

Overuse and Health Care Fraud: A Patient Safety Imperative

National Health Care Anti-Fraud Association
Atlanta, GA

November 18, 2011

Rosemary Gibson, M.Sc.
Author, *The Treatment Trap and Wall of Silence*
Section Editor, *Archives of Internal Medicine*,
'Less is More' Series

Overview of Presentation

- ❖ Discuss the intersection of overuse and fraud as a patient safety imperative
- ❖ Highlight new developments that are shining a light on overuse and its potential for harm
- ❖ What else can be done to shine a light on how overuse harms?

But First...

- ❖ **Let me express appreciation to the National Health Care Anti-Fraud Association for increasing awareness and action to prevent health care fraud**
- ❖ **Overuse and fraud intersect. When they do, patients can be harmed**
- ❖ **A lesson from the patient safety movement: highlighting patient harm creates the urgency for reform**

“Patients are physically and emotionally harmed by health care fraud. ...fighting health care fraud is not only a financial necessity; it is a patient safety imperative...”

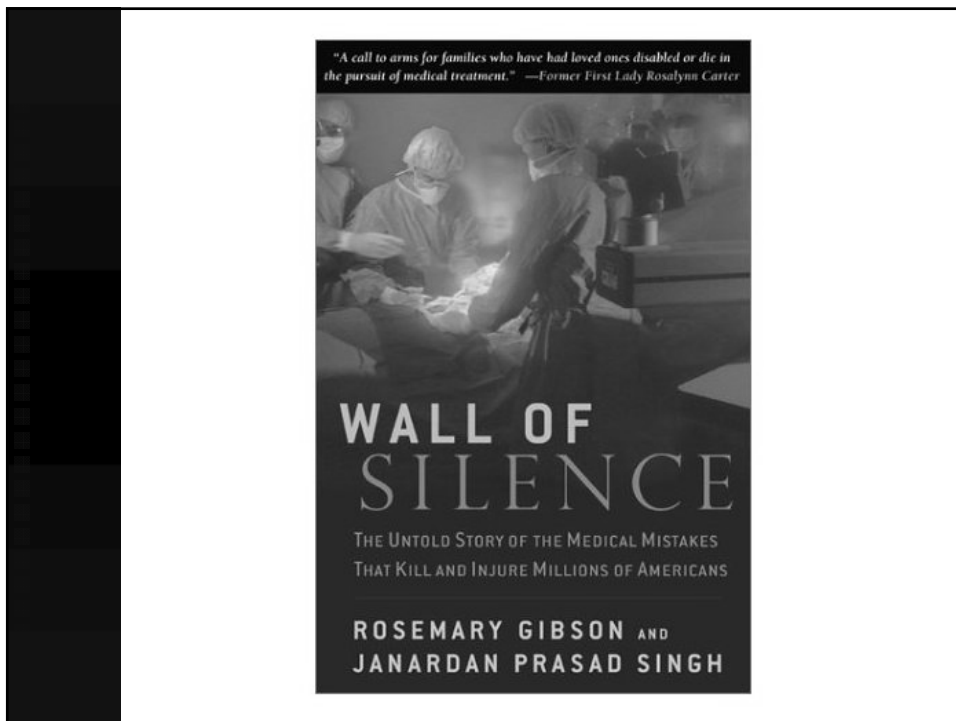
Lou Saccoccio

Source: Lou Saccoccio, Testimony Before the House Ways and Means Committee, Subcommittee on Oversight, March 2, 2011.



But First...

- ❖ **1999: Institute of Medicine of the National Academy of Sciences published To Err is Human**
- ❖ **It documented up to 98,000 deaths a year from preventable medical errors in hospitals.**
- ❖ **This launched a patient safety movement to reduce preventable harm and create urgency for reform.**





❖ **Another dimension of patient harm occurs: overuse**

Overuse Defined

❖ **Overuse: when the potential for harm of a health care service exceeds the possible benefit.**

Source: Institute of Medicine, National Roundtable on Quality, 1998

Overuse as a Patient Safety Issue

- ❖ **Hypothesis: the impact of overuse on patient harm is likely to be greater than the combined effects of adverse events and hospital-acquired infections.**
- ❖ **Overuse is driving health care costs and spending to unsustainable levels.**

Is the Public Aware of Overuse?

- ❖ **32% of people say they have had medical care they thought was unnecessary.**

Source: The Commonwealth Fund

Two Questions

- ❖ **Have you or someone you know had medical care you/they thought was unnecessary?**
- ❖ **Have you or someone you know declined treatment recommendations and sought a less intensive, medically appropriate alternative?**

“I’ve been getting an EKG at my annual physical exam since I was 27. I’m 41 now. I don’t know why. I have no heart disease. My husband gets one, too.”

“My knees were hurting and I went to a well-known orthopedic surgeon. He said he could do surgery. He didn’t talk about me or my situation. I left and found a personal trainer who helped me strengthen my muscles. I’m much better now.”

Unnecessary Surgery for Non-Existent Bladder Cancer

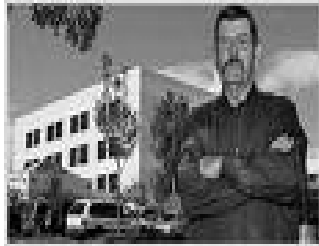


Source: Portland Tribune

“One of our employees was told he needed a heart transplant. Our company paid for a second opinion at a well-known health care organization. The employee had a blockage in one artery that did not require a transplant. He had a stent placed and he’s fine.”

“Another of our employees was told he needed a heart transplant. We paid for a second opinion for him as well. There, they said that his cancer was advanced and he would likely succumb to that. Our employee died from cancer shortly thereafter. Then his widow received a call from the first hospital to schedule the transplant.”

Heart Bypass Surgery for Non-Existent Heart Disease



Source: Consumer Reports

Unnecessary Tests and Surgery for a Cardiac Condition

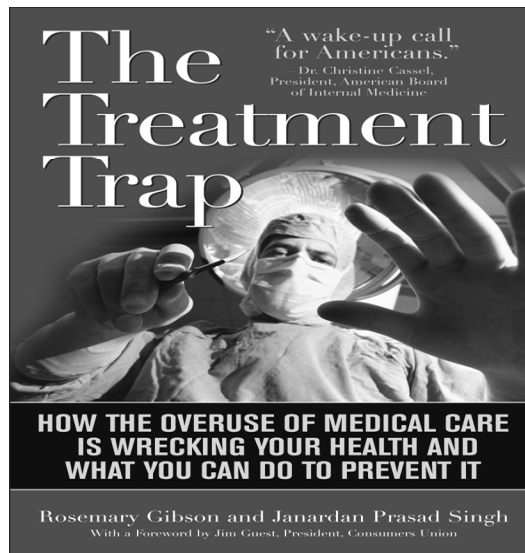
- ❖ A 60-year old Ph.D. research scientist with a heart murmur
- ❖ She has practiced “watchful waiting”
- ❖ At a Princeton, NJ diagnostic testing center, she was told that she needed a cardiac cath, mitral valve surgery and prescription drugs

“You are going to think I am making this up but while I was having the (nuclear stress) test, I overheard the doctor tell the nurse:

‘We’re under pressure to get more patients. We’re only at 9 a day now and we need to get to 14 to make this place pay for itself.’

I couldn’t believe they were talking within earshot of the need for more business.”

Source: Personal communication with C.O.



- ❖ **Why the book?**
- ❖ **The public has a right to know what health care insiders know**
- ❖ **Jim Guest, president of Consumers Union, wrote the foreword**

- ❖ **For the first time, perhaps in the history of medicine, a subset of patients are declining doctors' treatment recommendations because patients do not believe they will benefit**

What Health Care Leaders Say About Overuse

❖ **“It’s an epidemic.”**

Dr. James Weinstein,
Dartmouth-Hitchcock
Medical Center

❖ **“My God, it’s everywhere.”**

Dr. James Block
Former CEO
Johns Hopkins Health System

What Health Care Insiders Say About Overuse

❖ **“Health insurance used to be about giving patients access to providers. Now it’s about giving providers access to patients.”**

Dean of a Midwest nursing school.

American College of Physician Executives Survey

- ❖ Member survey found that 80% of respondents were very concerned or moderately concerned about their physician colleagues overtreating patients to boost their income.
- ❖ 54% of respondents were very concerned or moderately concerned about their colleagues admitting patients to the hospital to increase income

D. Weber, "Unethical business practices in U.S. health care alarm physician leaders," *Physician Executive*, March-April 2005

A Case in Point...

"The chief financial officer of the hospital told a medical staff meeting a few months ago that if all the doctors could admit one more Medicare patient a month, the hospital would meet its revenue targets. This suggests we should go out and commit fraud."

Source: Dr. George Randt, Personal Communication

Factors Contributing to Overuse

- ❖ **Uncertainty**
- ❖ **Belief and enthusiasm factor**
- ❖ **Fear of lawsuits**
- ❖ **Community standard of practice**
- ❖ **Knowledge and competence**
- ❖ **Financial incentive**
- ❖ **Patient expectation**
- ❖ **Intent to commit fraud**

The Marinated Minds

- ❖ **The public's minds are marinated in a mixture of medical miracles, makeovers and marketing...**
- ❖ **... which leads to the belief that more medical care is better**
- ❖ **We become disconnected from the reality of what we allow people to do to our bodies.**

Human Behavior vis a vis Expert Opinion

- ❖ An Emory University neuroscientist studied the brain functioning of college students who were given a question about their personal finances and had to formulate an answer.
- ❖ Functional MRIs showed that the students' brains were very active while they were figuring out the problem by themselves.
- ❖ Then, they listened to an expert in economics and finance give his opinion about how to answer the questions. The MRI revealed that brain activity declined dramatically.

Where Fraud and Overuse Intersect

- ❖ Performing medically unnecessary services solely for the purpose of generating insurance payments
- ❖ Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary and can cause more harm than good
- ❖ Accepting kickbacks for patient referrals to perform medically inappropriate tests/treatment

Public Reporting of Outliers

- ❖ A recommendation in *The Treatment Trap* :
- ❖ Public reporting of the outliers – the top 10 hospitals where commonly overused surgeries and other procedures are performed
- ❖ In 2001, Redding Hospital was a *known* outlier
- ❖ In the interim, the public relies on media reports, e.g. WSJ, NY Times

Congressional Bills to Increase Transparency

- ❖ At least four bills to open up certain Medicare claims data to the public have been introduced in the Senate in 2011:
- ❖ S.454: **Strengthening Program Integrity and Accountability in Health Care Act of 2011**, Sen. Charles Grassley (R, Iowa)
- ❖ S.756: **Medicare Data Access for Transparency and Accountability Act**, Grassley and Sen. Ron Wyden (D, Ore.)
- ❖ S.848: **Consumer Information Enhancement Act of 2011**, Sen. John Cornyn (R, Texas).
- ❖ S.856: **Medicare Spending Transparency Act of 2011**, Sen. Dick Durbin (D, Ill.).

Publishing Evidence of Overuse

- ❖ **Archives of Internal Medicine series, 'Less is More' was launched in April 2010**



- ❖ “I was troubled to read that the President's physical examination included an electron beam computed tomographic (CT) scan for coronary calcium. This screening test likely exposed Mr. Obama to significant radiation unnecessarily, increasing his risk of future cancer. A single electron beam CT scan is estimated to result in a lifetime excess cancer risk of 9 additional cancers per 100 000 persons for men.

Dr. Rita Redberg, Editor
Archives of Internal Medicine
March 8, 2010
<http://archinte.ama-assn.org/cgi/content/full/2010.81?home>

Estimates of Harm from Diagnostic Imaging

- ❖ NCI researchers estimated that the 70 million CT scans performed in 2007 will cause 29,000 cancers in Americans and 14,500 deaths.
- ❖ Two thirds of the projected cancers occur in women.

Source: A. Berrington deGonzales et al, 'Projected Cancer Risks from cT Scans Performed in the U.S. in 2007, Archives of Internal Medicine, December 14/28, 2009.
<http://archinte.ama-assn.org/cgi/content/full/169/22/2071>

The “Top 5” Things Primary Care Should Stop Doing

- ❖ Dr. Stephen Smith and colleagues at the National Physicians Alliance undertook a consensus process with 255 physicians to identify the 5 things internal medicine, internal medicine, and primary care should stop doing. They include:
- ❖ Yearly electrocardiograms or other cardiac screening for low-risk patients
- ❖ MRIs within six weeks for low back pain unless there are red flags
- ❖ Project was funded by the American Board of Internal Medicine Foundation
- ❖ Source: <http://archinte.ama-assn.org/cgi/content/short/archinternmed.2011.231>



Ratings Legend

- = Benefits very likely outweigh the risks
- ◐ = Benefits likely outweigh the risks
- = It's uncertain whether benefits outweigh the risks
- ◑ = Benefits are unlikely to outweigh the risks
- = Benefits are very unlikely to outweigh the risks

<u>HEART TEST</u>	<u>RATING</u>	<u>BENEFITS</u>	<u>RISKS</u>	<u>COST</u>
Blood Pressure	●	Substantial	Minimal	Minimal
Cholesterol	●	Substantial	Minimal	Minimal
Blood glucose (diabetes)	○	Minimal	Minimal	Minimal
C-reactive protein	◐	Minimal	Minimal	Minimal
Clogged peripheral arteries	◐	Minimal	Moderate	Substantial
Clogged carotid arteries	●	None	Moderate	Substantial
Abdominal aortic aneurysm	●	None	Moderate	Substantial
Electrocardiogram (EKG or ECG)	●	None	Moderate	Moderate
Stress test (EKG)	●	None	Moderate	Moderate

Consumer Reports Rates Heart Screening Tests

- ❖ **As an example of how the Ratings are presented online, the following chart details ratings for all nine screenings for men at ages 45-54 who are at low cardiovascular risk.**
- ❖ **Ratings are based on U.S. Preventive Services Task Force recommendations**
- ❖ **Link to Consumer Report Ratings:**
<http://www.consumerreports.org/health/conditions-and-treatments/heart-health/heart-test.htm>

Media Creates Access to Meaningful Overuse Data for the Public

- ❖ The Washington Post published an article on overuse of chest CT scans using data from Hospital Compare and analyzed by Kaiser News reporters
- ❖ An NQF-endorsed measure: most patients who are getting a chest CT scan should have a single scan rather than a combination of CT scans with and without contrast.
- ❖ Two scans double the exposure to radiation. One scan has about 350 times the radiation exposure of a chest x-ray

The “R” Word

- ❖ Rationing is the withholding of beneficial health care services
- ❖ Curbing overuse is not rationing because withholds health care services that can cause more harm than good benefits the patient
- ❖ How to have the conversation?

What to Do?

1. Who are the people who are harmed by the fraud that you uncover related to overuse?

*** How can we put a human face on this type of fraud?**

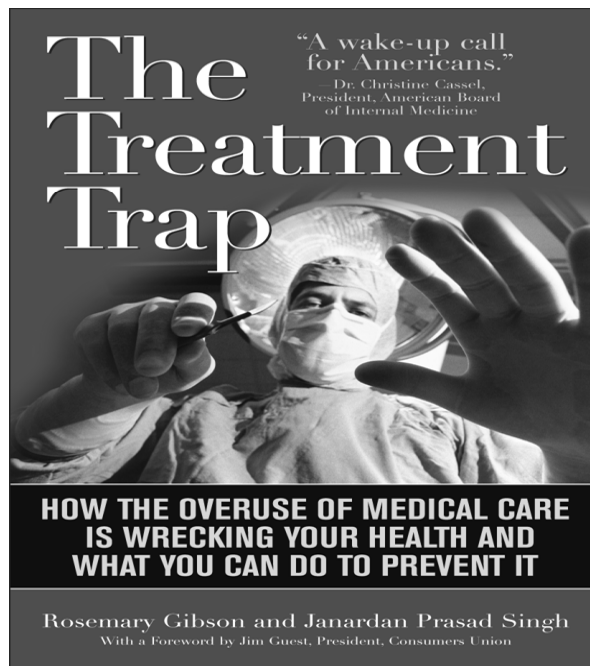
*** Data persuade, emotion motivates**



What to Do?

2. What organizations and groups would be receptive to this message?

3. What else can we do together to advance this work which is for the greater good?



Closing Reflection

**“From the ability to not let well
enough alone,... deliver us.”**

British Medical Journal, 1953

Contact:

Rosemarygibson100@gmail.com

www.treatmenttrap.org