AMA to Seek Payment Option for Medicare

BY SUSAN BIRK

FROM THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION'S HOUSE OF DELEGATES

CHICAGO — Frustration and concern about the lack of a permanent replacement for the Medicare Sustainable Growth Rate formula held center stage as the American Medical Association's legislative body met here.

Delegates passed a resolution calling for the AMA to "immediately formulate legislation for an additional payment option in Medicare fee-for-service that allows patients and physicians to freely contract, without penalty to either party, for a fee that differs from the Medicare payment schedule."

Such a fee-for-service option would allow physicians to balance bill—they could bill patients for the difference between the Medicare fee schedule and their regular fee schedules.

In addition to helping physicians keep pace with inflation, the option would "give patients control of their Medicare benefit" by allowing them to use the 80% of the fee schedule that they receive from the government plan with physicians outside of "the very strict confines of a participating Medicare physician provider," Dr. David O. Barbe, a member of the AMA board of trustees, said in an interview.

According to the resolution, the AMA must present the legislative language to its members by Sept. 30.

Introduced as an amendment from the floor during voting, the resolution provided teeth and proactive fervor to another proposed resolution from the AMA's legislative reference committee calling for the organization to study alternative payment options. The resolution that was passed eliminates this step.

"I don't want Congress writing the bill about how I'm going to take care of my patients. We should write the bill. We don't need a study, we need action," Dr. Marcy Zwelling-Aamot, president of the American Academy of Private Physicians, said in support of the substitute resolution, which passed by a large margin.

At a rally prior to the start of the house proceedings, delegates expressed opposition to the current Medicare payment system.

"Physicians want to care for seniors, but multiple short-term delays have created instability for physician practices nationwide, and this cut is basically the last straw," Dr. J. James Rohack, then president of the AMA, said during a press conference at the meeting. He cited a recent AMA survey of 9,000 physicians indicating that one in five physicians overall and nearly one in three primary care physicians currently restrict the number of Medicare patients they see because they feel Medicare payment rates are too low or that the likelihood of additional cuts makes Medicare an unreliable payer.

Support for the resolution during the voting session was strong but not unanimous.

AMA Past President Richard F. Corlin said that a bill from the AMA asking that physicians be allowed to contract for a fee that differs from Medicare payment and that does not forfeit benefits "is completely unachievable and will cause us to not be taken seriously by other people who would like to be our allies."

He recommended focusing instead on changing the 2-year drop-out rule that prohibits physicians who opt out of Medicare from submitting claims to Medicare for any of their patients for 2 years.

The delegates' proposed fee-for-service option would allow physicians to bill patients for the difference between the Medicare fee schedule and their regular fee schedules.

"Let me abide by the Medicare limits for the patient who can't afford any more, and let me go my own way and bill what I want for the patient who can," he argued.

Other delegates felt the resolution was too narrowly focused on physicians' financial interests and could ultimately do physicians more harm than good.

"We cannot keep going and asking for more and more money based on what we want to get without cutting the costs down," said Dr. Lynn Parry, a Denver neurologist who received applause for her comments. "None of this discussion has talked about our responsibilities; it's just talked about what we want. It's going to make us look stupid, it's going to make us look greedy, it's going to come back and haunt us."

According to Dr. Jeff Terry of the Alabama delegation, "We're not asking for more. … We're asking for continued access for our patients to care. This is not greedy to say the least."

Dr. Barbe added, "If [the federal government is] not able to provide access for patients by providing appropriate reimbursement to physicians . . . then take off the [price] caps. Pay whatever you can pay . . . and then let the market take care of the rest. Let the patient and the doctor decide what that service is worth." ■

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First Cannabis Drug Approved

Sativex (dronabinol/cannabidiol), the first prescription drug derived from cannabis, was approved in the United Kingdom to treat moderate to severe spasticity in multiple sclerosis patients who have failed to benefit from other drug therapies. GW Pharmaceuticals, which worked on developing the drug for 11 years, grows the cannabis plants at a secret location in England, according to the company's Web site, gwpharm.com. The company is seeking similar approval in other European countries and is scheduled to meet with FDA officials this summer to discuss Phase III trials of Sativex for the treatment of cancer pain.

Fentanyl Linked With Fatal AEs

Fentanyl remains among the top 15 drugs suspected in patient deaths, according to a report released in June by the Institute for Safe Medication Practices. The drug was associated with 397 deaths in 2009, ranking 4th behind digoxin (506 deaths), deferasirox (1,320), and rosiglitazone (1,354). In 2009, almost 20,000 medication-associated deaths were reported to the Food and Drug Administration, a 14% increase over 2008, and a 3-fold increase over the past decade, according to the report. In comparison, there were 17,520 deaths by homicide, 33,185 deaths by suicide and 42,031 deaths from motor vehicle accidents in 2007. The report attributed the increase to three factors: increased awareness or "exposing a greater portion of the iceberg;" lack of progress in managing drugs with known risks; and company direct-to-consumer contacts causing a reporting problem, which occurs when treatment is discontinued due to patient death. The full report is available online at www.ismp.org/quarterwatch/2009Q4.pdf.

Head Injuries Increased in 2009

The total number of sports-related head injuries treated in U.S. emergency rooms in 2009 increased by 95,000 over the prior year, according to an analysis of Consumer Product Safety Commission data by the American Association of Neurological Surgeons.

The spike in head injuries was most notable in water sports, bicycling, and baseball/softball. Looking at scenarios causing the injuries, the AANS found that swimming-related injuries were mostly due to "ill-advised, but common practices," such as diving into shallow water and running on pool decks. Notably, some of the increase in bike-related injuries was due to texting and cell-phone use while riding. Meanwhile, injuries from trampolines showed a slight decline.

Transparency Could Save Money

Greater transparency of health care costs could help reduce spending, according to a recent survey by the Society of Actuaries. The group surveyed more than 600 actuaries and 1,000 consumers. They found that actuaries believe that there is a need for more transparency between doctors and patients, and that prices for treatments need to be more available to patients. Consumer respondents said that more information on medical procedures and options for care could help them make more informed decisions. The majority of health care actuaries also said that reducing the number and severity of medical errors and fighting health care fraud can help curb the costs. Both consumers and actuaries said that a financial incentive through health insurance could be somewhat effective in helping patients live healthier lifestyles.

FDA to Share Drug-Risk Findings

The Food and Drug Administration will post on its Web site summaries of postmarketing safety analyses on recently approved drugs and biologics, including brief discussions of steps being taken to address identified safety issues. The new summaries will cover side effects that might not become apparent until after a medicine becomes available to a large, diverse population, including previously unidentified risks and known adverse events that occur more frequently than expected. The initial reports will contain information on drugs and biologics approved since September 2007, including several drugs for infections, hypertension, and depression, the agency said.

Women Know Little About Stroke

A survey found that few women could name the primary stroke symptoms and many weren't concerned about experiencing a stroke in their lifetimes. Commissioned by HealthyWomen, the National Stroke Association, and the American College of Emergency Physicians, the online survey of about 2,000 adult women found that only 27% could name more than two of the six primary stroke symptoms (sudden numbness or weakness on one side of the face; sudden numbness or weakness in an arm or leg; sudden confusion, or trouble speaking or understanding speech; sudden trouble seeing; sudden trouble walking, dizziness, or loss of balance or coordination; sudden severe headache with no known cause). About 30% were aware that women are at higher risk for stroke than are men.

—Naseem S. Miller