

## POLICY & PRACTICE

### Compliance and Coding Lessons

Rheumatologists should try to issue an advanced beneficiary notice (ABN) to their Medicare patients before providing any services that they believe could be denied by Medicare, Resaee Freeman of the American College of Rheumatology said during an ACR-sponsored audioconference on compliance and coding. This written notice, which needs to be signed and dated by the patient, can safeguard the medical practice if Medicare does not cover the service, she said. ACR coding experts who participated in the audioconference also reminded physicians to be careful of upcoding and downcoding. One common upcoding mistake is to code a new patient visit incorrectly as a consultation. "Documentation is the key," said Ms. Freeman. Rheumatologists also should be careful when waiving fees for patients. Under the Office of Inspector General's compliance guide, a complete waiver of fees is allowed for an entire group—such as low-income patients—as long as that group is not related to the referring of patients. It's important to have a written notice explaining the policy of waiving fees, she said. The ACR coding audioconference was supported by Abbott Laboratories, Amgen Inc., Genentech Inc., Biogen Idec, UCB Inc., and Wyeth.

### Musculoskeletal Exam Planned

The National Board of Medical Examiners is in the process of testing a new exam that will focus specifically on musculoskeletal subject matter. The U.S. Bone and Joint Decade, an initiative focused on raising awareness of musculoskeletal diseases, approached the national board about initiating the project. As of press time, the exam had been tested among undergraduate medical students at Washington University, St. Louis. In the meantime, several other medical schools are reviewing the exam and planning testing for later this semester, according to Judith Miller, a program officer at the National Board of Medical Examiners. The exam, which is Web-based, includes 75 basic and clinical science elements. Once pilot testing is completed, the National Board of Medical Examiners will post the exam content online on its Web site ([www.nbme.org](http://www.nbme.org)).

### Doctors Say FDA Moves Too Slowly

More than three-quarters of orthopedic surgeons polled in a recent survey said that the Food and Drug Administration is too slow in approving new drugs and medical devices. Commissioned by the Competitive

Enterprise Institute, a Washington-based think tank that favors deregulation and limited government, the online survey included responses from 175 orthopedic surgeons from around the country. The majority of respondents (60%) also agreed that, on balance, FDA regulations hinder rather than help them in using new drugs or medical devices to treat their patients. About 80% of respondents also said that if it were up to them, they would make Vioxx available again as a prescription drug.

### FDA's \$2 Billion Budget

The Bush administration is requesting \$2.1 billion for the Food and Drug Administration in fiscal 2008, a 5% increase from the previous year's request. The agency still has not received its final appropriation for fiscal 2007, so the exact amount it will receive for that year is not yet known. The budget includes \$444 million in user fees from industry, including a new program to charge generic drug makers fees to review their products. The agency estimates that generic companies will contribute \$16 million in fiscal 2008. In a statement, Generic Pharmaceutical Association CEO Kathleen Jaeger said the decision to seek user fees "will not bring generic medicines to consumers faster as long as brand companies are still permitted to use tactics that delay market entry." The budget also includes \$11 million for improving drug safety—this does not include user fee funds that will also go to that effort—and \$7 million to boost medical device safety and to speed up device review. The agency also is requesting \$13 million to move about 1,300 employees of the Center for Devices and Radiological Health to offices at the FDA's new White Oak, Md., campus. The FDA has been gradually moving its operations to the new facilities. The Washington-based consumer-, patient- and industry-supported Coalition for a Stronger FDA said the budget did not go far enough. It is seeking at least \$175 million more, including greater increases for food, drug, and medical device safety.

### Disclosing Financial Conflicts

Experts from Johns Hopkins University, Baltimore, Duke University, Durham, N.C., and Wake Forest University, Winston-Salem, N.C., have designed model language aimed at helping researchers disclose their financial conflicts to medical research participants in a meaningful way. The model language was published in the January/February issue of IRB: Ethics and Human Research. Included is a standard

disclosure for situations in which there is a financial interest that does not represent a measurable risk to patients. The model also includes language that researchers can use to describe salary support, money received outside of a study, per capita payments, and unrestricted finders' fees, among other conflicts. "This is language that can help these institutions craft better written materials. It can also serve as a model for how to accurately phrase disclosure in discussions with potential research subjects," Dr. Jeremy Sugarman, the lead author and professor at Johns Hopkins University, said in a statement. "It could also be expanded and presented in other formats, such as stand-alone pamphlets or videos about clinical research."

### The Cost of Juvenile Arthritis

Treating juvenile idiopathic arthritis, the most common rheumatologic disease in childhood, carries a steep price tag, according to a study conducted by Canadian researchers and published in the February issue of Arthritis Care and Research. The average annual direct costs associat-

ed with treating these children is approximately \$3,002 in 2005 Canadian dollars, about \$1,686 more than the cost for children in a control group. The study was conducted at the Montreal Children's Hospital and British Columbia's Children's Hospital in Vancouver. Researchers compared 155 children who were diagnosed with juvenile arthritis and who sought treatment at the two outpatient clinics with 181 children, primarily with other chronic diseases, who sought treatment there. The chronic conditions most common among children in the control group included epilepsy, diabetes, asthma, and other breathing disorders. The bulk of the increased cost associated with treating children with juvenile arthritis was from medication costs, which were estimated at about \$1,306 on average in the juvenile arthritis group, compared with \$87 in the control group. Although the researchers did not estimate the indirect costs of the disease, they noted that the juvenile arthritis patients in the study tended on average to miss more days of school than did controls.

—Mary Ellen Schneider

## Small Practices Blind to Electronic Records' Potential to Improve Care

WASHINGTON — A growing number of small medical practices are turning to electronic health records to help the office run more smoothly, but few are using them to directly improve patient care, according to findings from a small study presented at the annual symposium of the American Medical Informatics Association.

Christopher E. West, Ph.D., and his colleagues at the University of California, San Francisco, surveyed 30 doctors, nurses, and physicians' assistants working in solo or small group practices. They were working in 16 offices spread across 14 states.

All but one said they use the electronic health records system for documenting patient care at least 75% of the time, and half said they use it all the time.

At least 80% said they use the system

most of the time for visit coding, writing prescriptions, or viewing lab results, Dr. West reported. That kind of "basic functionality" of electronic health records software seems to have largely replaced paper in those offices. But the researchers also found that offices were not as quick to adopt more advanced functions for improving patient care. Only 13% said they took advantage of functions capable of generating lists of patients in need of follow-up care. Only about one-quarter used features enabling patient self-management plans or doctor visit summaries.

Still, the study suggests that stubbornness may not be to blame. Half of respondents said their software came with adequate training, but the other half called their training fair or poor.

—Todd Zwillich

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