

Coalition Pledges to Reduce Health Care Costs

BY JOYCE FRIEDEN

Leaders of several health care and labor organizations met with President Obama at the White House on May 11 and proposed ideas to reduce the growth in health care costs by as much as \$2 trillion over the next decade.

In a letter sent to the president, the American Medical Association, American Hospital Association, Pharmaceutical Research and Manufacturers of America, Advanced Medical Technology Association, America's Health Insurance Plans, and Service Employees International Union vowed to work as a group to help achieve the cost reduction.

Among their proposals were to cut costs by focusing on administrative simplification, standardization, and transparency; reduce overuse and underuse of health care by aligning incentives for physicians, hospitals, and other providers

to work together; encourage coordinated care and adhere to evidence-based best practices and therapies that reduce hospitalization and manage chronic disease more effectively; implement proven prevention strategies; and make common-sense improvements in care delivery, health information technology, workforce development, and regulatory reforms.

The AMA told the president that although evidence-based guidelines will be helpful in lowering costs, the reductions could be enhanced if physicians had more liability protection. "For example, if everyone who walks into the emergency room gets an MRI for a headache, it's a costly procedure," AMA President-Elect J. James Rohack said in an interview. "If we create scientifically based guidelines that say not everyone needs to have the MRI for a headache, physicians have got to have liability protection so they don't get



OFFICIAL WHITE HOUSE PHOTO BY PETER SOUZA

President Obama vowed that his administration would do its part to reduce health care costs.

meaningful health care reform," Ron Pollack, executive director of Families USA, a liberal consumer health organization, said in a statement. "These savings would cut projected health care costs for families and businesses, and they would enable adequate subsidies to be offered so that everyone has access to high-quality, affordable health care."

sued if they follow that guideline."

Dr. Rohack said he felt the president understood the message that defensive medicine is costly, and "that prior attempts at tort liability by just creating global caps haven't been successful."

The president called the meeting "a watershed event in the long and elusive quest for health care reform. . . . As these groups take the steps they are outlining, and as we work with Congress on health care reform legislation, my administration will continue working to reduce health care costs to achieve similar savings."

Reaction to the meeting varied.

"If the savings described today truly occur, this may be one of the most significant developments in promoting

Others were less impressed. "We are very cautious about the particulars of the voluntary effort that groups proposed to the White House," said a statement from the National Coalition on Health Care, a progressive advocacy group. "Most of the measures that they cited would help to make the health care system more efficient over time, but . . . should not be counted on to produce substantial savings soon."

Rep. Michael Burgess (R-Tex.) said in a statement that the announcement by the health industry leaders "misses the mark in several areas," offering "no protections against a Washington takeover of health care," and no guarantees that Americans will be able to control their health care decisions. ■

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POLICY & PRACTICE

Imaging Penalties Proposed

The Senate Finance Committee is proposing a "lower payment for ordering physicians who were determined to be outliers for inappropriate ordering" of imaging. The Department of Health and Human Services would work with national groups to create appropriateness criteria for imaging services. The Senate committee envisioned a monitoring system that would report how imaging is being used. Among other options is the use of radiology benefit managers. In a written statement, the Access to Medical Imaging Coalition endorsed the committee's plan to create and promote appropriateness criteria and a proposal to establish a network to give physicians access to patients' previous imaging studies. But the coalition "remains very concerned" about radiology benefit managers.

IAEA Seeks Radiology Protection

The International Atomic Energy Agency is developing measures to protect patients from what it deems an alarming growth in radiation exposure from imaging procedures. "The medical application of ionizing radiation is the fastest growing source" of exposure, Renate Czarwinski, head of IAEA's radiation and safety monitoring section, said in a statement. The collective radiation dose to the world's population has increased 17% in the past 10 years, according to the IAEA. The agency is developing a "smart card" to log how much radiation each person receives over a lifetime. The agency also seeks to identify factors that contribute to unnecessary doses.

Women Seek Hypertension Tx

Hypertension was the most common condition for which women sought treatment in 2006, according to the Agency for Health Research and Quality. That year, 25 million women sought treatment for high blood pressure. Seeking treatment for mental disorders was common in women aged 64 or younger. For instance, 8.3 million women aged 45-64, and 5 million aged 30-44, sought treatment for depression or other mental disorders in 2006. After hypertension, hyperlipidemia was the most common condition for which women over 65 sought treatment (7.1 million in 2006).

PhRMA Revises Trial Standards

The Pharmaceutical Research and Manufacturers of America has revised its voluntary standards for how drug manufacturers run clinical trials and communicate results. The new standards call on drug makers to register on a Web site all interventional clinical trials, including some phase I studies. Companies must "greatly expand transparency in medical research" by providing summaries of results from all interventional clinical trials, regardless of whether the research is discontinued or the medication being studied is ever approved. The standards also call for drug makers to adopt the authorship standards of the International Committee of Medical Journal Editors, which indicate that only individuals who make substantial contributions to a manuscript be included as authors.

—Alicia Ault