Auctioning Medical Care: Future or Fad?

This week's report in Kaiser Health News and The Washington Post describes what happens when a 35-year-old handyman used Medibid, an online medical auction site to find an orthopedic surgeon for knee construction.

Francisco Velazco was out of work last December because of the pain in his knee and unable to scrape together the $15,000 it would have cost for the operation in his hometown, Seattle.

A few days after paying $25 to post his request for knee surgery on Medibid, "he had bids for the outpatient procedure from surgeons in New York, California and Virginia, including details about their expertise."

The winning bid came from a Charlottesville orthopedist, Dr. William T. Grant, who performed the procedure on Dec.
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3, 2013 in an outpatient surgery center - Monticello Community Surgery Center - that he co-owns.

"I'm back working four days per week and climbing the ladders," Velazco said recently. "I'm doing great."

Said Grant: "This was my first Medibid case and I was certainly invested in wanting this to be a positive experience for everybody." Toward that end, he took time out to perform a pre-op physical for Velazco and visited him twice during recovery, helping to arrange physical therapy.

Medibid founder Ralph Weber is a benefits consultant who said he left his native Canada for the U.S. in 2005 to escape "socialized health care." He says that arranging non-emergency medical care is long overdue, since price transparency is available elsewhere to book travel, order clothes, cars, and even find a mate.

"We introduce transparency and also competition," said Weber, whose company is based in Murfreesboro, Tenn. "We are a disruptive innovation, a free-market alternative to Obamacare."

Roughly 6,000 doctors or surgery centers and a handful of hospitals - most seeking patients from abroad - have registered as "bidders" on his auction site.

Physicians pay a fee ranging from $50 to bid on one request to $250 to bid on many.

"Once a bid is accepted, Medibid bows out, and patients work out arrangements with the doctors," according to the report. "Many bids are a package deal, covering the facility fee, the surgeon's charge and anesthesia services. Patients pay the bidder in full, upfront and in cash or by credit card."

Still, not everyone is sold on the service. Some critics say Medibid provides "little in the way of quality indicators for prospective patients," and "complications are rarely covered under the terms of Medibid."

"I have concerns about the lack of good metrics of quality," says Dr. Marty Makary, an associate professor of surgery at Johns Hopkins Hospital, and the author of "Unaccountable," a 2012 book about hospital quality. "How do you know what you're getting?"

Others think Medibid is catching on because more consumers must pay higher deductibles and are willing to take their chances.

"We can do a $20,000 surgery for $6,000," said one Atlanta ENT practice owner. Why the price difference? "Greed," he replied. "Hospitals are making a killing."
Why Prior Authorizations May Drive Up Your Blood Pressure

"Dear Doctor," the letter from the insurance company began, "We are writing to inform you that a prior authorization is required for the medication you prescribed."

Writing in The New York Times, Danielle Ofri, an associate professor at New York University School of Medicine, comments, "That’s usually where I stop reading. Thousands of these letters arrive daily in doctors' office across the country. They are attempts by insurance companies to prod doctors away from more expensive treatments and toward less expensive alternatives. To use the pricier option, you need to provide a compelling clinical reason."

While this may seem in theory to be a reasonable way to control costs, she continues, "In practice, it is a nightmare, a cavalcade of recurring paperwork, lengthy phone calls and bureaucratic battles."

She cites a study that estimated that on average, prior authorization requests consumed about 20 hours a week of medical practice, nearly six hours of clerical time, plus 13 hours of nurses' time. "Other studies have suggested that prior authorizations could cost individual practices tens of thousands of dollars a year."

Still, she decided to fight for a patient suffering from stubborn hypertension. After multiple phone calls and battles with uninformed insurance reps, she was able to keep her patient's blood pressure under control.

"My blood pressure, however, was a different story."

Va. Hospitals Fail to Make National Grade

Virginia hospitals were conspicuously absent from the top spots on US News & World Report's "Best Hospitals" ranking, which is freely available at usnews.com.

"For the first time, the Mayo Clinic in Rochester, Minnesota, claimed the No. 1 spot on the Honor Roll, followed by Massachusetts General Hospital and Johns Hopkins Hospital," according to the magazine's press release.

Memorial Sloan Kettering Cancer was ranked No. 1 in cancer and the Cleveland Clinic was No. 1 in cardiology and heart surgery.
Click [here](#) for the Richmond Metro Rankings, where the **VCU Medical Center** was ranked No. 1, followed by **Bon Secours St. Mary's Hospital** at the No. 2 spot. VCU was ranked No. 3 in Virginia, with St. Mary's at No. 11.

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**My Kingdom - for a Dress?**

In what the New York Times called "a parade of embarrassments," the trial of **former Gov. Bob McDonnell and his wife Maureen** continued this week, featuring testimony that showed how much appearances can play a decisive - and sometimes damning - role in the political arena.

Exhibit A: "Phil Cox, a political operative for Bob McDonnell, testified this afternoon that he had advised against **Jonnie Williams** buying Maureen McDonnell's inaugural gown," reports the Times-Dispatch.

Cox, who served as McDonnell's campaign manager in his victorious 2009 campaign, told the jury about a dinner in New York where Williams - who was trying to push his dietary supplement on to the new governor and First Lady - offered to buy Mrs. McDonnell a pricey Oscar de la Renta dress.

The 14-count indictment alleges that the ex-governor and his wife conspired to sell the influence of the governor's office in exchange for more than $150,000 in luxury goods and loans from Williams.

Ultimately, the Times reports, the government prosecutors "must prove a corrupt intent on the governor's part. Legal experts said that proving intent, the content of someone's mind, can make convictions in such cases difficult."

When it came to accepting the inaugural dress, Cox testified that with the country in the midst of a recession at the time, "I didn't think it was a good idea."

Soon, he received an e-mail from Mrs. McDonnell, which he described as "sort of an insane rant."

According to the testimony, the First Lady and Williams exchanged more than 1,200 calls and text messages over two
Mrs. McDonnell's defense team has tried to make the case that she had a "crush" on the eager-beaver entrepreneur who is at the heart of a case that alleges they lent the prestige of the governor's office to Williams, "and in exchange, the businessman lavished them with gifts and money," reports The Washington Post.

"By Williams's account, he got them to promote his dietary supplement (Anatabloc) in exchange for Ferrari rides and luxury vacations, designer clothes and five-figure loans, a Rolex and $4,000 cognac."

In a case filled with bizarre twists and turns - and which seems ripe for books and films to come - the Post reported yesterday that Mrs. McDonnell once sought out Ann Romney on a campaign bus as Mitt Romney visited Virginia during his 2012 presidential campaign.

According to Cox's testimony, "She told Ann Romney that (Anatabloc) could 'potentially cure MS.'"

"While Ann Romney, who has multiple sclerosis listened politely, Cox said, he feared the episode would reflect poorly on his boss, who at the time was considered a possible Romney running mate."

Cox remarked: "I was horrified. I thought it was a train wreck."

For another point of view on Mrs. McDonnell's role in the trial, read this column by Post columnist Melinda Henneberger. It's easy for the prosecution and media to portray the former First Lady as "an emotionally starved shopping zombie," but Henneberger writes, "I'm not sure that obviates evidence that her husband also seems to have exchanged cachet for ca-ching."

And she points out some historical parallels with other women in the public eye who've become scapegoats for their husbands' actions. "On the 40th anniversary of the Watergate scandal, Maureen McDonnell is in some ways a modern-day Martha Mitchell - the designated crazy lady who's supposed to take the blame. Richard Nixon even said there would have been no Watergate without Martha, on the theory that she'd 'distracted' her husband, Attorney General..."
John Mitchell, from keeping the administration out of trouble...

"The Nixon White House nevertheless succeeded in painting her as a gauche and delusional big spender with a mouth to match. Sound familiar?"

As the "nastygrams" to the governor's former aides were read in court, Henneberger said Bob McDonnell doesn't look good as he chose "to pursue a legal strategy that leaves the woman he promised to honor so exposed."

This "blame-the-wife defense strategy is risky," she adds, "Not because Maureen is so likable, but because all the piling on makes her a victim, and her husband less appealing."

For more on the trial, click here to read TD columnist Jeff E. Schapiro’s take on Jonnie Williams, and here for some trial highlights (or lowlights?).

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**Giving Americans Ebola Drug Raises Ire in Africa**

As the second U.S. Ebola patient arrived in Atlanta yesterday, Liberian health officials questioned the ethics of administering an experimental treatment to the woman and an American doctor when it's not being made available to "hundreds of Africans sickened by the deadly virus," reports The Wall Street Journal.

"While still in Liberia, both [Nancy Writebol](http://example.com), who was working at an Ebola center for a Christian charity, and [Dr. Kent Brantly](http://example.com), a physician there, received an experimental drug known as **ZMapp**. The drug's safety hasn't been tested in humans, and experts said it is too soon to know if it is effective."

For the drug to be used in Liberia, the nation's chief medical officer said, it would have to be approved by the country's Ministry of Health Ethical Committee. The official said she wasn't aware of any approval of ZMapp, but it may have been Okd without her knowledge.

Whatever the case, Liberian officials "have been beset with requests from dying patients and their relatives for the same treatment," the Journal reports.
Liberian officials were set to meet today with the World Health Organization to see about getting the experimental drug rushed into use for other patients.

The Ebola outbreak is the largest in history and started in February, spreading through Liberia, Guinea and Sierra Leone. "Details of how ZMapp was administered to the patients in Liberia - and who authorized its use - remained sketchy," the Journal reports.

One official of SIM USA, the Charlotte-based charity with which Ms. Writebol, 59, and her husband went to Africa, said Tuesday that the decision to use the drug was left to the patients, their families and their doctors.

Click here for more on the drug and how it was given to the Americans. Click here for more on the spread of Ebola and how it's outpacing efforts to curb it.

An Obama administration official said the special treatments for the sick Americans were arranged by Samaritan's Purse, a humanitarian organization that sponsored Dr. Brantly in Liberia. "The National Institutes of Health provided Samaritan's Purse with contacts at the company developing this treatment," the official said. But the NIH itself wasn't directly involved in buying, transporting or administering the ZMapp, the official told the Journal.

The FDA "can provide access to experimental treatments by a mechanism known as an emergency investigational new drug application," the Journal said.

The drug is produced by Mapp Biopharmaceutical Inc. of San Diego, which describes ZMapp as a cocktail of three "humanized" monoclonal antibodies that are manufactured using tobacco plants.

"Monoclonal antibodies are typically injected or infused; some already on the market treat diseases ranging from cancer to rheumatoid arthritis"

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**Sunshine Act Deadline Looms**

Physicians can review reports about their financial interactions with manufacturers of drugs and medical devices through **Aug. 27**. Click here for more information on the registration process with CMS.

The Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to
physicians and teaching hospitals. CMS runs the Open Payments Program.

"Physicians have the right to review their reports and challenge reports that are false, inaccurate or misleading," according to the AMA. So it's important to report the information before the data is released to the public Sept. 30.

You can call CMS at (855) 326-8366 if you have questions, or email its Open Payments Help Desk at openpayments@cms.hhs.gov.

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McAuliffe Sets Nov. 4 Special Election for Cantor’s Seat

Terry McAuliffe has called for a Nov. 4 special election in Virginia’s 7th Congressional District to fill the vacancy left by Rep. Eric Cantor, reports the Times-Dispatch.

The election will coincide with the Nov. 4 General Election.

Cantor, the former House majority leader, announced last week that he’d step down Aug. 18.

Thanking Cantor for "his years of service to Virginia and for his fierce commitment to protecting Virginia’s economic and military assets as majority leader in Congress," McAuliffe said that holding the special election will ensure that the people of the 7th District "will be represented as soon as practicable during the lame duck session" of Congress and "put Virginia’s congressional delegation in the strongest possible position" when Congress returns next January, according to the TD.

The House veteran of 14 years and prospective next speaker of the House lost in June to fellow Republican Dave Brat, an economics professor at Randolph-Macon College. Brat will face Democrat Jack Trammell and Libertarian nominee James Carr in both the special election and General Election on Nov. 4.

The winner will serve out Cantor’s term and enter his new
term in January with the advantage of seniority, reports the TD.

U.S. Health Insurers to Pay Millions in Rebates

U.S. health insurers will send out about $330 million in rebates to employers and individuals this summer under Obamacare, reports Reuters.

The law requires insurance companies to refund customers when they spend less than 80 percent or 85 percent of healthcare premiums they collect for medical care.

The rebates will be sent by Aug. 1 to about 6.8 million people with a value of about $80 per family. They will go either to consumers or to the employer providing the coverage, who is required to pass the savings along to employees.

Help Shape MSV's Legislative Agenda

Do you have suggestions for new health care policy in the Commonwealth? Are there rules, laws, studies or other fair business practice issues that you would like to see the Medical Society of Virginia address?

If so, RAM invites you to offer resolutions for the consideration of our 38 delegates who will represent Richmond area physicians at the MSV Annual Meeting, October 24-26, 2014. These resolutions may end up as proposed legislation for the 2016 Virginia General Assembly or as a part of the MSV legislative package for 2016.

Please describe the problem, define the issue and propose a possible solution. Submit your work by fax to 788-9987 or by e-mail to lknowles@ramdocs.org. All resolutions must be received by THURSDAY, AUGUST 28, 2014 to be considered.

Please consider serving as a delegate to the MSV Annual Meeting. If interested, contact Lara Knowles at 643-6631 or lknowles@ramdocs.org.
States Embracing Ocare See Big Drops in Uninsured

As Virginia's General Assembly continues to block Medicaid expansion, a new Gallup poll show that "some states that expanded Medicaid under the Affordable Care Act and set up all or part of their own insurance exchanges have seen a marked drop in the number of uninsured adults," reports The Wall Street Journal.

Based on a random sample of adults through June 30, the Gallup poll found that Arkansas saw the largest drop of its uninsured residents - from 22.5 percent in 2013 to 12.4 percent through mid-2014, followed by Kentucky, Delaware, Washington, Colorado, West Virginia, Oregon, New Mexico and Connecticut.

Here's another take on the growing divide between "blue" and "red" states - or purple like Virginia, which chose not to start its own insurance exchange.

Click here to read how BlueCross BlueShield of Tennessee has used its monopoly status to actually drive down insurance premiums.

Probing Family Physician Shortage

The American Academy of Family Physicians has predicted a significant shortage of primary care physicians and the need to add 52,000 docs by 2025. But while some analysts and pundits suggest the root of the problem is an imbalance between residency training slots and medical school graduates, Dr. Kevin R. Campbell blogs in KevinMD.com that "the issue is much more complex and the solution is far from simple."

With soul-crushing amounts of work expected for lesser amounts of pay, he suggests, "The answer to the physician shortage may be more political than not; politicians must realize that laws and mandates only work if you have citizens willing to devote their time, energy and talents to the practice of medicine.

"Going forward, more consideration must be given to physician quality of life and autonomy must be maintained ..." 

"Cutting costs must be approached from multiple angles: not simply reducing the size of the physician paycheck."
RAM Student-Board Member on VCU's New Medical Education

Click here to read a great column by Shikha Gupta, one of two medical student members of the Richmond Academy's Board of Trustees!

Revised from an earlier column published in the Spring edition of Ramifications, Gupta, who recently started her third year at the VCU School of Medicine, provides a personal look at what the switch from a lecture-based curriculum to "an active, team-based learning model using actual clinical cases" has meant to her and other VCU medical students.

Behavioral Health Conditions in Primary Care

The Virginia Health Care Foundation is providing two CME webinars for Virginia's health safety net staff and volunteers doctors, assistants, and nurse practitioners.

The webinars are designed to help primary care providers become more comfortable with prescribing behavioral health medicines to patients with mental health conditions.

The webinars are accredited for CME by Virginia Commonwealth University and are available at www.vhcf.org.


Roanoke Man Builds Bionic Hand for Boy

Click here for a remarkable story from Roanoke about a man who suffered serious injuries in a biking accident, but then met a boy on a hospital elevator whose family couldn't afford to buy him an electronic prosthetic hand for as much as $75,000.

Lyman Connor, 54, works at GE near Roanoke and, moved by
the boy's plight, used a 3D printer in his garage to figure out a way to build a low-cost bionic hand.

"I didn't want the boy to be denied a hand because his family didn't have the money," he said, after investing about $10,000 of his own money in the project.

Now with the bionic hand nearly ready, he only has one problem: He never took down the name and address of the boy he met.

"I've got his new hand in my workshop," he said. "It's almost ready."

"Word Crimes" Primer by "Weird Al" Yankovic

If your staff (or anyone else you know) is grammatically-challenged, this new YouTube video by "Weird Al" Yankovic is the perfect anecdote.... Wait... that's antidote!

Just one example of possible "Word Crimes" we all commit whether we know it or not!

What's Happening?

Check your RAM calendar here.

Check out back issues of The Leg.Up.

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