

# MEDICAL INSIDER™

## A Newsletter for Physicians Using HMA Facilities

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Happy Holidays

We want to wish everyone a Merry Christmas and the very best of the Holiday Season. Our sincerest wishes for a Happy and Healthy New Year.

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### GENERIC DRUGS

The equivalence of generic drugs to their brand name precursors continues to be controversial in some settings. This subject was last reviewed by The Medical Letter in 2002. That report concluded that a well documented therapeutic inequivalence between brand name and FDA-approved generic drugs had **not** been reported. New data have subsequently become available for some drugs, and in our cost containment environment it is important to understand the current status of this issue.

**Cardiovascular Drugs**—A systematic review and meta-analysis of 47 studies comparing generic and brand name drugs used to treat cardiovascular disease, particularly beta blockers, calcium channel blockers, diuretics and warfarin, found no evidence that brand name drugs were superior to their generic counterparts. In randomized controlled trials, clinical outcomes with brand name drugs were not any better than with generic drugs in 7 of 7 trials of beta blockers, 10 of 11 trials of diuretics, 5 of 7 trials of calcium channel blockers and 5 of 5 trials of warfarin formulations.

**Antimicrobials**—Randomized controlled trials comparing the efficacy of generic antimicrobials and brand name originator drugs are rare. The results of one such trial from South Africa were published recently; an extended-release generic formulation of clarithromycin did not differ significantly from the brand name originator drug in clinical and bacteriological cure rates in patients with community-acquired respiratory tract infections.

#### Sources

- *Generic drugs, Medical Letter Drugs Thor 2002; 44:89*
- *AS Kesselhalm et al. Clinical equivalence of generic and brand-name drugs used in cardiovascular disease: a systematic review and meta-analysis. JAMA 2008; 300:2514*
- *JR Snyman et al. Generic vs non-generic formulation of extended-release clarithromycin in patients with community-acquired respiratory tract infections: a prospective, randomized, comparative, investigator-blind, multicentre study. Clin Drug Invest 2009; 29:265*
- *The Medical Letter October 19, 2009; 51:1321*

### DISRUPTIVE BEHAVIOR

Behavior problems between doctors and nurses were reported by more than 97% of the nurses and doctors who participated in a recent American College of Physicians Executives Survey, which found that the most common complaints were degrading comments, cursing, inappropriate joking and refusing to work with one another. The survey results painted a challenging picture as doctors and nurses often made inappropriate comments in front of patients and undertook behavior that led to potentially dangerous consequences for the patients we care for.

The survey was mailed to some 13,000 nurse and physician executives across the country with roughly a 67% to 37% split between the two groups and 1,428 nurses (67.2% of the respondents and 696 doctors (32.8%) responded between July 9 and August 10, 2009.

The most common complaint involved degrading comments or insults with 85.5% (1,493) of the respondents reporting that this happened at their organization.

As you may know, effective January 1, 2009, The Joint Commission Standard LD.02.04.01 requires that health-care organizations establish policies and procedures for conflict management within the hospitals. This standard on disruptive behavior calls for having the policies and procedures to address disruptive behavior and codes of conduct. In fact, we recently undertook a full day of education at Venice Regional Medical Center to educate nurses, board members and physicians concerning this important new standard. Those of you wishing to obtain a DVD copy of the interactive educational program on this topic should contact our office at 239-552-3662. The DVD will also be made available through your hospital CEO.

### LEADERSHIP IN CHALLENGING TIMES

We have come through a very challenging year, not only economically but with numerous complexities and changes within the context of our clinical practices. Leaders deal with change and conflict on a regular basis. We need to look for opportunities amidst the chaos and change that dominates so much of our current environment. The following practices may be of assistance to those of you in leadership positions within your practice or in the hospital.

- **Attempt to be decisive in your decision making**—Don't let challenges or difficult situations immobilize you or make you fearful of undertaking an appropriate decision.
- **Look for people to help you build and lead better**—Make stronger ties to your respective stakeholders. Leadership is not reserved for one person, and sometimes it is not about titles or years of experience. Look for leadership at every level of your organization. Importantly look for ordinary people to do extraordinary things.
- **Pay careful attention to your finances**—Cash is still king in any business. If anything, we have learned the value of spending conservatively and wisely in this past year. Investments need to be made for the future but need to be pragmatic and with an eye to strategic fit.
- **Attempt to redefine the way you do business and practice**—This means changing mindsets and not being locked into patterns of "business as usual" or "this is the way we've always done it."
- **Focus on the positives and remember the purpose for which we are in healthcare**—Take time to understand that there are various facets to the work we do throughout the day. There are many things beyond our control and events we cannot change. Ultimately it's important to remind ourselves that we have a lofty purpose for which we are in healthcare—mainly the caring and nurturing of people who seek our services, frequently at times of crisis and emotional need.

Thought for the month: *Inaction is much more costly than making a mistake.*—Meg Whitman, former CEO of eBay