Health/Education

Study finds people likely to call 911 for others, not self

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

People recognize the benefit of calling an ambulance if they witness someone else having possible heart attack symptoms. But individuals personally experiencing the same symptoms often choose not to use emergency medical services, a study in Circulation: Journal of the American Heart Association says.

"Little is known about a patient's decision to use emergency transportation when they are experiencing chest pain," says N. Clay Mann, Ph.D., an associate professor at the University of Utah School of Medicine in Salt Lake City. "With this study, we wanted to determine if community members realized the benefit of using EMS during a cardiac emergency, then contract these findings with actual EMS use." The study was conducted at the Oregon Health Science University department of emergency medicine in Portland.

Of the 1.1 million Americans who experience a coronary attack each year, more than half die before reaching a medical facility. Early treatment is critical, says Mann. Clot-busting drugs and other therapy can reduce the chance of death from a heart attack by 25 percent if given soon after the onset of acute symptoms such as chest pain, discomfort in the left arm, jaw or neck, sweating, nausea or weakness. "Unfortunately," he says, "only a fraction of patients who are eligible for these treatments receive therapy in time; this is due, in large part, to the time delay between the onset of symptoms and arrival at the hospital."

Mann's team randomly telephoned 962 people in 20 communities across the United States and asked, "If you thought someone was having a heart attack, what would you do?" Two optional responses were (1) call 9-1-1 or an ambulance or (2) drive the person to a hospital. On average, 89 percent of the respondents from each community said they would call 9-1-1 if they witnessed a person having a heart attack – the action recommended by the American Heart Association. About eight percent said they would consider driving someone with possible heart attack symptoms to the hospital. Researchers also collected information on 875 individuals in the same communities who arrived at the emergency room with chest pain. These individuals were asked how they arrived at the hospital and what factors caused them to go quickly or to wait.

Contrary to intentions expressed by the non-patient community members in the telephone poll, few actual chest-pain sufferers used EMS – only 23 percent. Someone else drove about 60 percent to the emergency room, while 16 percent drove themselves to the hospital.

Some people delayed calling EMS or going to the hospital because they took aspirin, or believed their symptoms were due to heartburn and took and antacid, Mann said. Others put off calling EMS after speaking to their doctor.

The study indicates 83 percent of patients who spoke with a physician and were later admitted to the hospital for a heart attack did not use emergency transportation.

"It is problematic that communication with a doctor decreased EMS use," Mann says. "Speaking with a doctor may have reduced patient anxiety in a way that made EMS transport seem optional." The people most likely to call EMS were those who were older, lived alone, had a history of heart disease or lived in a community with free ambulance service due to a tax-based prepayment plan, Mann says.

The study reports that the presence of a tax-based prepaid EMS system, similar to those financed by taxpayers in much of the Northwest, doubled the likelihood of using EMS compared with communities with no such system. Though certain variables may bias this finding, Mann says other studies have documented a similar pattern. He believes programs that offset the cost of EMS transportation should be studied further.

"These programs could represent a major factor among people evaluating options for emergency transportation," Mann says.

According to Rose Marie Robertson, M.D., president of the American Heart Association, the association strongly advocates calling 9-1-1 immediately when a cardiac emergency is detected. "Our Operation Heartbeat initiative, which is launching in more than 100 communities (including Portland), helps provide tools to get the Call 9-1-1' message out to the general public," she says. "This study provides more evidence that the public needs to hear this message."

Co-authors of the study are Adam L. Brown, B.S.; Mohamud Daya M.D., M.S.; Robert Goldberg. Ph.D.; Hendrika Meischke, Ph.D.; Judy Taylor, E.D.D.; Kebin Smith, M.A.; Stavroula Osganian, M.D.; and Lawton Cooper, M.D.

The AHA spent about $327 million during fiscal year 1998-99 on research support, public and professional education and community programs. With more than four million volunteers, the association is the nation's largest voluntary health organization fighting cardiovascular diseases, which annually kill close to 1 million Americans.

Auditors say OHSU doctors improperly charged $338,000

ASSOCIATED PRESS

A state agency has found that Oregon Health Sciences University doctors overbilled Medicaid patients nearly $340,000, including bills for services the doctors could not prove they delivered, The Oregonian reported Monday.

According to documents released to the newspaper under state public records laws, auditors for the state Office of Medical Assistance Programs originally proposed $2.1 million in reimbursements and penalties after reviewing charges submitted to Medicaid in 1995 and 1996 by University Medical Group.

After lengthy negotiations with the medical group, which acts as the billing office for most OHSU doctors, the repayment was reduced to $338,361.

In one case, auditors found a bill for $581.64 for a cosmetic "tummy tuck" after the doctor claimed it was as a medically necessary "tissue transfer."

"It appears to be a blatant attempt to get payment for something that was not covered," said former Office of Medical Assistance Programs auditor Paul Boughton.

University Medical Group officials say the errors found by the audit were either inadvertent or auditors disregarded documentation that proves the medical procedures were properly billed to Medicaid.

Dr. E. Paul Kirk, University Medical Group president, said the doctors are concerned with patient care, not whether the records will satisfy government billing requirements.

Kirk also said that, at the time of the state audit, Medicaid rules were unclear and could have led to errors by University Medical Group.

Medicaid billing rules "have been somewhat of a shifting target," he said, leaving the university with "the presumption that we are not to be trusted."

The state audit turned up cases similar to those under scrutiny in a separate, federal criminal investigation into Medicare fraud at OHSU.

The federal inquiry was launched in 1998 and is being conducted by the U.S. Department of Health and Human Services and the FBI.

While the state audit is a civil case, federal investigators are looking at possible criminal violations. The federal inquiry is looking for cases in which OHSU doctors charged for services that were actually performed by nonphysicians or medical residents.

Residents are licensed physicians who are paid directly by OHSU and are ineligible to bill Medicare, the federal health care program for the elderly.

The state review, which began in November 1996, found one of every five bills charged to taxpayers caused an overpayment.

The audit concludes Medicaid overpaid University Medical Group doctors by about 8 percent of the $3.8 million billed from January 1995 to July 1996.

But no repayment has been made because University Medical Group has been contesting the findings for nearly two years. Settlement talks began last fall.

"It certainly has taken longer than it should have and longer than we would like for it to take," said state Office of Medical Assistance Programs director Hersh Crawford.

The state agency launched its audit of University Medical Group in 1996 while the U.S. Department of Health and Human Services also was reviewing Medicare billings by physicians at teaching hospitals across the country.

Federal audits resulted in hefty paybacks by several medical schools, including the University of Pennsylvania, $30 million; University of Pittsburgh, $17 million; Thomas Jefferson University in Philadelphia, $12 million; University of Virginia, $8.7 million; and Georgetown University in Washington, D.C., $5.2 million.

OHSU transplant team receives $210,000 in research funds

• *OHSU Awarded International Grant*

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

An Oregon Health Sciences University transplant team is one of five in the United States to receive part of a $1 million grant from the Roche Organ Transplantation Research Foundation to improve the outcome of organ transplantation. Susan L. Orloff, M.D., assistant professor of surgery, and molecular microbiology and immunology in the School of Medicine at OHSU, leads the team. She was awarded $210,000 for a three-year project studying the role of cytomegalovirus-encoded chemokine receptors in the acceleration of transplant vascular sclerosis. The grant was one of nine awarded internationally.

Orloff's study examines the acceleration of the vascular lesion called transplant vascular sclerosis or TVS, which is the hallmark lesion of chronic organ rejection. During a transplant procedure an organ recipient's immune system is suppressed so that his/her body is less likely to reject the organ. During this time, an organ recipient is vulnerable to a type of herpes virus called cytomegalovirus or CMV. This virus is dormant in 70 percent to 90 percent of the population and can be activated when the immune system is suppressed. When the virus is activated, it increases the acceleration of TVS.

The virus expresses a chemokine receptor, which is similar to cellular chemokine receptors. Interaction between the virally encoded chemokine receptor and various chemokines has recently been shown to cause smooth muscle cells to migrate from the outside of blood vessels to the inside. These smooth muscle cells are the predominant cell type in the vascular lesion TVS. As the cells build up on the inside of the blood vessel, blood flow is dimished. The decrease in blood flow is what leads to graft failure. Orloff's team will study the CMV-encoded chemokine receptors involved in the acceleration of the vascular lesion that directly affects the rate of chronic rejection.

Orloff has extensive experience in the transplantation field and is very excited about the grant. "I feel very fortunate. I look forward to making a major contribution," she said. Orloff's letter of intent was chosen out of 61 international applicants.

The ROTRF is a nonprofit, independent and autonomous, registered medical charity dedicated to advancing organ transplantation by supporting research with operating grants.

Grant recipients must be established members of academic staff at universities, transplant centers or research institutes. Recipients' research findings are published in the ROTRF's annual report.

The ROTRF's areas for funding include research in long-term survival of transplanted organs, prevention of chronic transplant organ dysfunction, development of new agents for use in transplantation and induction of tolerance, among other areas.

Oregonians are calling it quits

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

"The Oregon Tobacco Quite Line" has been in operation only for 18 months and we're proud to be serving so many people," said Clay Parton, manager of Tobacco Prevention and Education for the Department of Human Services, Oregon Health Division. "Oregon is a leader in this effort, and the system is really working well."

Stacy Duggan of Portland has used the service. "I've been smoking since I was 15 years old, and now I'm finally free," Duggan said. "I go for long walks, I take the kids to the park, I feel better and I look better." She smoked one pack of cigarettes a day for 15 years before quitting four months ago. "The Quit Line was there when I needed answers. I don't think I could have done it without the people on the other end of the line," Duggan said. "The thing that makes me feel really good about quitting is that my kids are no longer exposed to secondhand smoke. "This has done wonderful things for my self-confidence. I am like a new person."

This specific program is available only in Oregon. A few other states offer quit lines and Washington State and Montana are considering similar programs. Every day dozens of smokers phone the Quit Line to get help from a trained counselor. These counselors analyze the callers' tobacco use patterns and help them identify upcoming stressful events and coping strategies. Together they develop a personal quitting plan.

Ani O'Hara, Quit Line Director, believes that this personal approach is the key. "A lot of people want to quit. There is social and financial pressure. Cigarettes cost a lot of money and people want to spend their money in ways that give them more pleasure," said O'Hara. Cigarettes cost as much as $3.00 per pack. In addition to a personalized quit plan, callers receive an "Oregon Tobacco Quit Kit" in the mail. Inside the kit is a worry stone and other helpful tools to keep smoker's hands busy. Doug Pitts is a smoking counselor with the Quit Line. "What we find is that people need to have something to pull on, unwind, or bend. Anything to keep their hands busy helps because a lot of smoking behavior involves manipulation," Doug Pitts said.

"Oregon is unique," Pitts said. "Anybody who lives in Oregon and wants to quit can call us for free and talk to us for 20 or 30 minutes. They also get a free Quit Kit. This is special."

O'Hara says that the Quit Line is making a difference in the lives of those they serve. "When someone calls us and tells us that their lives changed, that they feel better and their life is better because they quit, we know we're in the right business," she said. The Oregon Tobacco Prevention and Education Program is a comprehensive effort to reduce the use of tobacco and exposure to secondhand smoke. It includes programs in local communities, schools, businesses, media and special populations. The program is funded by a tobacco tax increase approved by the voters in 1996. Ten percent of the new revenue is allocated to tobacco use prevention and reduction. Oregonians who are ready to quit tobacco, call toll-free 1-877-270 STOP (English), or 1-877-2NOFUME (Spanish), or 1-877-772-6534 (TTY).

Lawyer Decries Tobacco Ads

ASSOCIATED PRESS

A jury award of $154 billion in punitive damages to sick Florida smokers would bankrupt the nation's five biggest cigarette makers 10 times over, a tobacco attorney said Tuesday in closing arguments.

"That's a request for a death warrant for each of these five companies," said lead tobacco attorney Dan Webb, who represents Philip Morris Inc., the nation's largest cigarette maker. "It's more than financially destroyed. They're gone."

The requested verdict range of $123 billion to $196 billion is so high it couldn't even be considered ridiculous but "makes a mockery of this case and this proceeding," Webb said.

Webb portrayed Stanley Rosenblatt, representing an estimated 300,000 to 700,000 sick Florida smokers in the landmark class-action trial, as greedy, saying his purpose was "to not seek truth but to seek money."

He asked jurors not to give smokers "a large award or bonus" with a punitive award that pays them on top of compensatory awards intended to make injured smokers financially whole for their illnesses and lost income.

The six-member jury already has decided that the industry makes a deadly, defective product and awarded $12.7 million in compensatory damages to three representative smokers.

The key tobacco defense is that the industry has changed its ways since states began suing in 1994, and that a $257 billion settlement reached in those lawsuits two years ago punishes the companies enough.

Philip Morris, which makes Marlboro cigarettes and controls almost half the U.S. market, is no longer "conducting business the way it did in the '50s, '60s and '70s" and should not be assessed any punitive damages because of "enormous" changes since then, Webb said.

"The world of Philip Morris has not stood still," he said. "Your verdict has had a profound effect on Philip Morris and how it does business."

The companies have argued they should not be required to pay any more than their combined net worth of $15.3 billion, the difference between assets and liabilities on financial balance sheets. The judge has said trademark values are not reflected in that amount and can be considered by the jury.

Rosenblatt completed the opening segment of his final remarks earlier Tuesday, charging cigarette advertising in magazines proves the industry has not changed.

"They are yelling and shouting from the rooftops in these ads," he said. "That's why they spend peanuts on the youth prevention programs and $6 billion a year on advertising and promotion."

As closing arguments began Monday in the two-year trial, Rosenblatt called on the jury to punish Big Tobacco for five decades of "deceit."

With the jury out of the courtroom Tuesday, R.J. Reynolds Tobacco Co. attorney Ben Reid protested the size of Rosenblatt's request, telling the judge, "He has asked for an amount that by a matter of law is an illegal amount." Circuit Judge Robert Kaye called the issue something for attorneys to argue in their closing statements and not a legal issue for the judge to decide in advance.

The case — the first smokers' class-action lawsuit to go to trial — represents what could be the gravest financial threat to the industry since it settled the state lawsuits in 1997 and 1998.

Any decision will be appealed and could take at least two years to move through Florida's courts.

The other defendants are Brown & Williamson Tobacco Corp., Lorillard Tobacco Co., Liggett Group Inc. and the industry's defunct Council for Tobacco Research and Tobacco Institute.