



## **The Coronary Care Scandal at Redding Medical Center**

**BOOK REVIEW**



By George Meyer, MD

**It took a priest's request for a second opinion to trigger an investigation.**

CORONARY: A True Story Of Medicine Gone Awry, Stephen Klaidman, Scribner, New York, 2007, ISBN: 0-7432-6754-0, \$25

AFTER READING THIS BOOK about the cardiology scandal at Redding Medical Center, I came away with two questions. Why can't medicine police its own, and why is there a place for for-profit medical facilities in the United States?

In the early 1990s, National Medical Enterprises, a for-profit medical company, had removed itself from management of most of its general hospitals and was focusing on psychiatric hospitals where there was less oversight. Administrators were rewarded for exceeding their target hospital incomes with bonuses of up to 50 percent of their base pay. They were hiring bounty hunters to identify potential insured patients to admit; they were maximizing hospitalizations until insurance had been used up; and they were caught after kidnapping a child in Texas and taking him to one of their inpatient psychiatric facilities.

As a prior commander of a military hospital on the East Coast, I had been receiving similar complaints as early as 1989 about the abuse of children in psychiatric care, especially those eligible for CHAMPUS care. NME eventually paid more than \$600 million in penalties. After several of the leaders left the group, it was renamed Tenet in the early 1990s.

In 1978, NME recruited a Korean-born cardiologist from his fellowship at the Cleveland Clinic to develop a cardiology program at the Redding Medical Center. In 1987, he recruited a cardiovascular surgeon part-time and, by 1989, fulltime. By 1999, the coronary bypass rate was double that in Sacramento hospitals.

It wasn't until a Catholic priest sought a second opinion following an episode of chest pain and was told he had a coronary lesion (spontaneously dissecting artery - a very rare finding, but often "found" at RMC) that the investigation of the practices at RMC took off.

Several health care professionals had had suspicions, had talked to administrators of RMC, and had been ignored. Eventually the FBI raided the hospital to acquire data to close the program and take the licenses of the participating physicians.

Some of the physicians had tried to get the program reviewed but administrators, seeing the increased bottom line, did not want to gore their cash cow (were they continuing to get tremendous bonuses?). The Medical Board of California refused to take up oversight of the program when it had been reported to them. Many concerned physicians in Redding were afraid to be too aggressive, because they might lose referrals from those supporting the cardiology programs at RMC.

So, many unnecessary procedures (caths and CABGs) were performed unnecessarily with many deaths and severe complications in operated patients. There was no quality control or oversight of these programs, an issue that led other HMOs to leave Redding.

After the smoke cleared, in August 2003 Tenet paid a \$54 million fine but eventually paid more than \$900 million to the government. There was no criminal prosecution (read the book to understand why), but both the cardiologist and surgeon were fined \$1.4 million.

I do have a couple of observations about the author's lack of understanding of medical issues.

"Although he was not board certified in cardiology, he soon began doing interventional procedures such as angiograms and angioplasty at RMC." (page 32)

We all know that board certification is not a prerequisite for skills. Plus many non-native speakers are unable to finish a timed board examination because they often have to translate the exam into their native language and back to English.

Another author error: His doctor "told Frank that if he liked he could have one of his interns do a treadmill test." (page 179).

Internal medicine continues to have difficulty getting the public to understand the difference between an intern (we rarely use the term any more for an R-1) and an internist (specialist in internal medicine).

This is a very readable book. There are several lessons to be learned from its story. One is that we should be very suspicious about for-profit medical groups; their loyalty is to their stockholders, not necessarily to their patients.

Another is that we must police ourselves. We need to do regular evaluations to ensure that our practitioners are meeting standards. We all have a responsibility to make certain our colleagues are practicing up-to-date medicine.

I highly recommend the book.

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