

POLICY & PRACTICE

Epilepsy Hospitalizations Rise

Epilepsy-related hospitalizations rose 43% between 2000 and 2005, according to a report from the Agency for Healthcare Research and Quality. Epilepsy-related hospitalizations reached 136,000 in 2005, up from 95,000 in 2000. This rise follows a drop in epilepsy-related cases that took place between 1993 and 2000. Of hospital patients diagnosed with epilepsy, nearly two-thirds were under the age of 45. Convulsion-related hospitalizations also have been increasing, according to the Agency for Healthcare Research and Quality. Between 1993 and 2005, convulsion-related hospitalizations rose from 730,000 to 1.2 million, representing a hefty 69% increase over the 12-year period. Those patients who were hospitalized with a diagnosis that included convulsions were primarily middle-aged or elderly, according to the AHRQ. The agency's report is based on databases of inpatient hospital stays.

CDC Seeks Help From Neurologists

Officials at the Centers for Disease Control and Prevention are investigating cases of inflammatory neuropathy among pork processing plant workers in Minnesota and Indiana, and they are asking neurologists for help. In a letter to the American Academy of Neurology, CDC officials said that similar illnesses may be occurring at other pork processing plants and the government agency reached out to neurologists to provide any information about patients who might have developed similar symptoms. Last fall, clinicians at the Mayo Clinic in Rochester, Minn., reported an "unusual cluster" of 12 patients

with inflammatory neuropathy, all of whom worked in an area of a pork processing plant where the heads of pigs were being processed. Additional patients were identified at a similar plant in Indiana. Most patients reported pain, numbness, and tingling in their extremities. The typical progression of the illness was development of "relatively symmetric mild to moderate weakness involving predominantly the distal lower limbs." Ataxia also was reported. Neurologists should contact the CDC or their state health departments if they have made a diagnosis in the last year of peripheral neuropathy, myelopathy, or a mixed clinical presentation of peripheral/central or myelopathic involvement in individuals who were exposed to pig butchering or processing. Physicians with questions or information may contact the CDC at 770-488-7100. The CDC's letter to the American Academy of Neurology is available online at the Academy's Web site, www.aan.com.

NIH Sets New Research Goals

Officials at the National Institutes of Health have set research goals for the next decade aimed at speeding the development of new treatments for Down syndrome. The plan was developed with input from families of individuals with the disorder, Down syndrome advocacy organizations, and NIH scientists. The research blueprint calls for a host of changes, including greater access to laboratory animals with the characteristics of Down syndrome; increased research on the medical, cognitive, and behavioral conditions found in individuals with the disorder; and studies into whether aging

has a greater impact on the mental processes in individuals who have the disorder. A number of NIH institutes are currently conducting research into Down syndrome. At the National Institute of Neurological Disorders and Stroke (NINDS), scientists are studying the potential role of the amyloid precursor protein gene in Down syndrome.

HHS Names Autism Panel

The Health and Human Services department has named a new committee in charge of coordinating efforts within the department to combat autism spectrum disorders. The panel, which was authorized under the Combating Autism Act of 2006, will facilitate the exchange of information on autism activities and research among federal agencies as well as coordinate autism-related programs and initiatives, according to a statement from the HHS. Dr. Thomas R. Insel, who is currently the director of the National Institute of Mental Health, is set to chair the panel. Dr. Insel said in a formal statement that the committee's very first task will be to develop a strategic plan for autism research to guide both public and private investments.

Blues Launch Campaign

The Blue Cross and Blue Shield Association last month unveiled a 5-point plan for building on the current employer-based health insurance system to improve quality, rein in costs, and provide universal coverage. The plan would create an independent institute in order to support research comparing the relative effectiveness of different medical treatments; change incentives so that providers are rewarded for delivering high-quality, coordinated care, especially for those with chronic illnesses; empower consumers and providers with personal health records and cost data on medical services; promote healthy lifestyles to prevent and manage chronic illness; and foster public-private solutions to cover the uninsured. The Blue Cross and Blue Shield Association said that it and its 39 member plans will promote the current initiative in a multifaceted campaign this year.

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Low-Income Seniors Helped

The Centers for Medicare and Medicaid Services has proposed a new set of rules that would allow more low-income Medicare beneficiaries to remain in their current prescription drug plans without having to pay a premium. Each year, the CMS recalculates the amount of premium that will be paid by Medicare for low-income beneficiaries in each region, meaning that individual Part D plans might be fully covered by the subsidy in one year but not the next year. Until now, the Centers for Medicare and Medicaid Services has randomly reassigned some beneficiaries to another Part D plan if their current plan's premium would be higher than the subsidy amount. However, under the new rules, proposed last month and slated to be finalized in time for the 2009 plan year, would allow some prescription plan sponsors to offer a reduced premium to some individuals who are eligible for the low-income subsidy. The proposal would apply in regions where there otherwise would be fewer than five prescription drug plan sponsors with a "zero-premium" plan option for low-income beneficiaries.

—Mary Ellen Schneider

Aetna Won't Pay for Care Necessitated by 'Preventable' Errors

BY MARY ELLEN SCHNEIDER

New York Bureau

In a move that could have significant implications for physicians and hospitals, the insurer Aetna has said it will not pay its network hospitals for care necessitated by certain preventable errors.

The announcement follows a policy shift by the Centers for Medicare and Medicaid Services, which has finalized plans to stop paying for eight preventable events as of October 2008.

Aetna, Inc. has incorporated language into its hospital contracts that calls for waiving all costs related to a number of serious reportable events. The language comes from the Leapfrog Group's "never events" policy, which includes a list of 28 events considered so harmful that they should never occur.

The list, compiled by the National Quality Forum (NQF), comprises events ranging from surgery performed on the wrong body part or on the wrong patient, to stage III or IV pressure ulcers acquired after admission to a health care facility.

The policy instructs hospitals to report errors within 10 days to the Joint Commission for Accreditation of Healthcare Organizations, state reporting programs, or patient safety organizations. Hospitals also are asked to take action to prevent future events and to apologize to the patient or family affected by the error. Aetna is the first health plan to endorse the Leapfrog policy.

"The major goal here is to get hospitals to focus on having the systems in place to prevent these events from happening," said Dr. Charles Cutler, Aetna's national medical director.

Adopting the Leapfrog Group's never events policy is not about saving money, Dr. Cutler said. In fact, many of the never events carry no additional cost. Instead, Aetna is seeking to send a consistent message to hospitals and health care providers about quality, he said.

"The intent here is not to be punitive," Dr. Cutler added.

However, the Aetna announcement has nevertheless encountered some skepticism from the physician community.

The NQF list of never events is much broader than the eight preventable events selected under the Medicare policy, said Cynthia Brown, director of the division of

advocacy and health policy at the American College of Surgeons (ACS).

One reason that many of those events were not included on Medicare's list is that they are difficult to measure with the current coding system, she said.

Another problem with the Aetna approach is that it's hard to affix blame to a hospital or a particular physician. "If there's a problem with blood incompatibility, is it the surgeon's fault?" Ms. Brown asked.

"It's hard to know how it's going to be operationalized," she added.

When used properly, the National Quality Forum's never events list protects patients and directs a patient

environment enriched with safety and quality, said Dr. Frank Opelka, who is the chair of the American College of Surgeons Committee on Patient Safety and Quality Improvement.

However, he cautioned that if payers drift from the intentions of the NQF never events, the specifications could be lost and overreporting could create unintended consequences.

For example, because of hospital overcrowding and limited resources in a rural environment, a frail patient may be admitted despite the lack of health care resources. If the patient has a pressure ulcer that progresses from a stage II on admission to a stage III, this should not be considered an NQF never event, he said.

Dr. Opelka also questioned whether hospitals would continue to report these types of serious preventable errors if they aren't being paid for the care.

"If the reports are generated from a hospital claims system and the payer no longer recognizes the events as payable, isn't the message to stop reporting rather than to prevent the never events?" asked Dr. Opelka, who also serves as the vice chancellor for clinical affairs at Louisiana State University Health Sciences Center, New Orleans.

The policy is likely to affect all of Aetna's network hospitals over the next 3 years as the company renegotiates its contracts, Dr. Cutler said.

Since Medicare announced its policy shift last summer, other insurers have considered changes to their policies. Officials at Cigna, for example, are evaluating how to implement a similar policy within their hospital network. The insurer plans to have a national policy in place by October 2008, said Cigna spokesman Mark Slitt. ■

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