

Curriculum for Health Management Seminars 2002  
*Department of Ophthalmology*  
*Mayo Clinic, Rochester*

Health Policy and Practice Management  
*How are decisions made and who makes them?*  
*How and when will these decisions affect your practice?*

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Introduction:

Not everyone can practice medicine and those that practice medicine cannot practice “any way they like.”

Educational, training, and financial barriers exist for entrance into the practice of medicine. The educational barriers are intentionally established to help insure that those practicing medicine are able to make well-informed decisions about providing health care. The design of medical school and post-graduate training curricula is generally fashioned by experienced physicians who are convinced that the information will be useful for medical decision-making. Financial barriers to education are a major issue of which you are all aware given your stage of training. Financing medical education will not be discussed in this seminar.

How you actually practice ophthalmology is also regulated, but often not in a direct manner. It is true that you will have to obtain certification (granted by private agencies such as the American Board of Ophthalmology) and licensure (granted by state agencies), in order to begin to practice and to charge for what you do. The “limitation to your freedom” to practice as you please does not stop there, however.

Beyond certification and licensure the simplicity and clarity of the barriers and controls is totally gone. There are multiple influences that will directly and indirectly control how you practice. This seminar is designed to identify the source of some of those influences, how they have become influential through time, and who is actually determining who is influential.

It should be no surprise that financing has a great influence; social views have a great influence; the perception of health care as a limited resource has a great influence; the concept of entitlement has a great influence, and even religion has an influence. The motives driving many of these influences may be quite obscure. Most of all, you should not be surprised that far and away the majority, if not all of the people making these decisions that affect health policy and practice management are not physicians. One major question needs to be answered by this exercise: How much influence should physicians have in making health policy and controlling practice management and are you willing to participate?

Grading:

A letter grade will be determined by degree of seminar contribution by the individual, timeliness in completion of assignments, originality of contribution, comprehensiveness of contribution, and accuracy of contribution.

Attendance is mandatory.

## **Seminar Organization:**

The seminar will be in three parts, partially because of scheduling restraints.

### **Part I: Assignments**

Thursday: May 16, 2002; 5 PM Conference Room.

Initial introduction, discussion of course objectives, discussion of bibliography, assignment of your responsibilities, and distribution of photocopies of key references.

Course objectives:

- Become familiar with some of the current high priority health policy and practice management issues.
- Be able to identify key issues in the current literature and evaluate individual papers for author qualification, possible author bias, quality and accuracy of concept presentation.
- Be able to distinguish between health policy issues and practice management issues.
- Be able to identify the process by which health policy issues are decided.
- Be able to identify who is authorized to make decisions in this process.
- Be able to predict how these issues may affect your personal practice of medicine.
- Be able to identify when and how you can participate in the decisions that will affect your practice.

*Assignment:*

***Dr. Anderson:***

***O'Brien B. Risk-benefit analysis. New England Journal of Medicine. 2002;346:1099-1100.***  
***Wachter, R. and L. Goldman, The hospitalist movement 5 years later. JAMA, 2002. 287: p. 487-494.***  
***Fong, D. and F.I. Ferris, Evidence-guided ophthalmology. Archives of Ophthalmology, 2001. 119: p. 585-589.***

***Dr. Peterson:***

***Lowenstein, E. and S. Wanzer, The US Attorney General's intrusion into private practice. New England Journal of Medicine, 2002. 346: p. 447-448.***  
***Annas G. Bioterrorism, public health, and civil liberties. New England Journal of Medicine. 2002;346:1337-1342.***

***Dr. Christiansen:***

***Gendreau M, DeJohn C. Responding to medical events during commercial airline flights. New England Journal of Medicine. 2002;346:1067-1073.***  
***Studdert D, Brennan T. No-fault compensation for medical injuries. The prospect for error prevention. JAMA. 2002;286:217-223.***  
***Sage W. Principles, pragmatism, and medical injury. JAMA. 2001;286:226-228.***

Dr. Patel

**Krimsky S. Who owns academic work? Battling for control of intellectual property. *Nature Medicine*. 2002;8:325.**

**Eaves C. Stem cells and the future of regenerative medicine. *Nature Medicine*. 2002;8:326.**

**Annas G. Cloning and the U.S. Congress. *New England Journal of Medicine*. 2002;346:1599-1602.**

**Weissman I. Stem cells - Scientific, medical, and political issues. *New England Journal of Medicine*. 2002;346:1576-1579.**

**Evers K. European perspectives on therapeutic cloning. *New England Journal of Medicine*. 2002;346:1579-1582.**

**Arora V, Gundeck E, Humphrey H. The future of academic medical centers. *New England Journal of Medicine*. 2002;346:1100.**

Dr. Eberhart

**Ferris T, Chang Y, Blumenthal D, Pearson S. Leaving gatekeeping behind - effects of opening access to specialists for adults in a health maintenance organization. *New England Journal of Medicine*. 2001;345:1312-1317.**

**Lawrence D. Gatekeeping reconsidered. *New England Journal of Medicine*. 2001;345:1342-1343.**

Dr. Edwards

**Packer, S. and J. Lynch, The ethics of comanagement. *Archives of Ophthalmology*, 2002. 120: p. 71-76.**

**Busbee, B., et al., Incremental cost-effectiveness of initial cataract surgery. *Ophthalmology*, 200. 109: p. 606-613.**

**Poindexter C. Medicare audits: Do you have a plan? *Review of Ophthalmology*. 2001:24.**

Dr. Griessel

**Baker, D., et al., Lack of health insurance and decline of overall health in middle age. *New England Journal of Medicine*, 2001. 345: p. 1106-1112.**

**MGMA, G.A., Congress fails to address 2002 Medicare fee reduction. *MGMA Connexion*, 2002(February).**

**Spevak, C., From Studebaker to Pergram: ERISA 101 for physician executives. *Group Practice Journal*, 202(March).**

Dr. Jeng

**Kennedy, D., Drug prices: Real problem, wrong solution. *Science*, 2001. 292: p. 1797.**

**Steinbrook, R., Perspective - The prescription drug problem. *New England Journal of Medicine*, 2002. 346: p. 790.**

**Lewis, J., et al., Compliance among pharmacies in California with a prescription-drug discount program for Medicare beneficiaries. *New England Journal of Medicine*, 2002. 346: p. 830-835.**

**Altman, S. and C. Parks-Thomas, Controlling spending for prescription drugs. *New England Journal of Medicine*, 2002. 346: p. 855-856.**

**Hanson R. Patient assistance programs for prescription drugs. *Minnesota Medicine*. 2001:35-37.**

Dr. Lal

**Choudhry, S. and T. Brennan, Collective bargaining by physicians - Labor law, antitrust law, and organized medicine. *New England Journal of Medicine*, 2001. 345: p. 1141-1144.**

**Gerbi S, Garrison H, Perkins J. Workforce alternatives to graduate students? *Science*. 2001;292:1489-1490.**

Dr. Siddiqui-Bradfield

**Sugar, A., et al., Laser In Situ Keratomileusis for myopia and astigmatism: Safety and efficacy. A report by the American Academy of Ophthalmology. *Ophthalmology*, 2002. 109: p. 175-187.**

**FDA, LASIK Eye Surgery. 2002.**

Seminar in Health Policy and Practice Management,

Mayo Clinic, Department of Ophthalmology

Spring, 2002

J. Douglas Cameron, MD

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Dr. Wayman

**Ruden, B., Marketing is more than ads. *Ophthalmology management*, 2002(February): p. 18-20.**

**Dranzen, J., The consumer and the learned intermediary in health care. *New England Journal of Medicine*, 2002. 346: p. 523-524.**

**Wolf, S., Direct-to-consumer advertising - Education or emotion promotion. *New England Journal of Medicine*, 2002. 346: p. 524-526.**

**Holmer, A., Direct-to-consumer advertising - Strengthening our health care system. *New England Journal of Medicine*, 2002. 346: p. 527-528.**

**Lee, T. and T. Grennan, Direct-to-consumer marketing of high-technology screening tests. *New England Journal of Medicine*, 2002. 346: p. 529-531.**

Review assigned references.

BRIEFLY comment on the following points.

1. Give the full references of the paper(s)
2. Identify and define the issue or issues being addressed in the article(s).
3. What can you tell about the author's qualifications from the information available?
4. What is the motivation of the author to write the paper?
5. What is your evaluation of the content of the paper.
6. Is there a process leading to a policy or principle that may affect the practice of medicine?
7. Who or what authorized the process?
8. How might this process influence how you practice medicine now or in the future?
9. How can you appeal or modify the decisions made that affect you?

The comments are due Friday May 17 at 5 PM by Email to [cameron.douglas@mayo.edu](mailto:cameron.douglas@mayo.edu)

Absolute limit: 1 page.

### **Part II Preparation:**

1. Review the articles and the references contained in the article to expand upon the answers to Part I.
2. Locate at least two additional references.
3. Prepare an expanded summary incorporating your new knowledge and insight into the area.
4. Absolute maximum length: 3 pages.
5. All of the comments will be compiled and distributed to all the residents as a reference for these issues.

### **Part III Presentation:**

Friday, June 21, 2002. 2 PM W7 Conference Room:

1. Each resident will from a seated position, orally present a summary of the topic with which the resident has been assigned and become familiar.
2. The use of power point slides or overhead projection is not allowed.
3. At least 50% of the time allotted for each resident should be unstructured discussion with your fellow residents helping each other prepare for a successful career in clinical ophthalmology.

Time Start Resident

2:00 PM Dr. Lal  
2:15 PM Dr. Patel  
2:30 PM Dr. Wayman  
2:45 PM Dr. Peterson  
3:00 PM Break  
3:15 PM Dr. Eberhart  
3:30 PM Dr. Christiansen  
3:45 PM Dr. Edwards  
4:00 PM Dr. Anderson  
4:15 PM Break  
4:30 PM Dr. Griessel  
4:45 PM Dr. Jeng  
5:00 PM Summary and Insights

Additional Issues Not Directly Covered in the Seminar:

**Regulating agencies**

**Trends in medical practice management**

*Center, T.P.M.R., Cataloge of Publications. 2002: Advisory Publications.*

*Charon R. Narrative medicine. A model for empathy, reflection, profession, and trust. JAMA. 2001;286:1897-1902.*

*Bethke W. Preparing a place for HIPAA at your practice. Review of Ophthalmology. 2001:27.*

*Cella F. Boost your refractive volume practice by offering financing to all patients. Avortorial. 2002.*

*Tu H, Reschovsky J. Assessments of medical care by enrollees in for-profit and nonprofit health maintenance organizations. New England Journal of Medicine. 2002;346:1288-1293.*

*Cornell R. "Top-10 list" to use when considering private practice. MGM Journal. 2001:28-30.*

**Health Law, Privacy Issues**

*Tsai E. Should family members be present during cardiopulmonary resuscitation? New England Journal of Medicine. 2002;346:1019-1021.*

**Health Insurance**

*Rosenbaum, S., Medicaid. New England Journal of Medicine, 2001. 346: p. 635-640.*

**Prescription drugs**

**Federal Health Policy**

*Abramson, J. and L. Pikerling, US Immunization Policy. JAMA, 2002. 287: p. 505-509.*

*Steinbrook, R., Physician-assisted suicide in Oregon - An uncertain future. New England Journal of Medicine, 2002. 346: p. 460-464.*

*Dye C, Williams B, MA E, Raviglione M. Erasing the world's slow strain: Strategies to beat multidrug-resistant tuberculosis. Science. 2002;295:2042-2045.*

**Clinical Research**

*Lessell, S., Human studies, institutional review boards, and the protection of human subjects. Archives of Ophthalmology, 2001. 119: p. 1849-1850.*

*Kelch, R., Maintaining public trust in clinical research. New England Journal of Medicine, 2002. 346: p. 285-287*

*Annas, G., Medical privacy and medical research - judging the new federal regulations. New England Journal of Medicine, 2002. 346: p. 216-220..*

*Kulnych, J. and D. Korn, The effect of the new federal medical-privacy rule on research. New England Journal of Medicine, 2002. 346(201-204).*

*Steinbrook, R., Protecting research subjects- The crises at Johns Hopkins. New England Journal of Medicine, 2002. 346: p. 716-720.*

*Rich M. From clinical trials to clinical practice. Bridging the GAP. JAMA. 2002;287:1321-1323.*

*Koski G, Nightingale S. Research involving human subjects in developing countries. New England Journal of Medicine. 2001;345:136-138.*

*Shapiro H, Meslin E. Ethical issues in the design and conduct of clinical trials in developing countries. New England Journal of Medicine. 2001;345:139-142.*