

POLICY & PRACTICE

Alzheimer's Disease Affects 5 Million

About 5.1 million Americans are living with Alzheimer's disease, according to a recent report from the Alzheimer's Association. While the vast majority of affected people are over 65 years of age, between 200,000 and 500,000 people younger than 65 years old have early-onset Alzheimer's or other dementias. Without improvement in treatment, the group estimated that the prevalence of the disease could reach 7.7 million by 2030 and between 11 million and 16 million by 2050. The price tag for Alzheimer's disease is also significant, according to the report. The direct and indirect costs of Alzheimer's disease add up to more than \$148 billion each year. For Medicare, the cost of caring for patients with Alzheimer's and other dementias is expected to climb from \$91 billion in 2005 to more than \$189 billion by 2015. But Harry Johns, president and CEO of the Alzheimer's Association, was hopeful. "There are currently nine drugs in phase III clinical trials for Alzheimer's, several of which show great promise to slow or stop the progression of the disease," Mr. Johns said in a statement.

NIH Examines Parkinson's Therapy

Officials at the National Institutes of Health have launched a large-scale phase III clinical trial to assess whether the nutritional supplement creatine is effective in slowing the progression of Parkinson's disease. Creatine has not been approved for the treatment of Parkinson's disease or any other condition. However, researchers have hypothesized that it could improve the function of mitochondria and by acting as an antioxidant prevent damage from compounds that harm brain cells. The study is placebo controlled and double blind and will include 1,720 individuals with early-stage Parkinson's disease. Half of the study participants will receive creatine and half will receive a placebo. Participants will be followed for 5-7 years. Both the supplement and the placebo will be provided by Avicena Group Inc. The study will be conducted at 51 medical centers in the United States and Canada.

Alzheimer's Treatment Delays

Race and ethnicity may play a role in delays in diagnosis and treatment of Alzheimer's disease, according to the results of a survey released by the Alzheimer's Foundation of America. The survey found that 70% of African American and 67% of Hispanic caregivers were likely to dismiss the symptoms of Alzheimer's as old age, compared with 53% of caregivers of other races. The survey highlighted similar trends in knowledge of the disease. About 67% of African American caregivers and 63% of Hispanic caregivers said they did not know enough about the disease to recognize symptoms, compared with 49% of caregivers from other races. And African American caregivers were also more likely to report that stigma of the diagnosis affected their decision to obtain a diag-

nosis for a family member. For example, 36% of African American caregivers cited concerns about stigma as delaying diagnosis, compared with 22% of Hispanic caregivers and 18% of caregivers of other races. The survey, conducted by Harris Interactive, included 655 adults who are currently caregivers for someone with Alzheimer's. The survey was sponsored by Forest Pharmaceuticals Inc.

NIH Launches Addiction Study

In response to the growing problem of prescription drug abuse, officials at the National Institutes of Health are launching the Prescription Opioid Addiction Treatment Study (POATS), a multisite study conducted under the direction of the National Institute on Drug Abuse. The researchers will examine the effectiveness of buprenorphine/naloxone (Suboxone) combined with either intensive or brief drug-counseling approaches. Investigators aim to enroll about 648 participants at 11 sites. "Opioid analgesics were designed to help people in pain and we want to be sure that those who require them for legitimate reasons can continue to effectively manage their pain," said Dr. Nora D. Volkow, who is director of NIDA, in a statement. "However, we must also recognize the risk of addiction to pain medications and develop treatments for those who become addicted to them. This trial is an important first step."

CMS Extends Form Deadline

The Centers for Medicare and Medicaid Services has postponed the deadline for filing Medicare claims using its new version of claims form CMS-1500, because of formatting errors on the revised form, CMS announced. The original deadline for switching to the new form, known as CMS-1500 (08-05) originally was April 2. But CMS said last month that contractors have been directed to continue to accept the old form until the agency notifies them to stop. In addition, the agency advised physicians who must use the form to use legacy provider numbers as the form cannot accommodate a National Provider Identifier (NPI) number.

Medical Debt Increasing

Families are turning to credit cards to pay for medical care as health care costs continue to rise faster than incomes, according to new research by public policy advocacy groups Demos and the Access Project. The groups found that 29% of low- and middle-income households with credit card debt reported that medical expenses contributed to their current balances, and within that group, 69% had a major medical expense in the previous 3 years. Low- and middle-income households with unpaid medical bills had, on average, 46% higher levels of credit card debt than did households without medical debt. In addition, the medically indebted were almost twice as likely to be called by bill collectors.

—Mary Ellen Schneider

Corporate Initiative Promises Free, Easy ePrescribing Access

BY JOEL B. FINKELSTEIN

Contributing Writer

WASHINGTON — Doctors who have yet to get on the health information technology bandwagon no longer have any excuses, according to members of the National ePrescribing Patient Safety Initiative, a coalition of health insurers and software companies.

The initiative—called NEPSI—is offering physicians' offices access to a secure, easy-to-use system that is compatible with the software in 99% of the nation's pharmacies, coalition members said at a press briefing to announce the launch of the initiative.

"According to [the Institute of Medicine], 1.5 million Americans are injured and more than 7,000 die from medication errors every year. As a practicing physician, I find that unacceptable," said Dr. Nancy Dickey, a family physician and president of the Health Science Center at Texas A&M University in College Station.

In a report released last year, the IOM identified electronic prescribing as the single most significant step physicians can take to reduce drug-related medical errors.

No More Excuses

Dr. Dickey said time and money have been major barriers for the adoption of electronic prescribing, despite the fact that widespread use could save the U.S. health care system as much as \$27 billion, as estimated by the Center for Information Technology Leadership.

"Part of the problem is that the people who are being asked to take the time and to spend the money to put this in their offices—the physicians—aren't necessarily the ones who get the financial benefit," she said. That's why the coalition has come together to offer physicians an option that is not only free, but takes 15-30 minutes to learn.

"It is a truly easy system," said Dr. Azar

Korby, a family physician in Salem, N.H., who has been testing the software for the past year. Even someone who is not computer savvy should be able to learn the system in under 40 minutes.

There also is a growing incentive to adopt electronic prescribing, Dr. Mark McClellan said at the NEPSI launch.

Part D plans already are required to support electronic prescribing and Medicare Advantage plans are moving toward adoption of similar standards. Even in traditional fee-for-service Medicare, the Centers for Medicare and Medicaid Services is expanding efforts to boost reimbursement to physicians who report quality data, said Dr. McClellan, former CMS administrator and now a senior fellow at the AEI-Brookings Joint Center, a Washington think tank. "It all fits together in supporting the movement toward electronic prescribing to get to better quality care at a lower cost."

Patient Safety Is the Goal

To that end, the initiative is being wholly funded by the coalition of private stakeholders at an estimated cost of \$100 million for the first 5 years. That is in contrast to other free electronic prescribing software that requires physicians to market personal health records or other products to patients.

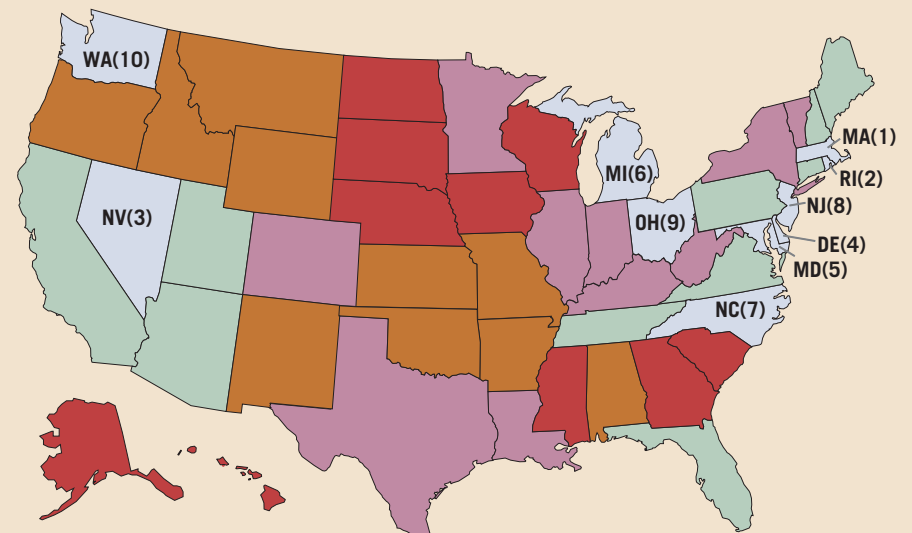
The companies that are supporting and paying for NEPSI see this as an investment in the future, said Glen Tullman, chief executive officer of Allscripts Inc., which is leading the effort.

"Down the road, we're very hopeful that this encourages adoption of full electronic health records, and Allscripts is a leading provider of those health records," he said at the briefing. "But I want to make it very clear that our first objective is to equip every physician in the United States with electronic prescribing software that is absolutely free of charge," in an effort to improve patient safety, he added. ■

DATA WATCH

Massachusetts #1 in Electronic Prescribing

1-10 11-20 21-30 31-40 41-50



Note: States ranking based on the percentage of prescriptions routed electronically in 2006. Source: SureScripts