AAFP, Coalition Seek Coverage for the Uninsured

BY ALICIA AULT
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WASHINGTON — The American Academy of Family Physicians, along with a coalition of organizations, is seeking an immediate expansion of the State Children's Health Insurance Program.

SCHIP is up for reauthorization this year.

The Health Coverage Coalition for the Uninsured, of which AAFP is a part, comprises 16 organizations that have historically parted ways on health insurance, including AARP, American Hospital Association, American Medical Association, American Public Health Association, America's Health Insurance Plans, Blue Cross and Blue Shield Association, Catholic Health Association, Families USA, Federation of American Hospitals, Healthcare Leadership Council, Johnson & Johnson, Kaiser Permanente, Pfizer, United Health Foundation, and the U.S. Chamber of Commerce.

Under the coalition's SCHIP proposal, parents would be urged to enroll children at the same time as they applied for food stamps and other programs, making it a "one-stop shop." The federal government should also provide more funds—an estimated $45 billion over the next 5 years—to cover all eligible children, and offer tax credits to families earning up to three times the federal poverty level, according to the coalition.

"This proposal is not only cost effective, but it's good medical care," AAFP President Rick Kellerman said at a press conference unveiling the plan.

As many as 98% of uninsured children could be covered if these proposals are implemented, estimated Families USA Executive Director Ron Pollack in a briefing with reporters.

About 47 million Americans, including 8-9 million children, are uninsured. The coalition has proposed expanding Medicaid to cover all adults with incomes below the poverty level, and offering tax credits for those with incomes between 100% and 300% of the poverty level.

Dr. Kellerman, who is also chairman of the department of family and community medicine at the University of Kansas, Wichita, emphasized that "The AAFP has long been an advocate for expanding health care coverage.... The [coalition's] proposal is realistic and achievable. America's family doctors urge Congress to vote to implement the important health coverage changes we are proposing today," he said in a statement.

Parents would be urged to enroll children into SCHIP at the same time as they applied for food stamps and other programs, making it a 'one-stop shop.'

"This new Congress has a wonderful opportunity to do something real for our children," Children's Defense Fund (CDF) founder and president Marian Wright Edelman said in a statement. The CDF had proposed its own plan in early January to expand coverage. Under that plan, all children who receive food stamps or school lunch assistance would automatically be enrolled in SCHIP. All children whose family incomes are below 300% of the poverty level would be eligible. Families with incomes over 300% could buy into the program.

In his State of the Union address, President Bush proposed tax breaks to help cover the uninsured. Families with health insurance would not pay taxes on the first $15,000 in earnings, and insured individuals would get a pass on the first $7,500. People without insurance would receive tax deductions of the same amounts. Employer-provided health benefits would be considered taxable income, but the White House estimates that 80% of Americans with those policies will still have lower taxes. He also called for federal aid to be given to states that are seeking to cover the uninsured, for expansion of health savings accounts, allowing health insurance to be purchased across state lines, and medical liability reform.

Congress has already started to move. Sen. George Voinovich (R-Ohio) and Sen. Jeff Bingaman (D-N.M.) introduced a bill to provide states with grants to creatively cover the uninsured. Companion legislation was introduced in the House. Sen. Ron Wyden (D-Ore.) introduced a bill seeking to guarantee coverage for all Americans.

More congressional action is expected, which heartens physicians and others.

"We need more action and less debate," said Dr. Reed Tuckson, senior vice president of the United Health Foundation, speaking at the Health Coverage Coalition briefing.

"If there's any time in the recent history of this country to get this done, this is the moment," said Dr. Tuckson, adding that "the cost of not doing anything is even more dramatic."

On another front, the American College of Physicians has set its sights on spurring the new Congress to make Medicare implement the medical home concept.

The ACP also is proposing to replace the sustainable growth rate (SGR) formula that governs how much Medicare pays physicians and to expand coverage for the uninsured.

An "advanced medical home"—in which physicians would receive reimbursement for coordinating care in a way that addresses each patient's individual needs—is the best way to save money and improve patient care, ACP president Dr. Lynne Kirk said at a briefing with reporters last month.

"Payment systems used by Medicare, Medicaid, and most private payers reward physicians for the volume of procedures generated and number of office visits performed, rather than for ongoing, continuous, and longitudinal management of the patient's whole health, supported by systems-based practice improvements that lead to better results," Dr. Kirk said.

The patient-centered medical home has been actively promoted by the AAFP. The Veterans Affairs department is the only federal agency that supports a medical home model.

The ACP is proposing that Medicare provide physicians with a "bundled," prospective, per-patient payment for serving as the locus of all care. One component would cover practice overhead; another element would cover coordination of care, including paperwork, and telephone and e-mail conversations with other treating physicians and family members. Face-to-face visits would be covered by a fee-for-service component. There also would be a pay-for-performance element, based on outcomes.

Only physician practices that have met the medical home criteria—such as having the ability to track patients and communicate with them electronically—would be eligible for the bundled payment, said Dr. Kirk, associate chief of the University of Texas Southwestern Medical School's general internal medicine division. The criteria are still being developed, said Robert Doherty, ACP's senior vice president for governmental affairs and public policy.

Practices that do not fulfill the criteria would be able to receive separate payments for specific care coordination services, Mr. Doherty told reporters. ■

Low Confidence in Spinal Fusion Not Likely to Affect Coverage

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A Medicare advisory panel has concluded that it has low confidence in spinal fusion as a treatment for lower-back pain, but for now, the federal insurance program has no plans to deny coverage for the procedure.

The Medicare Coverage Advisory Committee met in late 2006 to weigh the available evidence on spinal fusion. The panel voted on six questions. It said that the available data provide an intermediate level of confidence in addressing the outcomes needed to determine whether fusion is effective for low-back pain resulting from degenerative disk disease.

For all the other questions posed, which all pertained to degenerative disk disease, MCAC found that the evidence fell below the intermediate level of confidence for determining improved outcomes—as compared with conservative treatment—for both the first 2 years post surgery and beyond 2 years. They said the data were similarly lacking for fusions both with and without instrumentation. And, said the panel, the results in the literature are reasonably likely to generalize to the Medicare population.

The Centers for Medicare and Medicaid Services decided to hold a meeting to explore fusions after it denied coverage to the Charité artificial disk, according to an agency spokesman.

"It was also to identify where the holes are so that medical societies and industry and others could start to develop better data on those areas," said Eric Muehlbauer, executive director of the North American Spine Society, in an interview.

Mr. Muehlbauer said that CMS is essentially wielding its clout to spur better data collection.

The North American Spine Society is considering three proposals on how to improve the evidence base on fusion, he said. There is an especially glaring need for data specific to the Medicare population, partly because fusions are rarer in that age group, said Mr. Muehlbauer.

Medical device makers, represented by the Advanced Medical Technology Association (AdvaMed), said that access should not be restricted during the evidence gathering process.

"We encourage the Centers for Medicare and Medicaid Services to allow Medicare patients access to spinal fusion surgery as a treatment option as the body of clinical evidence develops over time," said AdvaMed president and CEO Stephen J. Ubl in a statement.

The American Academy of Neurological Surgeons and the Congress of Neurological Surgeons are starting the second year of a pilot program to collect outcomes data on patients who have operations for lumbar stenosis, said Dr. Daniel Resnick, of the department of neurological surgery at the University of Wisconsin, Madison, in an interview.

Fifteen practices are taking part in the pilot, which is testing the best way to gather data, Dr. Resnick said. Expansion is likely if a grant comes through, he said.

There are several obstacles to getting good data, said Dr. Resnick. "We're hampered by an imperfect understanding of the physiology of pain in many patients," he noted. And most patients will not enroll in a study in which there's a 50% chance they would get conservative treatment instead of surgery, he said, adding that most U.S. patients have already undergone many therapies before they undergo a procedure.

Both he and Mr. Muehlbauer said there is evidence that fusions work in the right patient. But they said they weren't surprised that CMS is examining the procedure, given the increase in fusions since the introduction of instrumentation.

A study on trends estimated that lumbar fusion increased 250% from 1992 to 2003 (Spine 2006;31:2707-14). Medicare payments for fusion rose from $75 million in 1992 to $482 million in 2003, estimated the authors, who are affiliated with Dartmouth Medical School and Dartmouth-Hitchcock Medical Center. They also found geographic variations.

Dr. Resnick said that fusions have increased partly because there are new technologies and techniques that offer options to previously untreatable patients. ■