

Mass. MDs snub state's health reform

For the first time the Massachusetts Medical Society has asked doctors what they think about health reform in its annual "Physician Workforce Survey" of 1,000 practicing physicians in the state, and the results may strike some as surprising.

A plurality of the physician respondents, 34 percent, picked single-payer health reform as their preferred model of reform, followed by 32 percent who favored a private-public insurance mix with a public option buy-in. Seventeen percent voted for the pre-reform status quo, including the permissibility of insurers offering low-premium, high-deductible health plans.

Remarkably, only 14 percent of Massachusetts doctors would recommend their own state's model as a model for the nation. A small number of respondents, 3 percent, chose an unspecified "other."

In other words, the doctors with the most on-the-ground experience with the Massachusetts plan, after which the Obama administration's new health law is patterned, regard it as one of the least desirable alternatives for financing care.

The findings contrast with an earlier survey of Massachusetts physicians' opinions on health reform funded by the Blue Cross Blue Shield of Massachusetts Foundation and the Robert Wood Johnson Foundation. That survey, published in the *New England Journal of Medicine* in October 2009, found that three-fourths of

doctors in the state support the Massachusetts reform law. However, the survey did not allow respondents to express their preference for alternative models of health reform.

Dr. Rachel Nardin, chair of neurology at Cambridge Hospital and president of the Massachusetts chapter of Physicians for a National Health Program, said, "Massachusetts physicians realize that the state's health reform has failed to make health care affordable and accessible, and will not work for the nation. These findings show the high support for single-payer Medicare for all by physicians on the front lines of reform."

While many in the country look to Massachusetts as a role model for the country, Dr. Patricia Downs Berger, co-chair of Mass-Care, the single-payer advocacy coalition in Massachusetts, and a member of the Massachusetts Medical Society, notes, "Physicians in Massachusetts, particularly after health reform, know from experience that the current health care system is not sustainable and is not addressing the deep inequalities and high costs faced by patients, and they are calling for a more fundamental change."

A survey published in the *Annals of Internal Medicine* in April 2008 showed that 59 percent of U.S. physicians support government action to establish national health insurance, an increase of 10 percentage points over similar findings five years before. ■

Study shows people suffer more severe strokes in hospitals on weekends; staffing key

People admitted to the hospital on a weekend after a stroke are more likely to die compared to people admitted on a weekday, regardless of the severity of the stroke they experience, according to new research published in the November edition of *Neurology*, the medical journal of the American Academy of Neurology.

"We wanted to test whether the severity of strokes on weekends compared to weekdays would account for lower survival rates on the weekends," said Moira K. Kapral, MD, of the University of Toronto in Ontario, Canada. Kapral was with the Institute for Clinical Evaluative Sciences in Ontario when the research was done. "Our results suggest that stroke severity is not necessarily the reason for this discrepancy."

For the study, researchers analyzed five years of data from the Canadian Stroke Network on 20,657 patients with acute stroke from 11 stroke centers in Ontario. Only the first stroke a person experienced was included in the study.

People with moderate to severe stroke were just as likely to be admitted to the hospital

on weekends and weekdays, but those with mild stroke were less likely to be admitted on weekends in the study. Those who were seen on weekends were slightly older, more likely to be taken by ambulance and experienced a shorter time from the onset of stroke symptoms to hospital arrival on average.

The study found that seven days after a stroke, people seen on weekends had an 8.1 percent risk of dying compared to a 7.0 percent risk of dying for those seen on weekdays. The results stayed the same regardless of age, gender, stroke severity, other medical conditions and the use of blood clot-busting medications. "Stroke is not the only condition in which lower survival rates have been linked for people admitted to hospitals on the weekends. The reason for the differences in rates could be due to hospital staffing, limited access to specialists and procedures done outside of regular hours," said Kapral. "More research needs to be done on why the rates are different so that stroke victims can have the best possible chance of surviving." ■

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