

Internists Call for Health Insurance Mandate

BY JOHN R. BELL
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The American College of Physicians has for the first time called for legally mandated universal coverage for all U.S. residents and has urged lawmakers to consider a single-payer system as one option for achieving that goal.

In a lengthy analysis and health care reform proposal, the ACP also recommends greater use of cost-control incentives directed at patients, perhaps including greater sharing of costs and more use of health care savings accounts.

The report also recommends a uniform billing system for all services, more primary care training programs, federal support for the medical home model, pay for performance, a universal information technology infrastructure, and greater investment in medical research (*Ann. Intern. Med.* 2008;148:55-75).

Robert Doherty, the ACP's senior vice president for governmental affairs and public policy, and one of the authors of the report, said that the ACP will not pursue specific legislation in the coming year aimed at implementing the recommendations, but hopes to bring health care reform to the forefront of the presidential and congressional elections. However, the college supports provisions in the pending Medicare/State Children's Health Insurance Program (SCHIP) bill that would require Medicare to pay physicians in up to 500 practices around the country for coordinating care through a medical home.

David Karlson, Ph.D., executive director of the Society of General Internal Medicine, said that his organization is in "broad agreement" with the principles outlined by the ACP. "Many SGIM members have been even more favorably disposed to simplified (e.g., single-payer) approaches to health insurance financing, and place an even greater emphasis on physicians avoiding conflicted relationships with industry," he said in an interview.

In advocating for universal coverage, the authors of the report compared the U.S. system with the systems of selected other countries, including those with a single-payer system of universal coverage (Canada, Japan, Taiwan, and the United Kingdom) and those with a "pluralistic" system, in which private and public institutions fund the costs of care for all residents (Australia and New Zealand) and coverage is guaranteed regardless of ability to pay.

Single-payer systems, the report said, are generally more equitable, have lower administrative costs, and have lower per capita health care expenditures than do systems using private health insurance. Single-payer systems also have high levels of patient satisfaction and high performance on measures of quality and access. However, shortages of services as a result of price controls are a risk.

A pluralistic system of universal coverage would "ensure universal access while allowing individuals the freedom to purchase private supplemental coverage. The

disadvantages of this system are that it is likely to result in inequalities in coverage and higher administrative costs," according to the report.

Dr. Arnold S. Relman, former editor of the *New England Journal of Medicine*, said that he found the ACP's recommendations "very disappointing." In his view, a pluralistic system in which nonprofit and for-profit institutions fund care via insurance is essentially no different from the current system. Moreover, the idea that there could be legally guaranteed coverage in such a system is "totally unrealistic," said Dr. Relman, professor emeritus of medicine and of social medicine at Harvard Medical School, Boston.

Dr. James King, president of the American Academy of Family Physicians, said that although insurance company profits share some of the blame for increasing costs, the cost of increasing technology and duplicated procedures (which could be prevented by electronic health records) also are factors.

The AAFP also has issued health care reform recommendations (available at www.aafp.org), which are much in line with those of the ACP. The AAFP does support universal coverage but does not support a single-payer system, he noted. "We don't think that the American public is ready for one," nor is the legislative branch of government, Dr. King said.

In its report, the ACP called for "incentives to encourage patients to be prudent purchasers and to participate in their health care." These incentives could include increased use of "cost sharing," in which patients are required to pay more out-of-pocket costs, as well as more use of health care savings accounts, but should be designed to not deter patients from getting needed care, the report said.

This goal of cost sharing is "a favorite of all the conservative think tanks. . . but it ain't going to work." Dr. Relman said. "When you're sick, you don't shop around. There are no consumers in the emergency room or in the intensive care unit."

Dr. David Dale, president of the ACP, agreed in an interview that there are times when an acutely ill patient necessarily has a passive role in choosing health care. But the recommendation for greater patient involvement is especially relevant in the context of chronic care, said Dr. Dale, also professor of medicine at the University of Washington, Seattle.

In any case, there is near unanimity that health care costs are out of control. Dr. Harold Sox, editor of the *Annals of Internal Medicine*, wrote in an editorial accompanying the report, "The country seems headed for an unprecedented fiscal crisis if it can't control the costs of health care" (*Ann. Intern. Med.* 2008;148:78-9). He noted that although health care reform is a frequent topic in the nascent presidential election season, the same was true in 1992, and major reforms did not arrive.

The American Academy of Dermatology has not taken a position on this issue, according to an AAD representative. ■

POLICY & PRACTICE

Spa Regulations Coming to Mass.

The Massachusetts Board of Registration in Medicine will issue a report next month outlining potential regulatory and statutory changes, and new policies and guidelines for medical spas, according to a board spokesman. The report will be the culmination of a year's worth of work by a medical spa task force. In 2006, the state legislature directed the board to look into how medical spas are monitored and regulated. Massachusetts may be the first state to have taken a comprehensive look at spas. Other state medical boards are eagerly awaiting the task force report, according to the board spokesman. When it is completed, the report will be posted at www.massmedboard.org/public/med_spa.shtm.

Mesotherapy Chain Closes

Fig., a St. Louis-based chain of spas offering mesotherapy, closed 17 of its 18 facilities in mid-December. Only an independently owned and operated center in Costa Mesa, Calif., remains open. According to the chain, formerly known as Advanced LipoDissolve, they had received an eight-figure influx of capital in September from the Larchmont, N.Y., office of Bessemer Venture Partners. At press time, postings on Fig.'s Web site reported that executives planned to file for bankruptcy and eventually reorganize.

FDA Investigating Tattoo Ink

The Food and Drug Administration is investigating the safety of inks and dyes used in tattooing and permanent makeup. In an article written for consumers and posted on FDA's Web site in December, agency officials said that continuing reports of reactions to ink prompted the launch of a study. The agency's National Center for Toxicological Research now is looking into the chemical composition of inks and how they are metabolized, short- and long-term safety of pigments used in tattoo inks, and how inks might change when the body is exposed to light. Some research has already shown that some pigment migrates to the lymph nodes, according to the FDA. The article can be found at www.fda.gov/consumer/features/tattoos120607.html.

Warning on Bioidentical Hormones

The FDA is warning seven pharmacy operations that their claims regarding bioidentical hormone therapy (HT) products are not supported by medical evidence and are considered false and misleading. The pharmacy operations compound hormone therapy drugs that contain estriol as well as progesterone and estrogen. Compounded drugs are not reviewed by the FDA for safety and effectiveness; in addition, no drug product containing estriol has been approved by the FDA. The agency said the pharmacy operations improperly claim that these drugs are superior to FDA-approved HT drugs and prevent or treat diseases, including Alzheimer's disease,

stroke, and cancer. More information is available at www.fda.gov/cder/pharmcomp/default.htm.

Minn. Mercury Ban Goes Into Effect

A Minnesota ban on the use of mercury in over-the-counter pharmaceuticals, cosmetics, toiletries, fragrances, and a host of other household and medical products, including thermometers and barometers, went into effect on Jan. 1. The law, signed last May by Gov. Tim Pawlenty, a Republican, is aimed at reducing mercury exposure. Mercury is often added to cosmetics as a preservative. Retailers who knowingly sell cosmetics that contain mercury are liable for fines of up to \$700, and manufacturers could be penalized as much as \$10,000 for failing to disclose mercury on any product label.

Tanner Subtypes Identified

Physicians can more effectively target messages about the risks of indoor tanning if they first determine a tanner's behavior pattern, researchers from East Tennessee State University and Pennsylvania State University have found. They identified four tanning subtypes: special event, spontaneous or mood, mixed, and regular year-round tanning. They drew their conclusions from a sample of 168 women randomly selected from a larger study of indoor tanning behavior among female students at East Tennessee State. Participants were asked to assess their tanning frequency during the previous 3, 6, and 12 months, and to project their intentions over the next year. The researchers found statistically significant differences among participants in attitudes, social norms, partner preference, and belief that tanning relieves stress, and on four tanning dependence scales. Event tanners (53% of the sample) tanned the least, and scored lowest on attitudes, social norms, and tanning dependence measures; year-round tanners (12%) scored highest and started earliest. The study was funded by grants from the American Cancer Society and the National Cancer Institute. It was published in the December issue of the *Archives of Dermatology*.

Scant Number of New Approvals

The FDA approved only 17 new chemical entities (NCEs) in 2007, the lowest number since 2002. This comes on the heels of 2 previous years with only 18 NCE approvals each. NCEs are unique products. Those approved in 2007 included two HIV therapies; four oncology products; two antihypertensives; one antibiotic; and one NME each to treat Parkinson's disease, pulmonary hypertension, impetigo, acromegaly, attention-deficit hyperactivity disorder, and phenylketonuria. An imaging agent and injection to prevent blood volume loss during surgery also were approved, as were a handful of biologics, an influenza vaccine, and an avian flu vaccine.

—Alicia Ault