Certain sub-groups of the U.S. population, including African-American and Hispanic women, are espe-

cially at risk. Common co-morbidities include diabetes mellitus, cardiovascular disease, hypertension and stroke, osteoarthritis, and some types of cancer. Obesity also increases a patient's risk of disability and premature death.

Given the pervasive nature of obesity, physicians may wish to consider ways to better serve this patient population. In some cases, the physical environment of a medical practice, from the waiting room to the examination room tables, may not be accessible to larger people. Dressing gowns or paper sheets may not adequately cover individuals who are obese, increasing the potential for embarrassment. It may be helpful for physicians to reconsider their office environment and procedures to ensure that all patients, regardless of size, feel welcome and at ease.

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Opponents have argued, however, that relying solely on EBM will not accomplish these goals but will, instead, create different challenges. For example, will doctors have the time and resources to thoroughly evaluate the relevant clinical data? How does a doctor discern contradictory or inaccurate findings? Can reliance upon EBM effectively address multiple conditions and/or the interaction of multiple treatments, when clinical trials generally focus on one condition or treatment at a time? What about research bias and the influence of special interest groups? Finally, how do laboratory findings translate to real life circumstances?

Despite the arguments, the American Recovery and Reinvestment Act of 2009 (ARRA) included \$1.1 billion in funding for CER, which is the systematic review of published studies and clinical trials to compare treatment strategies. With the funding, the Office of the Secretary of Health and Human Services (HHS), the National Institutes of Health (NIH), and the Agency for Healthcare Research and Quality (AHRQ) seek to generate non-binding clinical guidelines and treatment protocols that can help physicians select safe, effective, and cost-efficient treatment and delivery methods.

A number of physicians' associations, including the American Medical Association (AMA) and the

American Academy of Family Physicians (AAFP) have advocated for government-sponsored CER initiatives. AAFP board chair Jim King, MD recently wrote in a letter to the Senate Health, Education, Labor, and Pensions Committee that CER is needed to provide evidence-based information to patients and physicians for use in making health care decisions.

"Physicians and their patients both can benefit from research that demonstrates whether a particular treatment option results in better outcomes," AMA president Nancy H. Nielsen, MD said in a recent statement. However, while endorsing efforts to establish Federal entities responsible for providing physicians with CER, Nielsen noted that the AMA "has stressed that research findings should be driven by clinical evidence, and not be used solely to identify and promote the cheapest treatment option." In addition, Nielsen said, the AMA has successfully advocated that the entities conducting this research not make coverage and payment decisions.

The American Medical Association offers an e-newsletter to help physicians stay informed about health system reform. To subscribe to the *Health System Reform Bulletin*, visit www.ama-assn.org. *P*

Reach Out to Patients via Webinars

Have you ever wanted to attend a seminar on a topic of interest to you, but decided not to go because of the time, expense, and hassle involved in getting to an event held at a distant location—or even across town? If you answered yes to this question, you are hardly alone. Many people, including your colleagues and patients, may wish to attend a seminar offered by your practice, but they may lack the time or resources necessary to be there in person. By turning informational seminars into webinars, you can vastly increase the number of people you reach, enabling you to serve a wider audience.

A webinar is, quite simply, a seminar that people can participate in from their personal computers. Hosting a webinar is a low cost and, depending on how well it is advertised and subsequently distributed, very effective way to educate patients about important health issues. Besides the potential for global exposure, a powerful webinar presentation may raise the profile of the presenting physicians and nurses, as well as your practice. The subject matter of webinars may be similar to informational sessions or seminars already offered by your practice, encompassing topics such as swine flu vaccinations, weight loss, cancer screenings, smoking cessation, or diabetes management.

You may be concerned that your organization lacks the technical expertise necessary to host a webinar. However, there are technology vendors that specialize in arranging and managing webinars. These vendors can, for example, coordinate the synchronized online delivery of streaming video, audio, and multimedia content. Webinar participants can view PowerPoint slides, watch and listen to the presenter, and interact with the presenter and other participants by posing questions and sharing content via e-mail or a comment box. Most vendors charge a reasonable fee per participant, with some additional charges depending on the level of service desired.

Prior to hosting a webinar, send e-mails to all prospective participants with information about the topics, the date and time, the speakers, and simple instructions on registration, participation, and log

in. Usually, the webinar vendor will provide this information.

When the webinar is over, it may be stored online and made available to visitors to your practice's website, as streaming content and as a podcast, preferably in both audio and video form. Viewers may be invited to post comments online, to e-mail the webinar to friends and colleagues, or to post a link to the presentation on their blogs or networking pages. To promote greater interest in the webinar, your practice may want to create a link to it on relevant forums, blogs, or professional networking websites.



Many medical practices use webinars for training and meetings, especially when attendees are in distant locations or when the trainer or speaker is unable to attend the event in person. Your practice may also wish to encourage physicians and staff to participate in webinars to increase knowledge and skills. While training webinars may charge a fee, it is generally less expensive than in-person attendance.

As you strive to educate patients, reach a wider audience, and build your practice, consider hosting a webinar. Both the simplicity and the impact may exceed your expectations. *P*

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Physicians may also wish to reevaluate their current approaches to discussing and treating obesity. Are they effective in helping patients to control their weight and manage any secondary health issues? Physicians often find they lack the ability or the time necessary to adequately address the issue of weight loss, even with patients whose health status would clearly improve if they lost a small amount of weight. Studies have found that unsolicited advice about weight loss can cause distress in some patients, and patients may actually delay or avoid going to the doctor because they do not want to be confronted with the issue. In fact, individuals who are obese sometimes report feeling discriminated against by doctors because of their weight. Others have complained that doctors have refused treatment for associated health conditions that could be improved through weight loss.

A recent survey showed that around three-quarters of physicians nearly always address weight issues with patients who are overweight or obese,

and that they most frequently offer standard advice, such as increased exercise, portion control, and consuming less fast food and soda. If physicians feel that certain patients are less receptive to discussing their weight, however, they may choose to avoid the subject, focusing instead on other issues.

One way physicians may be able to broach the subject is by asking patients to share their health concerns and any personal goals they have for improving their health status. Patients may then become less defensive about the subject and share with their doctor a desire to improve their diet or get more exercise. Once the discussion has begun, the physician and patient may develop a weight loss action plan designed to the individual needs and preferences of the patient. Doctors who lack the time to have an in-depth discussion about weight loss strategies, or who feel they lack the expertise to offer appropriate advice, may wish to refer patients to another provider with expertise in obesity treatment, such as a dietician, nurse, or behavioral therapist. *P*

Demand Rises for Primary Care Physicians

Primary care physicians are in the greatest demand, according to a study released by physician recruitment firm Merritt Hawkins & Associates.

An analysis of more than 3,200 physician recruitment assignments made by the firm between April 1, 2008 and March 31, 2009 revealed that more requests were made for family physicians and general internists than for any other types of doctor. Results showed that requests for all types of primary care physicians—a category which includes family physicians, internists, and pediatricians—rose 23% over the 12-month period, compared with the previous year. Demand was also high for general surgeons.

“Virtually every hospital or large medical group in the United States would be happy to add a family physician or general internist,” said Mark Smith, president of Merritt Hawkins. “There simply are not enough primary care doctors to go around.” Smith attributed the shortage of primary care doctors to a burgeoning demand for primary care services combined with a shrinking supply of generalist physicians.

The study also found that signing bonuses were offered to physicians in 85% of the searches in 2008/09, up from 74% last year and 58% three years ago. According to the report, the average signing bonus offered to physicians in 2008/09 was \$24,850, and salary offers ranged from \$171,000 for pediatricians to \$481,000 for orthopedic surgeons. *P*