

Satellite Clinics— “Cherry Picking” in a Community Orthopedic Practice

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A reader of AJO recently sent us a letter describing a current practice pattern: He is a fellowship-trained practitioner in a town of less than 20,000 who admits to the only hospital in a county serving a population of more than 50,000. A large orthopedic group from a neighboring county has established a satellite clinic in his town, limiting its practice to insured and work-related cases, providing no local call coverage, and performing surgical cases (well within the scope of expertise of the local practitioner) at the regional university hospital, out of the community setting.

Furthermore, the satellite clinic aggressively markets its practice to local industry, schools, and primary care providers. Finally, and most disturbing, our solo practitioner claims that he sees the complications of the satellite clinic providers' cases in the local community hospital ER, since the university hospital is too far away to provide emergent care. While the solo practitioner accepts competition, he believes these practices of the satellite clinic, which “cherry picks” (my term) local patients and does not provide local follow-up care, are unethical. He claims that he has no recourse to address these issues.

Our solo practitioner makes a valid point, but I believe he does have options.

In this issue, in “Are You Being Bribed? Health Care Ethics and Compliance in the AdvaMed Code Era, Part II,” Byrd and Tearney review the AAOS Principles of Medical Ethics and Professionalism in Orthopaedic Surgery as well as the Academy's Code of Medical Ethics and Professionalism for Orthopaedic Surgeons. The AAOS emphasizes the importance of cooperation among orthopedic surgeons and the responsibility of the orthopedic surgeon to improve the health and well-being of the patient and the community. I believe that Articles VII, Cooperation, and X, Societal Responsibility, of the Principles are directly relevant to this case, for obvious reasons. All orthopedic surgeons should abide by these principles and codes.

Satellite clinics have been a fact of orthopedic life for many years. Larger institutions establish such outposts to increase market share, and patients enjoy the convenience of receiving the care of the “big name” medical provider in their local community. However, if these satellite clinics do not utilize local facilities, the



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community hospital will certainly lose business and income, which may further compromise the already challenged financial viability of that hospital. Satellite clinics should support, not undermine, the local health care facilities that provide high-quality care.

The hospital must partner with its attending staff and should consider marketing not only itself but also its own medical staff to the community, detailing its strengths, the advantages to the patient of remaining local for high-quality medical care, and the disadvantages of being treated at distant institutions that cannot provide the local emergent care. The local population should understand that the community hospital must retain its support to remain financially viable.

Furthermore, all hospitals accredited by the JCAHO (Joint Commission on Accreditation of Healthcare Organizations), no matter how small, are required to have quality improvement committees. Postop complications requiring ER evaluations or readmission to the hospital should certainly be included in the criteria for review by the local hospital QI committee. The complications of the satellite clinic providers' cases would thereby be evaluated, and such a peer review process for complications would require response and correction from the neighboring institution where the procedures were performed. The issue of appropriate aftercare could then be addressed in an open forum.

There are other ways to address this issue, to be sure. However, we can all agree that fostering cooperation among practicing orthopedic surgeons and maintaining productive relationships among physicians, nurses, and other health care professionals are essential for good patient care and that community hospitals must have the support of the local population. We can also agree that there is no place for “cherry picking” in the community orthopedic practice setting. ■

CALLOUTS:

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