Policy & Practice

Actinic Keratoses Screening

Elderly patients with actinic keratoses (AK) are six times more likely to develop skin cancer than are those without AK, according to study (Dermatol. Surg. 2005;31:43-7). The research demonstrates that patients who have experienced a lot of sun exposure should be evaluated for AK at the first sign of any suspicious skin abnormality, said Rhoda S. Narins, M.D., president of the American Society for Dermatologic Surgery. Researchers examined more than 25,000 subjects using Medicare survey and claims data. The sample was 88% white and 60% female with a mean age of 78 years. "Although individual AK lesions do not uniformly develop into skin cancer, the presence of AK significantly increases the risk of skin cancer, including melanoma," Phillip M. Williford, M.D., coauthor of the study and a dermatologic surgeon at Wake Forest University, Winston-Salem, N.C., said in a statement. "This elevated risk was unmatched by any other variable we analyzed and, overall, older white males with AK seem to be at very high risk," according to Dr. Williford.

Psoriasis Advocacy

A newly formed advocacy group is calling on Congress to increase federal research for psoriasis and psoriatic arthritis. "Psoriasis Cure Now!" aims to educate lawmakers, opinion leaders, and the general public about the need for more research and the importance of patient access to the full range of treatments for the disease. Michael Paranzino, a psoriasis patient for more than 20 years, launched the group. "Congress will be disturbed to learn that for a full decade, 6.5 million of its constituents with psoriasis and psoriatic arthritis have been shortchanged in federally funded research," Mr. Paranzino said in a statement. "It is unconscionable that psoriasis research has languished throughout the biggest increase in biomedical research funding in world history." Psoriasis research at the National Institute of Arthritis and Musculoskeletal and Skin Diseases has declined from $4.7 million in 1995 to $4.1 million in 2004, even as funding for other diseases has increased, according to the group. The group launched a Web-based petition to Congress that is available online at www.psorcurenow.org.

MedPAC: Give Doctors a 2.7% Hike

Medicare should increase physician payments by 2.7% in 2006 to keep pace with the cost of providing care, the Medicare Payment Advisory Commission recommended. Such an increase will help physicians continue to treat Medicare patients, John C. Nelson, M.D., president of the American Medical Association, said in a statement. "Unless Medicare payments keep up with the cost of providing care, there is a real concern that some physicians will be forced to stop taking new Medicare patients," he said. However, unless Congress fixes a flaw in Medicare's physician payment formula, doctors face a 5% cut next year and cumulative cuts of 30% thru 2012. Several MedPAC commissioners supported the idea of taking outpatient or Part B drugs from the formula, although the Government Accountability Office has warned that this solution would not prevent several years of declines in physician payments.

Fatigue and Driving Don't Mix

Tired residents on the road are more likely have automobile accidents, according to a Web-based survey of 2,737 residents in their first postgraduate year (N. Engl. J. Med. 2005;352:125-34). Investigators found that in any month, each extended work shift increased the risk of any motor vehicle crash by 9% and increased the risk of a crash on the way home from work by more than 16%. Those who worked five or more extended shifts in a month were also more likely to fall asleep behind the wheel. "These results have implications for medical residency programs, which routinely schedule physicians to work more than 24 consecutive hours," the researchers said. The respondents had completed more than 17,000 monthly reports that provided detailed information about work hours, work shifts of an extended duration, documented motor vehicle crashes, near-miss accidents, and incidents involving involuntary sleeping.

Compensation for Vaccine Injuries

The National Vaccine Injury Compensation Program (VICP) will now cover injuries related to the hepatitis A vaccine. Those who believe they've been injured by the vaccine must file a claim within 3 years of the first symptom of the vaccine injury or within 2 years of the vaccine-related death, but not more than 4 years after the start of the first symptom of the vaccine-related injury from which the death occurred. Administered by the Health Resources and Services Administration, VICP provides financial compensation to eligible individuals thought to be injured by vaccines.

—Mary Ellen Schneider