Greed in Dermatology

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A selfish and excessive desire for more of something (as money, wealth, power, sex, attention, knowledge or food) than is needed.

Selfish and excessive desire is widely considered immoral, a violation of natural or divine law.

“avarice” is one of the seven deadly sins in Catholicism (avarice: pleasing oneself with material acquisitions and possessions instead of pleasing God).

In Buddhism, “craving” is a fundamental hindrance to enlightenment (craving: compulsively seeking happiness through acquiring material things).

GREED is one of seven basic character flaws or “dark” personality traits. We all have the potential for greedy tendencies, but in people with a strong fear of lack or deprivation, Greed can become a dominant pattern.
Greed, for lack of a better word,” is dangerous.

Greed

- Not peculiar to dermatology
- In all branches of medicine
- In all walks of life

Stacy Keach narrates this dissection of the dark side of the American Dream, a survey of how far some people go to become rich, no matter the cost to themselves and those around them. Real-life cases are reviewed and involve such criminal activity as credit card scams, identity theft, counterfeiting and Ponzi schemes.

Preventive Medicine and the Seven Deadly Sins: Avoiding Discipline Against your Medical License

Excerpted from October 2007 Newsletter by Laura Sweet, Deputy Chief of Enforcement, Medical Board of California

"The point is, ladies and gentlemen," Gordon Gekko pontificated in the movie "Wall Street," “that greed - for lack of a better word - is good. Greed is right. Greed works. Greed clarifies, cuts through, and captures the essence of the evolutionary spirit. Greed, in all of its forms - greed for life, for money, for love, knowledge - has marked the upward surge of mankind.

http://www.mbc.ca.gov/Licensees/Seven_Deadly_Sins/Greed.aspx
Mix greed with sloth and a dash of insanity, and you might understand the motivation for the three doctors who were successfully prosecuted because they substituted saline for flu vaccinations.

- Or the ones disciplined for using non-pharmaceutical grade Botox to save a buck or two.
- Or the ones disciplined for disposing of hazardous waste in conventional trash bins.
- Or of throwing away patients’ records because proper disposal costs too much money.
- Physicians have fabricated clinical study records in pharmaceutical trials.

In these circumstances, it would be hard to agree that "Greed clarifies."

Mix greed with dishonesty, and you might discover a physician — the one engaged as an expert witness who will say whatever the hiring attorney wants if the price is right. Within the last year, at least one physician was disciplined for dishonesty in testifying as an expert.

Preventive Medicine and the Seven Deadly Sins: Avoiding Discipline Against your Medical License

- 3%-10% of any state’s Medicaid budget is lost due to fraud and abuse.
- The federal Office of the Inspector General’s Medicaid Fraud Control Unit convicted 1,226 individuals in Fiscal Year 2006 and recovered more than $1.1 billion in court-ordered restitution, fines, civil settlements and penalties.
- 3,425 practitioners were excluded from participation in the Medicare, Medicaid and other federal healthcare programs due to health insurance fraud.

Hospitals Game Medicare for Money

Ready to leave the hospital? Maybe so, but your doctor might keep you a little longer — or discharge you sooner — so the hospital can hit its numbers.

The practice is completely legal, says a Wall Street Journal study, which means big money for hospitals.

However, does it make patients any healthier? That’s a completely different question — and it’s one that no one seems to be asking.
Hospital Discharges Rise at Lucrative Times
Facilities Release Medicare Patients After Rules Trigger Higher Payments

A Kindred Healthcare Inc. hospital in Houston discharged a 79-year-old pt. to a nursing home after 23 days of treatment for complications of knee surgery.

Kindred collected $35,887.79 from the federal Medicare agency for his stay, according to a billing document, the maximum amount it could earn for treating such patients.

Kindred would have received only about $20,000 under Medicare rules if patient had left just one day earlier. The hospital likely wouldn’t have received any additional Medicare money if he had stayed longer than the 23 day stay.

Corporate greed as it epitomizes this sin: you know, the physician who is penalized for not seeing enough patients in a given time period so billings can be maximized?

Physician who accepted laboratory kickbacks gets 46 months in prison

Dr. Linda Rosenberg, a physician who pled guilty in February 2014 to accepting kickbacks in exchange for laboratory and radiology referrals, and for dispensing hydrocodone “outside the scope of professional practice”, has been sentenced to 46 months in prison.

Anti Kickback Statute

Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind—
in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program...shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.
In Grand Rapids, Michigan, Dr. Robert Stokes runs a thriving dermatology practice. He’s making millions. But Dr. Stokes has a dark secret. He steals patient’s money and reuses medical supplies, endangering patients.

American Greed profiles a doctor obsessed with the bottom line!

☐ Dr. Robert Stokes, sent to prison in 2007 after scaring patients about pre-cancerous conditions and performing unnecessary surgeries, to 10 years in prison

☐ Defrauding the government, as well as insurance companies, out of nearly two million dollars in fraudulent medical services.

☐ Reused medical equipment, such as scalpels, syringes, and sutures, among others, without properly sanitizing the equipment.

Once diagnosed cancer in a piece of bubble gum that had been placed on a slide after a patient’s biopsy was lost.

Charged with performing surgeries on 865 seniors from the Sarasota area even though biopsy slides seized from his office showed no sign of cancer or were in such poor condition they could not be read.

Diagnosed cancer on nearly every patient who came into his office, and almost always removed four layers of skin during surgeries, which allowed him to bill Medicare higher amounts.

Sarasota dermatologist - Medicare Fraud
http://www.lawyersandsettlements.com/settlements/11840/rosin-dermatologist-medicare-fraud.html#.VSmriM7C89U

Agreed to pay $11 million to the federal government for Medicare fraud.

Sentenced to 22 years in federal prison in March 2006
United States Settles False Claims Act Allegations Against Florida-Based Dermatology Practice for $3 Million
Three Whistleblowers to Collect More Than $500,000
U.S. Attorney’s Office
January 23, 2015
Middle District of Florida (813) 274-6000


Florida-based Coastal Dermatology Settles False Claims Act Allegations for $787,000
Posted by Stephanie R. on Friday, April 3rd, 2015


### Percent Reimbursement for Cryo per Medicare Payment
CMS data of 6 practices in Berkshire County

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CPT Codes
17000 – Cryotherapy for One Lesion Reimbursed: $59.88
17003 – Cryotherapy for > 1 Lesion Reimbursed: $8.05/lesion
Squamous cell carcinoma in situ
Squamous cell carcinoma in situ

Bowenoid papulosis

Squamous cell carcinoma in situ

Bowen’s disease
Squamous cell carcinoma in situ

Actinic (solar) keratosis

Squamous cell carcinoma in situ

Arsenical keratosis
Squamous cell carcinoma in situ

- Actinic (solar) keratosis
- Bowenoid papulosis
- Bowen’s disease
- Erythroplasia of Queyrat
- Arsenical keratosis

Erythroplasia of Queyrat
Dermpath financial incentives
http://forums.studentdoctor.net/threads/dermpath-financial-incentives.1034431/

- Not uncommon to find that dermatologists telling us that our lab could not beat the "deals" they're getting from the nearby corporate labs.
- Sounds suspiciously like kickbacks or other not-so-legal arrangements, as there really should be no legal financial incentive to send to one dermpath lab over another.
- Would anyone be willing to tell what sort of "deal" they get to send their specimens to a specific lab over another.

EHR donation

- Some Dermpath companies also "donate" EHR to established Derm practices.
- Basically a "kick-back" for Derms to send their path to the Dermpath company.

EHR Resident Donation Offer - 2013

- Dermpath Diagnostics, is pleased to announce the opportunity for eligible 2013 third year dermatology residents who establish a new dermatology practice to participate in our donation program under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 towards certain qualifying Electronic Health Record (EHR) information technology.

For more information about the specific offer terms, please complete the information requested in the link below.
Looks like my state is also opposed to EHR donations:

http://pathologyblawg.com/pathology...ation-massachusetts-law/#more-9705

The Department of Public Health for the state of Massachusetts has issued a ruling on electronic health record (EHR) donations by laboratories that says state law would be violated if a laboratory were to do so.

Not that this means it isn't going on, especially with labs like Miraca, Strata, Quest, and Aurora in the area.

icpshootyz, 10.03.13

- According to the most recent edition of CAP STATLINE, this decision makes Massachusetts the ninth state (New York, New Jersey, Missouri, Connecticut, Pennsylvania, Tennessee, Washington and West Virginia are the others) to formally clarify its state law is more restrictive than current federal law regarding EHR donation by laboratories.

- The safe harbor provision in the Anti-Kickback Statute that allows EHR donation by laboratories was originally scheduled to sunset on December 31, 2013. In April of this year, however, the Office of the Inspector General for the Department of Health and Human Services (OIG) and CMS proposed to extend the safe harbor beyond December 2013.

Client billing

Client billing is legal in some states & illegal in others. For example, it’s legal in Texas and a well-known Dermatopathologist in Dallas uses client billing to his advantage to get Derms to send him specimens.

It is essentially scheme that (in states where it is legal), allows clinicians to bill for pathology services and "negotiate" a price with the pathology lab where the specimens are processed and/or read and then keep the difference. The clinician submits the billing paperwork to insurance and gets paid for the pathology service (let’s pretend for global TC/PC that’s $130 just for example). They pay the pathology lab the "negotiated" rate (let’s say $25 for example) and then the clinician gets to pocket the rest.

Dr. James Madara, a pathologist and EVP and CEO of the American Medical Association, submitted a comment that also says there should be no changes to who can donate an EHR and that EHR donation should be allowed forever.

Healthcare Information and Management Systems Society (HIMSS) is pleased that the Centers for Medicare and Medicaid Services and the HHS Office of the Inspector General have promulgated extensions to the Stark exemptions and anti-kickback safe harbors for electronic health records through 2021.

The final rule ended up excluding only laboratory companies, in a hard-fought win for the American Clinical Laboratory Association and the College of American Pathologists, which argued that the "protected donor" arrangement left labs and pathologists with unnecessary burdens.
**Client billing**

The numbers for global and the rate they pay the pathologist may differ from the above, but the idea of client billing is that the clinician bills for the pathology work, pays the pathologist less than the revenue their work generates, and then pockets the rest. You can imagine why clinicians love this scheme.

Basically they make tons of money for doing NOTHING off of the pathology from their biopsies/excisions. This is illegal for Medicare cases and some insurance cases depending on insurance carrier and the state.

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**Florida pathologist nets $4 million award for blowing whistle on dermatologist**

- Dr. Wasserman agreed to pay $26.1 million to settle allegations by the federal government that he violated the False Claims act by accepting illegal kickbacks from the Tampa pathology laboratory and for billing Medicare for thousands of unnecessary skin surgeries.
- Physicians sent biopsies from Medicare patients to TPL, which would then process the biopsy, prepare slides, render a written diagnosis and provide a report to Dr. Wasserman.
- What’s wrong with that!! TPL provided Dr. Wasserman with unsigned reports with a place for him to sign as if he interpreted the biopsies. He would then bill Medicare for the work, for which he received over $6 M


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**GAO report raises concerns about pathology services**

- Self-referred anatomic pathology services increased at a faster rate than non-self-referred services from 2004 to 2010.
- The growth rate of expenditures for self-referred anatomic pathology services was higher than for non-self-referred services.
- Three provider specialties — dermatology, gastroenterology, and urology — accounted for 90 percent of referrals for self-referred anatomic pathology services in 2010.
- Referrals for anatomic pathology services by dermatologists, gastroenterologists, and urologists substantially increased the year after they began to self-refer.
- In 2010, self-referring providers of the specialties examined referred more services on average than non-self-referring providers.

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Some states have banned this practice all together!

- Currently, client billing is illegal in only 19 states.
- Despite the fact that the AMA and AAD have come out and said that it is unethical for a clinician to bill for work they do not do (and keep the reimbursement for that work), this billing arrangement is rampant in the states that still allow it.
- Labs enter into this billing arrangement with clients because often times, they will completely lose the business if they don’t.

As far as I know, client billing is illegal in MA.
Obligations of the Dermatologists
Commentary by Jane M. Grant-Kels and Barry D. Kels

- The ethical obligation of the dermatologists is to choose the lab in which they have the greatest confidence.
- Certain dermatologists use a cookie cutter lab for some or all of their patients due to financial incentives but then consult with a high quality laboratory for biopsies performed on their close friends and family members.
- This almost certainly represents unethical and perhaps illegal behavior if the offending dermatologist realizes financial gain from the arrangement.

How strongly dermatologists would support client billing if the tables were turned.
If every PCP or referring doc expected that a derm would turn over 40% or 60% or 80% of the reimbursement generated from their dERM exam (including any reimbursement generated for the office visit, procedure codes, etc) for every single patient that got referred to them from another doc every single time they saw that patient, would they be just fine with it because “without the referring doc the derm wouldn’t get that patient anyway?”
Of course, for many reason this isn’t the way things work, but it would be interesting to consider.

Client billing is not about derms vs pathologists.

- Many groups of clinicians--derms, GIs, uros, OBs, engage in client billing practices, and in many states, these billing practices are legal so these docs are not breaking the law.
- Derms are not solely responsible for the forces that have allowed client billing to come in existence or that allow it to continue.
- But most derms who engage in client billing should call it for what it is, which is free money earned off another physician’s work.

Use of Infomercials in Dermatology
Infomercials are commonly associated with dermatology. Many skin products that are advertised need dermatologists as backup to provide evidence, proves, and claims. However, most of these claims made are misleading and therefore, the issue of using dermatologists to support infomercials for the benefits of both parties is an ethical dilemma.
Because dermatologists receive compensation for endorsing advertising that is not based on true scientific facts, and allegedly makes false claims, they are involved in an ethical issue. They team up with the cosmetic and industry to market products such as anti-aging treatments. This type of product endorsement could lead to a lot of people believing that the product is good and hence, giving big profits for both the dermatologist and the industry. dermatology-infomercials.weebly.com/
AN ETHICAL SOLUTION

When dermatologists are faced in a situation like this, they might be tempted to contribute their word in an infomercial. But, by doing this, they are harming the people who buy the products.

Even if they do agree to participate in an infomercial, they must give valid claims, fully supported by proofs and evidence, and not a made up fact that would mislead consumers.

Cindy Crawford’s Meaningful Beauty - infomercial

The skin-care product line Cindy Crawford’s Meaningful Beauty is a scam that is actually hurting consumers. Use of the product has resulted in many cases of breakouts, rashes, itching and painful skin, swelling of eyes and eyelashes falling out. The skin-care line is advertised on late night infomercials, and is touted as a new anti-aging product that will diminish lines, wrinkles, increase collagen production, renew skin, diminish pores, even skin tone, hydrate skin and reverse the signs of aging.

The product line was developed by Cindy’s personal dermatologist (Dr. Sebagh), who supposedly uses a secret ingredient derived from a special anti-aging melon he discovered in the south of France. He extracts a serum from the melon, which is then used on women’s skin. This is the magical ingredient that will turn around the anti-aging industry. Except it is all fake, and actually harmful.

I certainly do not mean to even remotely suggest that the greedy practice is common, in fact most docs are doing the right things!
A physician’s professional life is threatened by three enemies: arrogance, greed, and intellectual laziness. Hubris is arrogance dignified.

Karl Menninger, the great psychiatrist and doctor of doctors once said that he had successfully treated doctors for every manner of illness - substance abuse, marital discord, depression — but had never been able to cure a physician of greed.


The Cure for Greed by Amsterdam based artist-designer-inventor Diddo.

How much power do you need? How much wealth do you desire? In other words, how much greedy are you? If the answer is ‘TOO MUCH’ then you immediately need an injection of 5ml crimp-sealed serum vial containing one dose of stabilized pure dollar ink mechanically and chemically recovered from approximately $10,000 in US currency.

http://cdn.uncommonwisdomdaily.com/media/uwd/issues/2015/021815-pm-img-01.jpg
Dermatopathology i-Atlas