**Wisconsin Ob.Gyns. Help Each Other Manage Call**

‘There is a real brotherhood and sisterhood of obstetricians who will cover for one another.’

**BY JANE SALODOF MACNEIL**  
*Southwest Bureau*

Scottsdale, Ariz. — A telephone survey of 66 physicians, each representing an obstetric group in Wisconsin, found the development of a standard-ized e-prescribing system. In addition to reducing errors and the administra-tive costs associated with health care, the system would also promote more effective care of drug therapies for chronic conditions. He agreed, how-ever, that such a system must be designed and implement-ed correctly. “Keep in mind that the systems needed to convert to an e-Rx system don’t even exist yet.”

CMS’s new standards for e-prescribing include the following technology:

- **NCPDP SCRIPT**
  - Version 5.0, for transactions between prescribers and dispensers for new prescriptions, refill requests and responses, prescription change requests and responses, prescription cancellation requests and responses, and related messaging and administrative transactions.
- **ASC X12N 270/271**
  - Version 4010 and additions, for eligibility and benefit inquiries and responses between prescribers and Part D sponsors.
- **NCPDP Telecommunication Stan-dard, Version 1.1**
  - And, supporting NCPDP Batch Standard, Version 1.1, for eligibility queries between dis-pensers and Part D sponsors.

Everyone provided obstetric care and emergency department contact on call. A large majority also did regular office work (82%) and provided backup for family physicians (68%). Others (24%) provided backup for midwives, but none performed home deliveries. Separately, more than 30% taught residents and about 25% taught students while on call. Only 23% of the groups had formal rules governing call responsibilities. Just 26% had provisions for recovery after call, and 21% had decreased call with age. Some physicians said they did not do surgery on the day after being on call.

According to the respondents, “We just call one of our colleagues if we need extra help, and they will come on in. We help each other,” one of the investigators, Dr. Charles W. Schauberger, said in an in-terview. “There is a real brotherhood and sisterhood of obstetricians who will cover for one another.”

Avoiding call at multiple locations was the third of three “call best practices” rec-ommended by Dr. Schauberger, medical director for quality and performance im-provement at Gundersen Lutheran Med-ical Center in La Crosse, Wis., and his coauthor.

Jeff K. Gribble, of Marshfield Clinic in Marsh-field, Wis., conducted the physician-to-physician survey by telephone. Working with third coauthor Brenda Rooney, Ph.D., and obstetric groups in the state. After accounting for two physicians who declined to participate and those who did not return calls, there was a total of 66 participants.

The size of call pools ranged from 1 to 11 physicians, with 5 physicians being the median staffing, according to the investi-gators. Physicians were usually on call for 24 hours, but many groups had longer call duties on weekends.

Although most physicians delivered at one hospital, the survey found 10 physicians delivering at two hospitals, 4 physicians at three hospitals, and 2 physici ans at four hospitals. Initially, Dr. Schauberger was surprised to find physi-cians providing multiple coverage.

“I got to talking to the doctors, the rationale for it became apparent,” he said. “When you have patients that have insur-ance and can deliver in any hospital they want, they may choose to deliver in [a par-ticular] hospital because they had a friend who had a good experience there. And if you want to keep that patient, you will have privileges in that hospital also.”

Nonetheless, Dr. Schauberger expressed concern about the risk that a physician might not be available in an emergency. The problem is if you are trying to deliver a baby in one hospital and have a patient in another hospital, you can’t provide emergency care for that patient,” he said. “If you are in the same physical proximi-ty, you can manage more than one patient at a time.”

Another concern related to the contrast between call as experienced by residents and the real-world experience of obstetric groups. The investigators described resi-dent call as being more intense and high-ly focused, occurring in-house, and carry-ing a higher likelihood of sleep. They said private practitioners spend longer hours on call (sometimes over 2 or 3 days), have multiple responsibilities, and may have multiple patients.

“I’m not sure residents who are being trained these days have a very good un-derstanding, ... that what their call is in res-idency will be significantly different from what it will be in private practice,” Dr. Schauberger said.

**Physicians Face a Costly Challenge With Medicare’s New ‘E-Prescribing’ Rule**

**BY JENNIFER LUBELL**  
*Associate Editor, Practice Trends*

Washington — Physicians are often reluctant to leap into an electronic health record system be-cause of its complexity and the expense involved, Dr. Daniel Sands said at a health care congress spon-sored by the Wall Street Journal and CNBC.

“If you’re a doctor, what do you do? How do you get that [EHR] if you can’t take the one big leap?” he said.

One way to start is by using electronic communications with patients and with office staff, he said. “Why don’t you get rid of those stupid yellow Post-it notes you use for phone messages? A simple step like that is a good way to get people engaged with technology,” said Dr. Sands of Har vard University, Boston.

Electronic prescribing is another way to bridge the gap, said Dr. Sands, who is also chief medical officer of ZixCorp, a Newton, Mass., company that sells electronic prescribing software. Medications can be prescribed using various electronic devices, including desktop and laptop computers, hand-holds, and even mobile phones. Studies have shown that electronic prescribing can reduce medication errors substantially, therefore “this should be the standard of care,” he said.

Another step is to use online clinical reference materials, Dr. Sands continued. “We have lots of data showing that physicians are often faced with questions when taking care of patients, and they can’t find the answers because they don’t have time, so they just move on. And that’s really scary.”

Rather than looking for answers “in a book that’s out of date” or on the internet, as it’s printed, maybe looking online would be a great place to start,” Dr. Sands said.

—Joyce Frieden

**Physicians Can Ease Switch to EHR With a Step-by-Step Approach**