

The Case Of The Apathetic Caregivers

W Without turning his head, he barked, “Well don’t just stand there... com’ on in! Pull up a chair and spill your story.” Gad... I thought... his speech sounds like the chatter of a Thompson sub-machine gun. His back was to the door. Somehow he saw me, peeking around the open door into his office. But how? He was staring out a window, overlooking Santa Monica bay, sipping something from a high-ball glass held in his right hand. A phone cradled by his left shoulder to his ear. he looked oblivious to the world. There he was... sitting rocked back in a beat-up wooden swivel chair, legs crossed, feet propped up on the window sill.

Yep, this guy was a detective all right, he detected me while looking out the window. He was talking softly into that phone, slowly twirling a stubby Ticonderoga® yellow wood pencil in his left hand. The chair he sat on was old, very old. An antique chair, no... make that a beat-up wooden chair not often seen since the 1940’s.

Not since this man’s look alike worked in this very same town. What stories I heard about *that* guy, his predecessor. But they were just that, stories. I never met the man who inspired those detective stories of daring do. Some say he was real. Some say he was just a fig in the wig of the guy that wrote about him. The author, Dashiell Hammett lived in San Francisco but wrote about “Bay City” which as everyone knows is my home town, Santa Monica, California, USA.

Dashiell Hammett made Sam Spade famous. By physical description, the guy sitting in that rickety chair could be his son... no... make that his grandson. A detective type that is a throw back to a simpler time. A time when men were men and women were happy for that. A paladin, or knight errant, living in a cynical age that laughs at the notion of truth, honor, country.... For we are in the first year of the twenty-first century and not the mid twentieth century where he belongs.

I had come to seek help from one of the very few medical detectives in the world.

As he swiveled in his chair to face me he demanded, “Who are you? Oh, I forget my manners. I am Carl Club, medical detective,” he declaimed.

I smirked, stepped through the door way, raised my right hand, index finger poised upward, and opened my mouth to speak. He scrunched up his eyes, sliced into my thoughts, and said, “Don’t get smart, I’ve heard all the jokes in this blue world about my name. All of them from smarter and certainly better looking bozos than you. Carl is my real first name but I changed the last name so that it was pronounceable. What’s that, am I really Polish?” In one motion he swung his legs to the floor with a stamp. He half-stood, half lurched out of his chair, then hesitated to ponder the legal problems for punching a client, he settled back uneasily, like a wet lion.

It was not a brilliant beginning. He hung up the phone, took his feet off the desk and tucked them into the keyhole of an old partner’s desk that had seen better days.

“Uh... Mister Club, I need your help,” I started. “We have been training dialysis personnel since before Medicare funded End Stage Renal Disease (ESRD), since 1971. We started a college

level training program for Patient Care Technician (PCT) and registered nurses (RNs) at Glendale Community College (GCC). That program still exists today. It's no longer free, in fact it costs forty-five hundred dollars (\$4,500.) for that one semester course. That course still provides the best dialysis education in the USA.

In the past five years we have gone to every major multi-million or multi-billion dollar dialysis company in these United States to show them what we do. We have asked them to upgrade their educational efforts for the principal caregivers of the ESRD program... the PCT and their supervisors, the RNs. We focus on excellent patient care because we believe our company's excellent patient survival is directly related to our excellent patient staff.

These dialysis CEO type folk that allowed up to talk to them were pleasant, cordial, even hospitable. Some were even better than that, they picked up the luncheon check. But, their common refrain can be summarized as, "Education doesn't improve the bottom line and the Health Care Financing Administration (HCFA) won't pay to improve patient survival."

These captains of industry are correct. HCFA doesn't give a tinker's damn about quality of care. HCFA won't pay for education. HCFA won't pay extra for outstanding dialysis care such as we, Hemodialysis, Inc (**Hi**) and other unknowns, try to do," I said.

"Hey doc, stifle it," Carl barked.

Who do you think your kiddin'? All you nephrologist MD types are just pigs in the money trough. I did some work for a whistle blower group some time back. What was that Latin phrase the lawyers used? Qui tam[†], yeah, that's it... qui tam. Big settlement... actually *big*, big settlement. My piece of the action is enough to last me five years! It wasn't the dialysis company, it was the medical directors who orchestrated an over-billing and over-utilization business that got the Feds a winning Medicare fraud case. Funny, nobody went to jail.

It's true these docs in private practice are just following the lead of the academic nephrologists who are hired guns for everybody. Can't really blame those private practice birds for following the lead of the docs at the major medical centers who grab the cash with both hands and from everybody. You name it, dialysis companies, drug companies, vendors, and most cool of all these predatory academic docs tell *HCFA* what is good ESRD policy. I swear it's enough to make you pray for socialized medicine."

Despite his disheveled appearance and crude manner, it was clear I had come to the right place, at the right time, and to the right man. He knew and he hated what he knew about American ESRD medical policy and care delivery.

Carl continued, "It is the sanctimonious docs who are the problem, not the dialysis providers themselves. Sure those dialysis companies give profit incentives to the MDs. But, these docs are supposed to be docs, not crooks! It gets worse if the dialysis unit owner is like *you* an MD, then it's a real caper and big time rip-off."

[†] Qui tam, first two word of the Latin phrase: *qui tam pro domino rege quam pro sic ipso in hoc parte sequitur*. The literal translation is: "Who as well for the lord the king as for himself sues." An action brought by an informer, who sues for the penalty both on his own behalf and on that of the crown. Though this is a fable, that ESRD qui tam lawsuit was real.

“Mister Club, what you say is true about a lot of MDs,” I sighed.

“But there are a few, maybe only a very few of us who are physicians first and last. Even fewer of us who are ethical business men, trying to provide excellent care without going bankrupt! That’s why I’m here. You have the reputation for knowing about ESRD, and of being an honest man.” I half whispered.

“Sure... sure... you white collar criminals are all alike, real smooth. Wouldn’t know the truth from a billiard ball,” Carl sneered.

I was steamed. I hissed, “I find you pretty funny, Mister Club, especially the way you dress. Your hero, Sam Spade had a gun in his shoulder holster while you sport a double shoulder holster set which contain a cell phone in one holster and a Palm Pilot® in the other! Hell you don’t even drink hard liquor, just Perrier® from a high-ball glass!

Go ahead, pull up my HCFA 256 reports. If you know Medicare, you know those are the ESRD annual financial reports. Pull them for the past ten (10) years. They will tell you we spend about twice as much on direct patient care as most everyone else. Then... pull up the HCFA patient survival data for the same time period and look at our patient survival!” I growled.

“Ok doc, I will,” he said with a twisted and cynical smile. I knew what he was thinking. That I was just another medical salesman and that the truth would be different than my words. Yes, it’s a terrible fact of life that money talks to and for everyone. Only a dolt or a Don Quixote type will charge the windmills of greed knowing that it is... in the end... futile.

Carl Club swiveled his chair to the right. A loud squeak and wobble from his sitting device made me wonder if this was Sam Spade’s chair. The chair was old, very old, and probably ready to break at any moment. That thought was followed by a wondering that it was an act of bravery to even use such a chair. That was a funny thought. Bravery measured by an ordinary action, not by some dramatic shoot out in some dark alley.

In the twenty-first century, bravery is just that: speaking out, standing alone, facing impossible and implacable odds. They didn’t shoot you with bullets, but with audits by the IRS, Medicare, and the worst, some inane ESRD audit. They machine gun you with mediocrity, with mendacity, with apathy and ignorance.

While he typed, Carl said, “Ya’ know doc, medicine is an existential philosophy. It’s existential in that the *doing* is the *meaning*. You do good health-care and good medicine to help people; to make them better, to prolong their lives. That is the only real reward you care givers should expect. That and a decent living for doin’ good. That’s how it used to be when there wasn’t a lot of money in medicine. I wanted to go to medical school but didn’t have the brain power for it. Would have loved to have been a real doc; not what passes for one today.”

Carl facing his ancient side board, punched up a Sun® workstation to access federal databanks. We don’t have a big-iron UNIX computer as he does. What a study in contrasts. Rumpled suit, tie askew, pants need pressing, scuffed shoes, but an immaculate state-of-the-art computer system. People are never as they appear. Carl called someone on his cell phone who gave him an

access code to some Internet site. He began to “Hmmm” aloud as he downloaded gigabytes of data.

It took only a few minutes. He said, “Ok, doc, it would appear you may be the real thing, a doc that is a doc.... In the end we know if you are or you are not. You guys hardly ever are what you say you are. The smarter you are the craftier you are. Though you come here in hiking boots, shorts and a Jams World® shirt, I place you as a savvy cat. You may also be a preeetty shifty character. But we’ll see... we’ll see,” he hummed.

“Well Mister Club, I want you to investigate an incredible phenomenon that is happening here in Southern California. In the last few years several so-called schools have sprung up to train ESRD personnel; some are California certified post-secondary schools.

We initially were thrilled that this was happening because the fifty (50) or so students that come from the GCC program each year is less than five percent (5%) of the staff that is needed for this growth industry in Southern California let alone for the USA. My dialysis company can not fill our staffing needs from the GCC program and we have only a modest patient growth, only about five percent (5%) per year.

We place expensive ads and have hired students from these other training programs. We have them take a dialysis general knowledge exam. We have them take a Wonderlic® general intelligence exam. We get a report from the California Motor Vehicle Bureau of their driving record... we....

“Yeah, yeah... I know you’re a damned saint and you try harder than God, but what’s the beef?” My medical detective cut me off in mid sentence.

Well, Mister Club after doing all of this investigation and analysis, we find that these RNs and PCTs who think they are trained... **are not**. Most to all of them have paid major money for their training. The range for private dialysis training in Southern California is forty-five hundred dollars (\$4,500.) to eighty-seven hundred (\$8,700.) for a sixteen (16) week course.

“Wow! That is heavy-duty bread,” Carl popped. “How can they afford to pay for this training? Can you really make a ton of ‘Cs’ being a dialysis RN or PCT?” he queried.

“Ah... if you are an unskilled person working as a hamburger flipper for minimum wage, taking these courses will open doors to as much as fifteen dollars an hour (\$15.) with time and one-half pay for time over eight hours. If you work a twelve hour day, that’s two-hundred and ten dollars (\$210.) a day. Many of these folk work six days a week (210*6*52). Let’s see that’s – potentially – sixty-five thousand five hundred and twenty dollars a year (\$65,520.). Pretty good for an ex hamburger flipper,” I summarized.

“Yeah... but what about the RNs? They make big time money in hospitals. I see those ads for thirty bucks an hour with benefits,” Carl queried.

“Mister Club, some time about 1990, American hospitals laid off thousands of RNs because they were ‘too expensive.’ Nursing schools became fewer. More nursing schools wanted nurses to be

administrators, not direct care givers. These schools created longer and longer nursing programs; pushing RNs who wanted to do direct patient care away from nursing.

There is a terrible nursing shortage in the USA and hospital nursing isn't what it used to be. A dialysis RN can –rather easily– command more than a hospital RN, principally because the are unsupervised and under-trained. These semi or un-trained RNs can do so with dispatch. Since they don't know the dangers of dialysis, they can short circuit or circumvent safe and proper patient care which always takes longer. Acute dialysis RNs are commonly paid not by the hour but by a case rate, the more cases, the more money. Others become nursing administrators or nurse managers of dialysis units. They are paid a high *salary* to ensure quality nursing care. They push paper around for a thirty (30) hour week. Since they don't know dialysis, they can't analyze unsafe nursing practices. Often they are clueless as to the incredible dangers of routine dialysis treatment.

An acute dialysis RN, at a major organ transplant center, can make six-hundred to one-thousand dollars a day, every day. That RN would have to cut patient care corners like crazy. But like as not that RN would do so. Why? Because almost all of those acute dialysis RNs are trained by RNs who didn't know good patient care!" I hung my head, even I didn't want to believe what I just said. Statements that I know to be true.

Gad... sounds like big business has finally hit big medicine," Carl smacked his lips, pursed them and whistled a few notes of a funereal dirge.

"Mister Club, back to the education issue. Or rather the lack of education issue. Some of these so-called educational organizations are able to get federal student loans for their students so that the actual cost to the student is less than one-fourth (1/4) of the actual course price. Yes, these students still owe the loan. But as you and I both know, student loans have a way of not being paid by the student. Oft times the bank that makes the loan is paid by the federal government. An interesting way to skin the American taxpayer."

Carl whistled again, "Wow, what a beautiful, fool-proof, white-collar scam."

Carl wanted to know more... he was intrigued by this incredible scenario. Dialysis companies who desperately needed trained employees who wouldn't train them. For profit schools or entities who charged big bucks to sort of train and then deliver their students as trained to these very same dialysis companies who won't or can't train. These billion dollar dialysis company then scramble to hire these untrained employees at astronomical wages!

"Well, will you look into it?" I said.

"Yeah, it sounds too fantastic *not* to be true. Let's see, medicine and nursing changes at a rapid rate and medical and nursing schools place a very high priority on teaching and continuing education. But, the keepers of the money, HCFA don't care if the RNs or PCTs are educated and they pay money to everyone at the same rate, for good, bad, or indifferent dialysis care.

The dialysis companies are publicly held companies who need to grow and make more bucks each quarter of a year. If education is expensive and your competition steals your expensively educated staff, why train? Just pay more money for fewer people. Sounds right to me. Doc, if

this is true, you are a nut!? You must be training people for half the dialysis units in Southern California for nothing, is that true?

I said, "Not half," but more than I cared to think about.

"By the way doc, don't call me 'Mister Club' and I won't call you 'Mister De Palma,'" Carl Club yawned, stretched, and sort of snarled when he said that. He furrowed his brow and said, "What's your first name Doctor De Palma?"

Uh, my first name is John, I said warily.

"Ahem, well... may I call you by your first name, Doctor De Palma?" Carl posited.

"Uh, no, sorry," I said. "Even my own father stopped calling me by my first name by the time I was twelve," I said with a half-apology.

There are several other salutations you might use: 'JR' or 'De Palma,' or 'colonel,' 'sir,' or 'captain,' or 'doctor,' or 'hey.' All those are legitimate titles[§] and ranks," I explained.

"Forgeta' 'bout it," Carl said as he rubbed his nose then his unshaven chin.

I left, giving him my e-mail address. He said he'd get back to me about the fees and charges for his services. He never did. But he did send me a short e-mail message about a month later which said:

Dear Doc:

You are right. There is big time money in half-baked dialysis RN and PCT training. The reason it works great is that these poor half-trained saps don't know that they actually have and control someone's life with their hands while that person is on dialysis. So when they kill 'em, they don't know it! Beautiful! They think the dialysis machinery and process doesn't need to be monitored by a smart human. If something weird happens, they don't ponder it. They can't, they don't know enough to even think, analyze, or know what happened.

You're also right that education is very expensive and HCFA doesn't give a good God damn about it. This one's on me. Take some advice, give it up, get a better day job. Write children's books. Write about American ESRD as a fairy story.

A Don Quixote admirer,



Carl Club
ESRD Detective

[§] An ESRD patient of John Donald Bower, MD had the governor of Mississippi award me a Mississippi colonel certificate, title, and rank. My rank in the US Army was captain.