

UBRC meeting notes – March 2008

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1.) MD/MBA Student Alison Jeziorski is doing a study with Dr. Margaret Paroski trying to determine what keeps residents local once they graduate.

The overwhelming majority of UB residents leave the area once their training is complete. All resident members of the UBRC agreed that salary is the most important factor when deciding on where to practice. Residents with local connections are also more likely to stay local. Dr. James Hassett, program director for General Surgery stated that the problem goes much deeper and many years back. Training local residents costs 15 years education time, which has lagged very far behind considering the plateau of U.S. Medical Students for 10 years despite increasing need for physicians. Recruiting foreign medical graduates costs one year education time, which repletes the deficit. However, most FMGs have no loyalty to Western New York compared to anywhere else in the US. Therefore, salary and benefits become the most important factor once again. If you would like to discuss your feelings for what would keep you here, I will try to get Alison's e-mail address.

2.) Kaleida IT & badges: An issue at several meetings has been the need for multiple passwords in order to access Kaleida's EMR components (PowerChart, PACS, InfoClique), as well as the recent development of each person needing to provide their ID and Password to log on to each computer. It has been repeated to us that sharing logon information is frowned upon. We discussed that a resident logon problem is really a medical student logon problem, since access is not readily available to the students who work under us, thus, making password sharing more common.

We have made it our position that the logons should be simplified to make patient care more streamlined.

It has been brought up that there may be a mechanism in place to make the access less complicated not only at Kaleida, but at all sites. Badge access at all hospitals has been a difficult process. It is also a sticking point for JCAHO when residents are wearing badges from multiple hospitals. GME has been trying to make badges uniform at all sites and the UBRC has discussed making these badges as useful as possible, including computer access (such as the SmartCard access at RPCI). Financial constraints limit the upgrade, but a Co-op exists that may be able to lead us in that direction. GME will continue their efforts and we will let you know of any news.

3.) New Resident Orientation: We were called on to review the new resident orientation week. In recent years, there have been on-site orientations and very extensive UB e-mail orientation, but only limited site-based computer training and true orientation to the daily operations of the hospitals. We

have gone through the schedules and pared them, reducing redundant talks. It was also discussed that hospital cheat sheets may be possible, including important phone numbers, walk-throughs of hospital-specific procedures, and any other helpful information. Perhaps pocket-sized cards could be produced for orientation and even PDA programs.

4.) Resident Salary and benefits: New starting next contract year – Living adjustments, meant to help compensate residents for parking issues and a partial increase of on-call food allowances, will be added to our paychecks. Instead of once every 3 months, they will be added to each check. These funds are, however, taxable.

Two points were brought up in the meeting on this topic:

-Some residency programs do significant home call and need to drive to multiple hospitals overnight. Other programs stay in-house overnight and need meal allowances. The funds are already being divided based on how often each resident is on call in-house. Because of Cheryl Kishbaugh's sudden passing, the committee for wage adjustment did not meet this year. GME negotiated this increase without UBRC input. While we appreciate the effort and money, we would like to have a seat at the table to discuss compensation based on travel, call and other factors. The increases are part of the contracts for 2008-2009, but the plan is to convene the committee early for next year, discuss the rationale between which programs get more compensation, and come to a fair agreement for the 2009-2010 budget year.

-One resident brought up the possibility of 401K savings instead of the extra stipends. Dr. Hassett and the GME say that this is possible. It will be discussed for future implementation. It is felt that this retirement savings plan may be a point for attracting future residents to all 63 programs.

5.) Supervision policy: A draft of the UB Resident Supervision Policy has been dispensed to UBRC members for review. This dictates who can supervise procedures, exams, etc. There is a set of rules that need to be followed, but each program may add rules as they see fit. As soon as the final document is agreed upon, it will be made available to everyone.

6.) Medicare/Medicaid Prescriptions: As you have seen, there was an e-mail sent to us all telling of the need of more attending interaction with regards to script writing. There are several lawsuits in NYS courts about Medicare fraud based on resident scripts to patients without attending information or knowledge. In search of clarification, the UBRC has found this document that was sent was written by a student under the supervision of a Pharmacist, who is unsure of what is absolutely necessary by law to have on the script for these patients. While we are finding the real answer, it would be wise to follow these recommendations:

a) If possible, have the attending sign and stamp the scripts as well, eliminating all legal ramifications.

b) If an attending is not present but has recommended the patient's discharge or the writing of the script, add the attending's name and license number to the top of the script before giving it to the patient. Those people on floors now should ask their attending for their license number and make it known (on signout), so that our patients may get the proper meds filled.

7.) While we were on the topic of prescriptions, it was asked if obtaining a NYS license as a resident was helpful or harmful. Having a license number would eliminate the need for the attending's number or signature. However, this brings on much liability. Also, it can lead to that resident being asked to cosign other resident's scripts, leading to a burden we do not need. Dr. Hassett has not recommended to Surgery residents that they get their license, and registers his docs for Step 3 through PA or CT to avoid the \$1500 NYS licensing fee. If you are considering obtaining a NYS license, please discuss it with as many people as possible to make sure you are making the best decision possible for yourself.

This was a busy and long meeting. We will continue to follow up in April. As any new information gets made available, we will let you know.