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Type I diabetes - How close are we to a cure?

ReachMD XM 157 now presents this week's top stories from the pages of American Medical News, the nation's leading newspaper for physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM 157. I am Dr. Mark Chyna and I am Sue Berg on this week's program states struggle to maintain Medicaid physician pay increases. A study documents burnouts and suicidal thoughts among medical students and military tours of duty take a toll on doctors and their practices.

Now, with the top story from American Medical News, here is Dr. Mark Chyna.

DR. CHYNA:

More than half the states have raised Medicaid physician rates for the fiscal year 2009, according to a survey of Medicaid directors, but some other states have cut physician pay or are strongly considering cuts because of dwindling tax revenues and the economic crisis. States face more than 50 billion dollars in total deficits going into fiscal 2009, which started in July in most states. Dr. Vernon Smith coauthored of the survey report and is a Principal for Health Management Associates.

DR. SMITH:

Well no state likes to cut Medicaid benefits, Medicaid eligibility, or Medicaid payment rates. It just doesn't help the Medicaid program to accomplish the goals, which they have set up for themselves and so I think the first thing that needs to be set is that states do not willingly go to cut provider rates, but having said that, we're on the threshold of a very difficult economic time.

DR. CHYNA:

Increased Medicaid spending and enrollment are adding to the strain. State directors say their relationship with Medicaid has deteriorated as the Bush administration has worked to limit federal spending increases. Democrats and Congress tried to adopt a temporary increase in the Medicaid matching rate, but the economic crisis has deferred any such action until Bush leaves office.

SUE BERG:

Both presidential candidates have said that they would overturn president's Bush ban on federal funding for embryonic stem cell research, but some experts say Senator John McCain has sent mixed signals. Bioethicist, R. Alta Charo is Co-Chair of the National Academies Human Embryonic Stem Cell Research Advisory Committee.

R. ALTA CHARO:

His answers have been deliberately ambiguous. First, in many cases he refers to stem cell research without specifying embryonic, adult, or induced pluripotent stem cell research and so listeners can presume what they wish about whether his support extends to all three or only to the non-embryonic forms. In addition, he has suggested on several occasions that the question of embryonic stem cell research in particular will soon, as he puts it, become academic as if the advent of induced pluripotent stem cell research has made embryonic forms unnecessary.

SUE BERG:

The stem cell battle is also being waged at the state level. A Michigan ballot initiative seeks to repeal a law that would fine or even imprison researchers, who create new embryonic stem cell lines. Arkansas, North Dakota, South Dakota, and Louisiana have restrictions similar to Michigan's. David Doyle is a spokesman for Michigan Citizens Against Unrestricted Science and Experimentation. He says the state's ballot initiative goes too far.

DAVID DOYLE:

Embryonic stem cell research is ongoing in Michigan today. It's conducted at the University of Michigan Human Embryonic Stem Cell Research Center. It is one of the largest Human Embryonic Stem Cell Research Centers in the country and what this proposal would do is put a unique exemption in our constitution. It says the state legislature would never be able to pass any laws that prevent, restrict, obstruct, or discourage or offer disincentives for anybody involved in this research or therapies or cures and what that means is 10 years from now or 20 years now anybody involved in this at the private level or the public level could not be regulated in any way, shape or form, by the state of Michigan.

SUE BERG:

Research developments have shifted the debate. Late last year scientists successfully reprogrammed adult skin cells to behave like embryonic stem cells. It is not yet clear whether those cells can substitute for embryonic stem cells and research.

DR. CHYNA:

From this week's Government and Medicine section, an Illinois Appeals Court has shut down the governor's plan to expand health coverage for low income parents. The ruling could jeopardize coverage for enrollees in the family care program. The program covers low income parents whose children are eligible for the State Children's Health Insurance Program or SCHIP. Governor, Rod Blagojevich had directed the Illinois Department of Healthcare and Family Services to enroll family care participants in Medicaid. Attorneys filed a lawsuit on behalf of taxpayers. The court ruled that Blagojevich did not have the authority to make the change without legislative approval. The governor is considering an appeal to the state's supreme court. Other states are trying to broaden access for the uninsured by expanding existing private and public programs. Another legal battle is being fought over a 2007, Bush administration

directive that tried to limit eligibility for SCHIP programs. At least 5 states sued the administration saying it did not have the authority to act without public input.

SUE BERG:

Massachusetts will pour more than 20 billion dollars into its landmark Commonwealth Connector Health System to keep it running through 2011. Jennifer Kritz is a spokeswoman for the Massachusetts Executive Office of Health and Human Services.

JENNIFER KRITZ:

Well as you know, Massachusetts has reached an agreement in principle with the Federal Government to renew our healthcare reform waiver, which will help the state to continue to expand access to affordable quality care through our historic healthcare reform law and this is a 3-year 21.2 billion dollar agreement that represents an even stronger commitment to the principles of healthcare reform than the states' current waiver and over the past number of years, in less than 2 years, healthcare reform in Massachusetts has made a significant difference for people without insurance; nearly 440,000 adults and children are newly insured and those are remarkable achievements.

SUE BERG:

All individuals in Massachusetts must have health insurance. Financial support is given to those earning 300% of the federal poverty level or less.

DR. CHYNA:

From the American Medical News professional issue section, the MacArthur Foundation has chosen 25 people as this year MacArthur fellows including 4 physicians and a medical historian. Each MacArthur grantee will receive a half million dollars over the next 5 years with no strings attached. One of the new fellows Dr. Regina Benjamin is a family physician in Alabama. She founded the Bayou La Batre Rural Health Clinic in 1990.

DR. BENJAMIN:

I am really not sure what I am going to do with it. It was such a surprise to get it and it is such an honor, I am being kind of taken away with that. The money is given over a 5-year period; if it were given in a lump sum, I know exactly what I would do with it. I will finish completing our clinic, which was basically destroyed by Hurricane Katrina. We rebuilt it and then it was burned down, so we are in the process of rebuilding the clinic and we kind of ran out of money so I would use it for that, but since the MacArthur money, is given over 5 years, we can't wait 5 years for the clinic so I am sure I will use much of it for the general operations and ongoing operations of the clinic, as that's the hardest thing to come by anyway.

DR. CHYNA:

Dr. Benjamin uses her pickup truck to drive to isolated and immobile patients, who cannot get to her. She also has helped others around the nation established clinics in remote areas. Other winners were recognized for improving patient safety and developing new types of

palliative and HIV care among other things. Fellows include an astronomer, an urban farmer, a neuroscientist, a novelist, a historian of medicine, and many other individuals who are selected for their originality and potential to make important contributions in the future.

SUE BERG:

A survey published in the Annals of Internal Medicine found that more than 10% of medical students say they have considered suicide in the past year. Half say they have experienced burnout. The author says that students begin medical school with mental health profile similar to their non-medical peers, but they deteriorate during medical school. Dr. Lisa <____> is lead author of the study and Assistant Professor of Internal Medicine at the Mayo Clinic.

DR. LISA <____>:

So, our study revealed that burnout is very prevalent among medical students, about half of the students had burnout who answered our survey and also that 11% of students had thought of suicide in the last 12 months what we found was that the two were related, that burnout was associated with suicidal ideation, in particular students, who were burnt out at baseline. They were at increased risk developing suicidal ideation over the following year and that was independent of having any symptoms of depression. Likely we also learnt from our study that it is possible to recover from burnout. About a quarter of those students, who were burned out at the first time point were burned out at the second time point, so that's really good news and that recovering from burnout decreased the risks of suicidal ideations.

SUE BERG:

According to the Liaison Community on Medical Education, all accredited medical schools are required to provide personal counseling, but it's not unusual for student to refuse help. Mental expert says most medical students accustomed to being successful in school have trouble asking for help. Some students might also be concerned about confidentiality. A new program supported by the American Medical Student Association may help reach some of these students. The internet based AMSA Mastermind Project was designed by a second year medical student at the New Jersey Medical School in Newark. It's designed to help medical students help each other. The program will begin in a few months.

DR. CHYNA:

In this week's business section, military tours of duty are taking a toll on doctors going to war zones and on their partners in practices. Dr. Stephen Ulrich is a state surgeon for the Ohio National Guard. He has been called away 3 times to serve his country, the latest was to review medical records of soldiers who would be helping with relief duties during Hurricane Gustav. He has also served as a flight surgeon in Iraq. Dr. Ulrich and his partners have to sit down and work out a plan each time before he leaves.

DR. ULRICH:

It is kind of an involving process that we generally go through. Fortunately, the National Guard has a planned rotation ability so that we know ahead that we are being deployed, serving in the military with our new 90-day Boots on the Ground policy, which is not really new now because we have been doing it for a number of years. It does give us the flexibility of knowing at least 3 months or so ahead of time if you have a particular obligation. The challenge for us this time around was that, for my own particular reasons, I chose to do a 6-month rotation. We were very fortunate in that we were able to recruit a Locum Tenens doctor, who had practiced with us previously at the last minute. We had anticipated having an additional doctor in the practice to join us in my absence, but at the last minute she chose

to do urgent care instead of primary care and that presented a further challenge for us. Many deployed physicians suffer financial hardships during their time overseas, some lose patience and some have lost their practices. Many physicians also lose their office based health insurance coverage. Physicians who are being deployed are responsible for arranging care for their patients and assuring access to patients records. Doctors also are required to keep up with their continuing medical education hours.

SUE BERG:

This week in Health and Science, chronic stress associated with paperwork and juggling job and family may be an one reason police officers have an elevated risk for cardiovascular disease. Dr. Sandra Ramey is an Assistant Professor of Nursing at the University of Iowa College of Nursing. She says that police officers have twice the prevalence of cardiovascular disease as the general population.

DR. RAMEY:

The way that stress impacts police officer's health is in several ways. My research has shown that the primary way that affects their health is by increasing the prevalence of several risk factors for cardiovascular disease specifically cholesterol, hypertension, and being overweight.

SUE BERG:

They were also 3 times as likely to have high blood pressure, high cholesterol, and diabetes. Other researchers are looking for the biological mechanism that might trigger these health affects in police officers. One hypothesis is at the bodies inflammatory response is higher in people under chronic stress.

You have been listening to this week's top stories from American Medical News. For these and other stories and for information on how to join the AMA or subscribe to American Medical News, visit AMED news online at its web site www-dot-amed-news-dot-com (www.amednews.com). American Medical News is published by the American Medical Association, the AMA, Helping Doctors Help Patients.