POLICY & PRACTICE

Arthritis Top 10

The development of experimental biologic agents to treat rheumatoid arthritis is 1 of the top 10 arthritis advances of last year, according to a list compiled by the Arthritis Foundation. The group also noted successes in the new scientific discoveries about a gene linked to the increased risk of RA, lupus, and other autoimmune conditions; the use of predictive markers to improve RA diagnosis and outcomes; and research that shows the effectiveness of a combination of diet and exercise on improving function and reducing knee pain in overweight patients with knee osteoarthritis. Also among the top 10: research that suggests doxycycline could slow osteoarthritis progression and a potential new therapy to slow bone loss; Medicare's pilot project to provide some coverage of self-injected medications to 50,000 beneficiaries with rheumatoid and psoriatic arthritis; the first arthritis-specific federal legislation in more than 30 years—the Arthritis Prevention, Control, and Cure Act of 2004; the Joint Commission on Accreditation of Healthcare Organizations' wrong-site surgery protocol; and experts' introduction of 51 quality measures for people with osteoarthritis, rheumatoid arthritis, or anyone using analgesics.

Guidance on Inpatient Status

To help physicians do a better job of admitting patients to the hospital, the Centers for Medicare and Medicaid Services should simplify its use of the terms "observation" and "inpatient admission," a federal advisory panel has recommended. The Practicing Physicians Advisory Council drew up the resolution after CMS officials indicated that there was some "confusion" between hospitals and admitting physicians on patient status. Specifically, there are times when a hospital admits a patient to inpatient status when the physician intended the patient to be admitted for observation. The panel recommended that CMS provide this guidance on the "MedLearn Matters" Web site, which posts articles to Medicare providers that help them understand new or changed Medicare policy.

Payments for the Elderly

U.S. seniors spent an average of $11,089 out of pocket on health care goods and services in 1999, but nearly half that amount was reimbursed by Medicare, and another 15% was paid for by Medicaid, according to a CMS report. The amount spent by seniors was quadruple the average of $2,793 for people under age 65. "What this report shows is the importance of our efforts to bring down the high cost of health care for America's seniors," CMS Administrator Mark B. McClellan, M.D., said in a statement. Although people aged 65 and over made up only 13% of the population in 1999, they accounted for 36% of personal health care spending, according to the report. Conversely, children made up 29% of the population but accounted only for 12% of personal health care spending.

Impact of Drug Advertisements

It's a good source for informing and educating patients about prescription drugs, but direct-to-consumer advertising also has its disadvantages, the Food and Drug Administration concluded from the results of three surveys. Two of the surveys focused on patients, but a third questioned 250 primary care physicians and 250 specialists on direct-to-consumer advertising's role in influencing practice patterns and patient interactions. Among physicians, 41% said direct-to-consumer advertising exposure had its benefits, increasing patient awareness about conditions and treatments. But another 41% thought exposure to an advertisement resulted in patient confusion about the effectiveness of the drug. Primary care physicians (38%) were more likely than were specialists (27%) to rate direct-to-consumer advertising as having a somewhat or very negative effect on their patients and practice.

Patients See Few Improvements

Many Americans haven't seen an improvement in health care quality since the release of the Institute of Medicine's report on medical errors 5 years ago. A telephone survey of 2,012 adults found that 40% thought the quality of health care has gotten worse over this time period, compared with the 17% who thought it had improved. Overall, 38% thought that quality of care stayed the same. Forty-eight percent said they were concerned about the safety of the medical care they received, and 55% said they were dissatisfied with the quality of care—up from 44% in a similar survey conducted 4 years ago. Patients with chronic conditions were more likely than were other consumers to express concerns about their quality of care, and to report experiences with medical errors. Survey sponsors included the Kaiser Family Foundation, the Agency for Healthcare Research and Quality, and the Harvard School of Public Health.

—Mary Ellen Schneider