POLICY & PRACTICE

NIAMS Rewards Collaboration

The National Institute of Arthritis and Musculoskeletal and Skin Disease has completed its first year of making grants to foster collaboration across disciplines. In 2008, the Building Interdisciplinary Research Teams (BIRT) Awards program made 1-year grants to support researchers who are already receiving NIAMS grants but who wish to work with scientists outside their normal circle. Grants were given to researchers who combined developmental biology with systems biology, soft tissue biology with imaging technologies, tissue engineering with immunology, and tissue engineering with developmental biology. In one project, researchers at the University of Pittsburgh are using elevated magnet field strengths to make magnetic resonance images of cartilage closer in resolution to optical coherence tomography images.

FDA Cracks Down on False Claims

The Food and Drug Administration and the owners of Wilderness Family Naturals have signed a consent decree that prohibits the company from making unapproved claims that its products prevent or cure diseases. Directly or through the Web sites it controlled, the company has claimed product benefits related to arthritis; chronic fatigue syndrome; HIV infection and AIDS; heart disease; hyperthyroidism; diabetes; and cancer. None of the company's products—ranging from coconut oil to spices and vitamin supplements—had been approved by the FDA for disease treatment.

COX-2s May Have Cut Bleeding

The increased use of cyclooxygenase-2 inhibitors (COX-2) instead of older NSAIDs may have contributed to a decline in hospitalizations for upper gastrointestinal bleeding, according to the Agency for Healthcare Research and Quality. From 1998 to 2006, the number of hospitalizations for upper GI bleeding per 100,000 people decreased 14%. Other medical advances—such as the 1994 recommendation by the National Institutes of Health to aggressively treat of *Heliobacter pylori* and more widespread use of proton pump inhibitors to control gastroesophageal reflux disease—also may have helped, said the AHRQ. However, hospitalizations for lower GI bleeding increased 8% from 1998 to 2006. The findings are based on data from the Healthcare Cost and Utilization Project 1998 and the 2006 Nationwide Inpatient Sample, a database of hospital inpatient stays.

The Ideal FDA Commissioner?

The next commissioner of the FDA should be a proven manager who can rise above politics, according to a coalition of a patient advocacy groups. The group of more than 30 organizations wrote a letter to Health and Human Services secretary–designate Tom Daschle calling for the Obama administration to fill the FDA post quickly. Candidates for the job shouldn't be excluded because of ties to the pharmaceutical or device industries, the coalition advised.

CMS Looks at Incentive Sharing

Under current federal rules governing patient referrals, physicians can't share incentive payments for quality improvement. But that might change, a Centers for Medicare and Medicaid Services official told the Practicing Physicians Advisory Council (PPAC) last month. The CMS proposed an exception under rules governing physician payment for 2009, but opposition—mainly from medical device manufacturers—killed it, said Lisa Ohrin, acting director of the Division of Technical Payment Policy at the Center for Medicare Management. She said, however, that allowing incentive payments is a priority for the CMS, so the agency will again propose allowing physicians to share the payments.

RAC Program Heavily Criticized

Medicare's effort to recover overpayments made to physicians and hospitals and to make good on underpayments—dubbed the Recovery Audit Contractor program—was lambasted by members of the PPAC. The program is on hold while the Government Accountability Office studies whether the CMS has properly implemented it. During a demonstration, RAC auditors found $1 billion in improper payments among $317 billion worth of claims, a CMS official reported to PPAC. As of July 2008, about 7% of those were overturned on appeal. Once the program is restarted—expected by February—there will be limits on the number of years of claims an auditor can examine and how many records can be requested.

—Mary Ellen Schneider

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