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How to Hire Great Medical Assistants

This article was originally published in Medical Economics and is written by Julie Miller.

Many practices are adopting an all-hands-on-deck approach to deliver the suite of services required to achieve comprehensive patient care. Experts say medical assistants (MAs) can be cost-effective contributors to these emerging care models.

Emerging Roles for MAs

MAs are equipped to manage some of the new practice responsibilities that have emerged under value-based care initiatives. Patient-centered medical homes are especially well suited to make use of MAs, who can carry out a number of health management strategies, he says.

Emerging roles for MAs include:

- **Prevention outreach specialist or panel manager**—identifies patients with care gaps and communicates with them to encourage adherence to recommended care;
- **Patient navigator or patient advocate**—acts as a liaison between the patient and the health-care system in an effort to reduce barriers to care;
- **Clinician**—qualified to deliver certain services under Medicare's Chronic Care Management and Transitional Care Management programs.

As a patient navigator, the MA also takes on a communications role, advocating for the patient with sensitivity to cultural, socioeconomic, age, gender, or other personal characteristics. It's a valuable asset for practices that are eligible for bonus payments based on patient satisfaction scores.

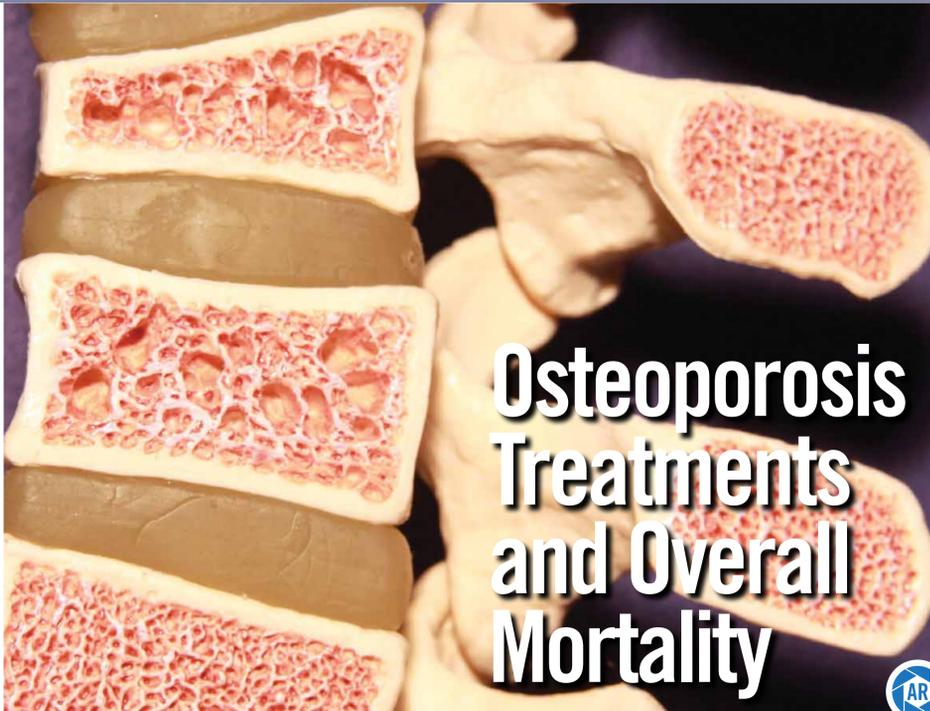
Medicare Reimbursement

Under Medicare's Chronic Care Management and Transitional Care Management programs, certain services performed by MAs can be billed as "incident to" the services of the overseeing physician or advanced practice provider (chronic care, non-face-to-face service code CPT 99490 and transitional care management codes CPT 99495 and CPT 99496). In other words, practices participating in the two programs can get paid for work performed by MAs.

Some examples of chronic care management duties for MAs include recording patient health information and keeping comprehensive care plans up to date electronically. Transitional care management services include providing education about available community resources.

Paula Lozano, MD, MPH, a pediatrician and researcher with the Kaiser Permanente Washington Health Research Institute in Seattle, recommends an approach that allows MAs to take ownership of care-management tasks. Practices should also consider enhanced compensation packages for MAs—not just in terms of wages, but also training and career advancement opportunities—to recruit and retain the best assistants. ■

To read the unabridged version, visit www.medicaleconomics.com.



Osteoporosis Treatments and Overall Mortality



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A meta-analysis suggests that drug treatments for osteoporosis should be recommended only for the prevention of fracture and not for any additional reduction in mortality.

The purpose of treating patients with osteoporosis is primarily to reduce the risk of fracture and subsequent pain and disability. Some types of fractures, such as hip fractures, are accompanied by an increased risk of mortality that might be partly avoided by preventing the fracture. However, research has suggested that treatments for osteoporosis may directly improve overall mortality rates not by preventing fractures.

"Several observational studies have reported that patients with osteoporosis who received drug treatments, most notably bisphosphonates, experienced 25% to 60% reductions in overall mortality rates," says Steven R. Cummings, MD. "If this were true, then clinicians should be prescribing these therapies to all older patients, regardless of their fracture risk. These observed reductions in mortality are too large to be attributed to fewer fractures. It is unlikely that these treatments substantially reduce all-cause mortality in addition to reducing fracture risk."

A Comprehensive Meta-Analysis

To examine this correlation more closely, Dr. Cummings and colleagues published a systematic review and meta-analysis in *JAMA Internal Medicine*. The study assessed 38 randomized placebo-controlled clinical trials of drug treatments for osteoporosis to evaluate if these treatments, particularly bisphosphonates and zoledronate, reduced overall mortality. Data were available on 101,642 unique participants from the 38 clinical trials in the meta-analysis, with 45,594 patients randomized to placebo and 56,048 to treatment. Of all the clinical trials in the meta-analysis, 21 compared

bisphosphonates with placebo and 6 compared zoledronate with placebo.

"Our results showed that there was no significant association between all drug treatments for osteoporosis and overall mortality rate, most notably bisphosphonates," says Dr. Cummings (Table). "There was less certainty regarding the association of intravenous zoledronate treatment with overall mortality. This is because two randomized trials found that treatment with zoledronate also reduced mortality, whereas four other trials found no such reduction. The heterogeneity of the meta-analysis of zoledronate and mortality highlights a need for more data from large placebo-controlled clinical trials to establish if zoledronate directly reduces mortality in addition to decreased fracture risk."

Contextualizing the Data

According to the study, the reduced mortality rates seen with osteoporosis treatments in previous research may be due to reasons other than reducing fracture risk. Results of the meta-

analysis suggest that studies reporting patients who received bisphosphonates had lower mortality rates may not have measured confounding factors that could have contributed to these findings. "Our data demonstrate that 'real world' observational studies on the effect of osteoporosis treatments and reductions in mortality can be misleading," Dr. Cummings says. "This is similar to what has been seen with previous research in which observational studies produced misleading results, suggesting that estrogen therapy and vitamin D reduced mortality, while randomized clinical trials proved that they had no effect."

The apparent reductions in mortality among patients taking osteoporosis treatments in observational studies may be an example of the "healthy adherer effect," which has been seen in studies in which participants who adhered to placebo treatment in clinical trials had lower mortality than those with poor adherence. Other data suggest that decreased mortality in patients taking osteoporosis treatments may be because they receive more comprehensive care from some healthcare services rather than drug therapy itself. There is no clear biological mechanism that could lead to an association between osteoporosis treatments and overall mortality rates.

"It should be noted that preventing fractures, such as hip fractures, is likely to prevent some of the excess death due to the fracture," says Dr. Cummings. "Our study did not exclude that possibility. To demonstrate that relatively small effect would require much more data. The result of our analysis supports that drug treatments for patients with osteoporosis be recommended solely for reducing fracture risk in accordance with clinical guidelines from respected groups like the National Osteoporosis Foundation and the Endocrine Society." ■

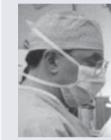
Table Summarizing Key Findings

A meta-analysis of 38 clinical trials demonstrated the following risk ratios and 95% confidence intervals for osteoporosis and overall mortality rate:

Domain	Risk Ratio	95% Confidence Interval
All drug treatments	0.98	0.91-1.05
Bisphosphonate treatment	0.95	0.86-1.04
Zoledronate treatment	0.88	0.68-1.13

Source: Adapted from: Cummings SR, et al. *JAMA Intern Med.* 2019;179(11):1491-1500.

Doctors Share Favorite Comments Seen in Patient Charts



Written by **Skeptical Scalpel**

Recently on Twitter, doctors shared the most amusing comments they've seen in patient charts. This tweet started it:

@sargsyanz wrote, "My favorite exam finding in hospitalized patients: 'Multiple family members at bedside.'"

Then I said, "My favorite exam finding is 'Head: Normocephalic, atraumatic.'" Other doctors soon chimed in to share their favorites.

@jbsingh1: "AB/AN for averagely built and averagely nourished" [Note: We used to say "WD/WN" meaning well-developed, well-nourished.]

@dakaufman123: "no C/C/E" for no cyanosis, clubbing, or edema. As [if] high clubbing appears from one day to the next."

@Blitz_: "My favorite thus far has been 'Surgeries: C-section (unsure of date).'"

@RogovTed: "Presents to emergency department with two suitcases, packed."

@KtMcH: "External genitalia unremarkable, appropriate for age." Literally can mean anything. Piercings, tattoos, hair patterns, size, shapes, ANYTHING."

@junghoon_son: "MD one liner from an older ICU attending on the very first line of note: 'Patient is doing poorly.' It was so refreshing after notes and notes of auto-filled meds and labs."

Finally, these from @honestyboxey:

"Wife reports patient has a black belt in karate and would like all caregivers to know as he is highly skilled even with medication and sedatives."

"This physician's hands were sanitized prior to entering patient's room and upon exiting patient's room."

"However, to become a guardian angel, they told her she had to pass various tests. Among the tasks was doing a back flip on furniture. Hence, today." ■



In Case You Missed It

Drug Compliance Low in Elderly Osteoporosis Patients

Less than half of elderly patients with osteoporosis have good drug compliance, according to a study published in the *Pakistan Journal of Pharmaceutical Sciences*. Study investigators conducted a cross-sectional study to understand the medication compliance, and analyze influencing factors of compliance, among elderly patients with osteoporosis admitted to the hospital between March 2015 and January 2017. Medication status was assessed at 3, 6, and 12 months, with multivariate logistic regression analysis used to analyze factors affecting compliance. Discontinuation rates and causes varied by time period, with a cumulative medication withdrawal rate of 37% within 1 year. Among the 492 participants, good drug compliance was seen in only 45.73%. Education, marital status, and medication type affected compliance with medication in the study population. The authors suggest that patients be better educated on the importance of medication compliance and how to maintain it, physicians strengthen the psychological care of patients with osteoporosis, and that a follow-up system for drug compliance be established.

Vertebroplasty for Elderly Patients With Thoracolumbar Fracture

Data from current real-world practice appears to support vertebroplasty as a viable choice for patients older than 75 with pathological thoracolumbar fractures, according to a study published in the *Journal of Clinical Medicine*. With a lack of consensus on the long-term outcomes of treating pathological thoracolumbar fractures, including osteoporosis and oncologic problems, with vertebroplasty, researchers collected data on 8,625 randomly selected patients with pathological thoracolumbar fractures and conducted survival analyses to estimate the mortality risks associated with vertebroplasty, conventional open surgery, or conservative treatment. Compared with conservative treatment, conventional open surgery and vertebroplasty appeared to improve long-term survival, with adjusted hazard ratios (aHR) of 0.80 and 0.87, respectively. Although the study authors could not rule out confounding by indication, the survival advantage of vertebroplasty appeared to be more evident among those older than 75. ■

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