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[OIG Issues "Roadmap for New Physicians" - A Guide to Avoiding Fraud and Abuse - and Some Thoughts on its Context](#)

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In October, the Office of Inspector General issued a report on [Fraud and Abuse Training in Medical Education](#), finding that 44% of medical schools reported giving some instruction in the anti-kickback statute and related laws, even though they weren't legally required to do so. (As an aside, do we really live in such a nanny state? Over half of all medical schools don't teach their students anything about this issue -- because nobody's making them -- even though it is an issue that looms large in the practice of medicine.) On a more positive note, about 2/3 of institutions with residency programs instruct participants on the law, and 90% of all medical schools and training programs expressed an interest in having some instructional materials on the subject of the anti-kickback statute, physician self-referrals (Stark) rules and the False Claims Act.

So in November, the OIG released a [Roadmap for New Physicians - A Guide to Avoiding Fraud and Abuse](#), available on line and as a [PDF](#). It is a good 30-page primer on the subject. While some of the examples given are specific to newly-minted physicians, anyone in the health care industry would benefit by reading it. The document offers a window into the thinking of the OIG, its perspective on the wide range of issues summarized within, and is a good touchstone for any individual or organization seeking to structure a relationship that needs to stay within the bounds of these laws.

Of course, since [so much may be changing under the Affordable Care Act](#), this document may be ripe for revision next year. For example, the Accountable Care Organization regulations are due to be released in draft form before year-end, and they are expected to include new proposed exceptions and/or safe harbors under these rules. (Though based on some recent news reports of internal disputes on implementation, [one wonders whether the ACO rules will be issued in a timely fashion](#).) As payment methodologies move further in the direction of [value-based purchasing](#) encompassing bundled and global payments with quality incentives, and provider organizations move further in the direction of the ACO and the [patient-centered medical home](#), the fraud and abuse and self-referral rules, intended as a brake on bad behavior in the context of fee-for-service medicine, become less relevant -- and even become an impediment -- to new systems of care and new systems of financing of that care.

Well, following the recent [midterm elections](#), we are now all entering a period of uncertainty, living up to the supposed Chinese curse: "[May you live in interesting times](#)." (A related supposed Chinese curse: "May you come to the attention of those in authority." Hmm.)

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