

POLICY & PRACTICE

Bill Seeks Payment Floor for Tests

Rheumatologists, endocrinologists, ob.gyns., and others are throwing their support behind federal legislation that would establish a payment floor for dual-energy x-ray absorptiometry (DXA) and vertebral fracture assessment (VFA). The "Medicare Fracture Prevention and Osteoporosis Testing Act of 2009" (S. 769, H.R. 1894) would mandate payments of not less than the 2006 Medicare rates for these services (CPT codes 77080 and 77082, respectively). The legislation would counteract deep Medicare payment cuts for services that began in 2007. The new bill is supported by the DXA Task Force, which includes the American College of Rheumatology, the National Osteoporosis Foundation, and the American Association of Clinical Endocrinologists.

Feds Subpoena Study Documents

Federal investigators are showing an interest in a medical scandal involving the alleged fabrication of data in more than 20 anesthesia studies. The U.S. Attorney's Office in Boston recently subpoenaed documents from Baystate Medical Center, located in Springfield, Mass., that are related to studies conducted by the anesthesiology researcher Dr. Scott S. Reuben. Jane Albert, a spokeswoman for Baystate Medical Center, said that the hospital is complying with the subpoena. Dr. Reuben performed anesthesiology services at the hospital but was employed by an outside medical group. Both the hospital and the anesthesiology group he worked for terminated their relationship with Dr. Reuben in March after an investigation by Baystate Medical Center concluded that Dr. Reuben fabricated data reported in more than 20 published articles, including the use of pain medications like celecoxib following surgery.

HHS Launches Lupus Campaign

The Health and Human Services Department, in cooperation with the American College of Rheumatology and other health care organizations, has launched a national advertising campaign to educate women about lupus. "Despite its prevalence in the United States, lupus is rarely discussed and often misunderstood among women in our country," said Dr. Wanda K. Jones, deputy assistant secretary for women's health at HHS. A recent study by the Ad Council found that about 80% of women aged 18-44 in the United States have little or no knowledge of lupus.

EMR Applications Rise

As of the March 31 deadline, 64 companies had applied for certification of their electronic medical record (EMR) products, one-third more than had applied by the same time last year, the Certification Commission for Health-care Information Technology report-

ed. In addition, nearly 40% of the applications were for new EMR products, rather than renewals, according to the federally recognized commission. So far, 25 of the products have been certified.

FDA Warns on Internet Ads

The Food and Drug Administration has warned 14 drug makers against using brief Internet ads to promote drugs, saying the ads are misleading because they fail to provide full information about risks and indications. The ads typically appear on search engines, such as Google, as "sponsored links" when patients search for information on medical conditions. The ads cited by the FDA include promotions for the multiple sclerosis drug Tysabri (natalizumab), the cardiovascular drug Plavix (clopidogrel), and the diabetes treatment Avandia (rosiglitazone). The sponsored links generally contain only a dozen or so words—not enough to convey detailed treatment or risk information, according to the FDA.

Massachusetts Clinics Are Busy

Community health centers in Massachusetts saw a significant increase in their patient loads from 2005 to 2007, as the state implemented its health reform law, according to a study from the Kaiser Family Foundation. The 34 federally qualified clinics, which provide comprehensive primary care for low-income and uninsured patients, served 482,503 patients in 2007, up more than 51,000 from 2 years earlier, the foundation reported. The state's reform aims at universal coverage, but many people remain uninsured. Although the number of health center patients who lack insurance declined, the clinics in 2007 cared for a much larger proportion (36%) of the state's uninsured population than before. The experience in Massachusetts shows that community health centers play a critical role in caring for newly insured patients, the report concluded.

Issues of Drug Class Pending

Logistical and cost issues must be addressed before a behind-the-counter class of nonprescription drugs can be established officially in the United States, the Government Accountability Office said in a report on so-called BTC drugs. The GAO stressed that pharmacists must be ready to provide BTC counseling and that pharmacies must protect consumer privacy. In addition, policy makers should address cost issues, such as the availability of third-party coverage for BTC drugs and pharmacists' compensation for providing associated services. GAO researchers studied the experiences of five countries, including Italy and the Netherlands, that have a behind-the-counter or similarly restricted drug class.

—Mary Ellen Schneider

Errors Hinder Utility of Data-Capture Software

BY MICHAEL VLESSIDES

KANANASKIS, ALTA. — A new technology involving automatic data capture from incoming faxes may not function as well as originally anticipated, and seems fraught with a variety of front-end user problems.

The fax system may prove to be a valuable tool in a practice audit, assuming that the errors found by his study are corrected, said Dr. Steven Edworthy of the University of Calgary, Alta.

The study used special templates developed for Gravic Inc.'s Remark software, which interprets and processes data from incoming fax questionnaires. Dr. Edworthy reported at the annual meeting of the Canadian Rheumatology Association.

Bar codes were used to identify the name of the practice, and respondents used printed "bubbles" (like those on answer sheets for standardized tests) for their answers on two questionnaires on practice characteristics and treatment choices for rheumatoid arthritis.

"The beauty of it was that it would come straight into our server and be read," he said in an interview.

"We automated the entire process at a very fundamental level for the rheumatologists. Even somebody who didn't have a computer could participate in this program," he added.

In all, 27 rheumatologists sent 457 faxes, 17% of which could not be read by the software. The majority of these had missing, angled, or upside-down pages, or other significant defects such as blurred text, a small font, or multiple pages printed on a single sheet of paper.

The questionnaires considered by the software to be valid were then subjected to a quality control examination. A small percentage of them contained mis-

read fields, but questionnaires with such errors "were generally coming from people who didn't have good technology in their office," Dr. Edworthy said. "Their fax machines were old or hadn't been cleaned."

The refinement of this type of program may ultimately prove to be a boon in the everyday practice of rheumatologists who are not ready to make the transition to electronic medical record (EMR) systems, he noted.

Rheumatologists could use bar-coded forms to receive faxed referrals that are automatically processed by the technology, thereby streamlining business processes.

Although utilizing EMR systems or handheld computers may be the eventual goal of most medical practices, not all rheumatologists are comfortable using such devices. Going "paperlite" before "paperless" will be a more comfortable evolution for most rheumatologists, he added.

"By and large, rheumatologists are very comfortable doing a lot of things on paper," Dr. Edworthy said.

"Most like to sit [across from] the patient and make their notes, and then do their dictation into a recorder or [send the notes] to a transcriptionist's office afterward," he added.

Developers of EMR technology have not addressed that issue fully, Dr. Edworthy said.

Taking notes on a PDA may seem like a similar process, but it can be distracting for the physician, particularly if he or she is not comfortable using a keyboard.

The fax system could be a "potential bridge in terms of where rheumatologists are today and where they will be a few years from now," he said.

Dr. Edworthy disclosed no financial conflicts of interest. ■

Feds Offer Free CONNECT Software to Exchange Health Data

The federal government has released free software that will enable health care organizations to exchange information over the Nationwide Health Information Network at some point in the near future.

The Nationwide Health Information Network (NHIN) is currently under development as a "network of networks," designed to securely link the electronic health records at hospitals, physician offices, pharmacies, payers, and labs, so that health information can follow patients around the country.

The new software is designed to be an "on-ramp," allowing different health care organization patients' electronic health record systems to connect to the NHIN once it is fully operational in the next few years.

The open source software, called CONNECT, is available online at www.connectopensource.org.

The software is available under an open source license that allows users to make changes to fit their own needs.

Although the software is free, organizations that use it are responsible for the costs of implementation and maintenance, according to the Department of Health and Human Services.

The release of the CONNECT software is just a first step, according to the DHHS. At this stage, vendors in the health information technology market are likely to begin examining CONNECT and may integrate some of its elements into their products for health care providers.

—Mary Ellen Schneider