

TRENDS & Ideas

PHYSICIAN EXTENDERS

Responsibility Increases with Demand

As the number of family physicians ebbs, the number of physician extenders is on the rise. At the same time, however, physicians are growing anxious about the competition and the quality of care extenders provide, according to Purna Mona Khanna in the *Wall Street Journal*.

Physician extenders—that is, physician assistants and nurse practitioners—are one of the fastest-growing groups of healthcare providers in the United States, notes Khanna. Although they were originally groomed to care for patients in rural areas, because of budget cuts and physician shortages, the

demand for physician extenders has spread to suburban areas.

Nurse practitioners make up the largest portion of physician extenders—between 25,000 and 30,000, estimates the American Nurses Association. “Unlike physician assistants, they can treat patients without a doctor’s supervision in nine areas,” even though their training is very different from doctors’ training, explains Khanna. Nurse practitioners obtain a nursing degree after two to six years of school and complete a one-year certification program. Most physicians, in contrast, attend four years of college and medical school and have three to nine years of postgraduate training, she says.

This disparity in training is the source of physicians’ concern about the quality of care nurse practitioners and other physician extenders provide, observes Khanna. “Indeed, that litmus test for the quality of care—malpractice claims—shows that lawsuits against nurses are on the rise,” she reports.

Khanna cites a 1989 Harvard study showing that in two consecutive six-year periods lawsuits against nurses went up 31 percent. She notes that the study does not differentiate between nurse practitioners and nurses who work in physicians’ offices or hospitals. Khanna emphasizes, however, that “nurses are coming to be recognized as having patient responsibility independent of doctors.”

Although malpractice claims have increased, new laws make practicing easier for extenders. Nurse practitioners who work with physicians in rural areas and in nursing homes are now eligible to receive Medicare payments. Also, in 16 states they are paid for caring for Medicaid patients. Khanna notes that Congress is looking at bills that “would require all states to pay nurse practitioners through Medicaid and Medicare, and physician assistants through Medicare.”

CHILDREN

Seeing Triple



Multiple births are on the upswing, largely because more new mothers are over 35, an age at which the rate of twins naturally increases and more women use fertility drugs. In response to this trend, organizations that offer advice on the care of multiples are answering parents’ and educators’ call for information and special services. “There are magazines, support groups, baby nurses, psychiatrists, pediatricians—all specializing in twins, triplets and more,” writes Elisabeth Rosenthal in a recent issue of the *New York Times*.

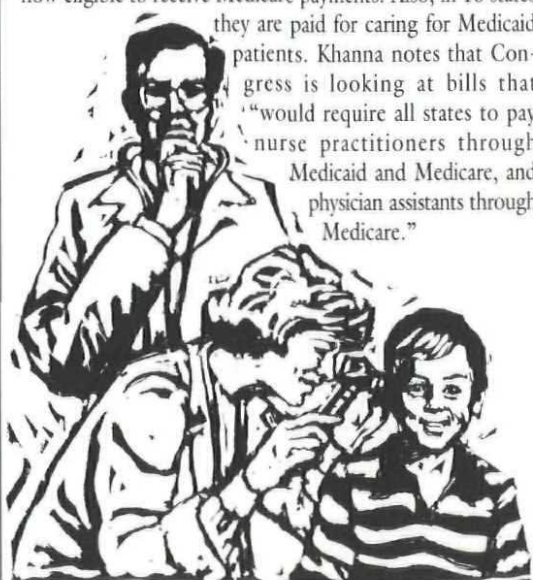
Parents who have multiples often believe they have no one to turn to for advice. Rosenthal says the goal of the specialty publications and support groups “is to take multiple births out of the realm of the gewhiz and deal with logistical challenges,” such as how to nurse triplets.

Many children of multiple births are premature. Pediatricians who specialize in caring for multiples “must be comfortable caring for their special problems, like a tendency to respiratory infections,” says Rosenthal. Some of these specialists will treat two

children for the price of one during routine visits. This is helpful to parents who are spending two, three, or more times the money for items such as car seats and formula.

An important issue in dealing with multiples is when to separate the children. Psychiatrists and psychologists can help parents and educators out on this, observes Rosenthal. “While most singletons begin life as separate individuals and have to work to establish a sense of intimacy with other individuals, multiples begin life with that intimacy and have to work at separation,” explains Barbara Unell, editor of *Twins* magazine.

Rosenthal described an incident where a teacher put twins in different classes. One twin began daydreaming and not doing his work. After an assessment by a therapist who specializes in multiples, the twins were again placed in the same class—they simply were not ready to separate.



Sim Gellman

GOVERNMENT SPENDING

Dubious Benefits

Deficit-reduction proposals that advocate cutting programs that benefit the poor are aiming at the wrong target, according to an article in *Newsweek*.

Citing unpublished data from the Congressional Budget Office (CBO), Steven Waldman notes that in 1989 the federal government "spent more for the medical care of well-off seniors than it did on Head Start, job training and WIC [Women, Infants and Children nutrition subsidies] combined." He adds that a family in the middle- to upper-income bracket normally receives tax breaks for home ownership amounting to more than four times as much as a poor family receives in federal housing subsidies.

A study by the National Taxpayers Union Founda-

tion further quantifies the benefits that accrue to persons with higher incomes. According to the study, persons whose income is higher than \$100,000 will receive \$5,688, on average, in annual cash benefits from programs like Social Security—more than a person with an income below \$10,000 will receive.

Such figures, Waldman suggests, belie claims that "there is 'no money' to reduce the deficit or initiate social programs. There's just little interest in the government's focusing benefits on the needy." He points out that Ross Perot's economic package—which proposes eliminating interest deductions on mortgages greater than \$250,000 and increasing taxes on wealthy Social Security recipients—"would raise more than \$180 billion



over five years."

In a sidebar accompanying Waldman's article, Eleanor Clift notes that attempts to reduce the deficit will likely fail until Congress finds the will to change the way it does business. She adds that if congressional behavior on a proposed Urban Relief Act is any indication, the prospects for such a transformation are not good.

"A bill that began as government's response to the Los Angeles riots has

become a textbook example of how special-interest groups manipulate the legislative process," Clift writes. She points out that only one-fourth of the \$21.8 billion approved by the Senate Finance Committee in early August would go to cities, with the rest earmarked for unrelated tax incentives. These tax incentives would include a repeal of a 10 percent luxury tax on items like yachts and private airplanes and a reinstatement of the passive-loss deduction "to

allow real-estate developers to write off losses on rental property," she writes.

The proposed tax breaks would add up to a more generous package of benefits for the rich. But, as Waldman explains, the power of self-interest promises to continue to drive the legislative process. "The politicians," he concludes, "are just following the will of the voters, many of whom view the other guy's benefit as a handout but their own as an entitlement."

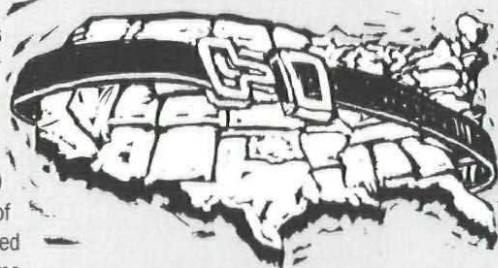
Although Americans have become more safety conscious in the last few years, they are paying less attention to a number of important dietary concerns, according to the latest *Prevention Index*.

In 1992, 88 percent of American homes had smoke detectors, up from 86 percent in 1991 and 67 percent in 1984, when *Prevention* magazine published its first index. And 69 percent of adults now report they always use seat belts, whereas only 19 percent did so eight years ago. The number of Americans who drive after drinking has declined from 28 percent to 18 percent over the same period.

On the other hand, since 1987 Americans have taken less care to limit sodium intake (down from 54 percent to 48 percent) and sugar consumption (from 49 percent to 43 percent). They have also become less likely to eat enough fiber. Moreover, only 19 percent are within their

PREVENTION

A Safer, Fatter Nation



recommended weight range—the lowest number since the index began.

Based on a national survey of 1,256 adults 18 years of age or older, *The Prevention Index* tracks 21 different behaviors (e.g., do not smoke, limit fat in diet, exercise, control stress), weighting each for its relative impact on a per-

son's health. The 1992 index score of 66.5 indicates that Americans as a whole are practicing 66.5 percent of the behaviors necessary to maintain a healthy life-style.

The percentage is only a slight improvement over the 65.2 index score of 1987. It suggests, according to the report's editors, that "a major hope of the 1980's—that most Americans would adopt healthier lifestyles—may have been overly optimistic."

The editors note, in fact, that the small gains are primarily the result of changes forced on people or made easier. "The most dramatic areas of change have been brought about not by lifestyle changes, but by technology and legislation," they write. When a law stipulates that people wear seat belts, they do, the editors point out, and when effective smoke detection devices become available, people will buy them. But they are less likely to choose freely to eat enough bran or to pass up a bag of M&Ms.