

# AMA Adopts Fair Imaging, Prescribing Resolutions

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CHICAGO — Congress, state legislatures, government payers, and private payers should not be allowed to restrict imaging services based on physician specialty.

That was one of the conclusions physicians reached while addressing controversial topics at the annual meeting of the American Medical Association's House of Delegates.

The delegates addressed the challenges physicians face in balancing the increasing value of imaging tests with payers' efforts to restrict reimbursement. The "Freedom of Practice in Medical Imaging" resolution, directing the AMA to oppose any attempts to restrict such reimbursement based on physician specialty, was approved nearly unanimously.

Some payers propose to reimburse only radiologists for imaging, a practice that other specialists believe is unfair, Bruce Scott, M.D., an otolaryngologist, told this newspaper.

"The ob.gyns. are going to want to bill for ultrasound, and the cardiologists want to bill for their interpretation of slides," he said, adding that the bottom line is physicians should have the right to bill for a service they provide and are qualified to perform.

Only the American College of Radiology opposed the measure, according to a statement from the American College of Cardiology. "The resolution's passage sends a clear message that efforts by policy makers and payers to impede the ability of patients to safely and conveniently receive imaging services in their physician's office will be vigorously opposed by the AMA and the physician specialty community," wrote the ACC.

In other business, the house agreed that a pharmacist's philosophy shouldn't get in the way of prescribing needed drugs to patients.

American Pharmaceutical Association (APhA) policy recognizes an individual pharmacist's right to exercise conscientious refusal to fill prescriptions. In committee debate and in full congress, physicians at the House of Delegates meeting expressed concern that pharmacists were exercising this provision to impede access to certain medications, including emergency contraceptives and psychotropic agents.

"What happens between the doctor and the patient is between doctor and patient," Mary Frank, M.D., president of the American Academy of Family Physicians, told this newspaper. "What they decide has to have priority over the pharmacist's objections."

Although the delegates didn't outwardly oppose the use of conscience clauses, they did call for legislation that would require individual pharmacists or pharmacy chains to either fill legally valid prescriptions or refer patients to an alternative dispensing pharmacy.

AMA Trustee Peter W. Carmel, M.D.,

promised that the AMA would work with the pharmacists' associations and state legislators "so that neither patients' health nor the patient-physician relationship is harmed by pharmacists' refusal to fill prescribed medications."

Balance billing was another topic addressed and measures were approved asking that the AMA prepare legislation that would allow physicians to balance bill regardless of the payer. In the wake of pay-for-performance initiatives, "which are nothing but third party managers taking over," balance billing would place patients back in control, enabling them to negotiate their own bills with their individual physicians, Jay Gregory, M.D., of the Oklahoma delegation, said during committee debate.

To address the Medicare physician fee schedule, delegates recommended that savings under Medicare Part A that could be attributed to better Part B care (for example, fewer inpatient complications, shorter lengths of stay, and fewer hospital readmissions) should be "credited" and flow to the Part B physician payment pool.

On another contentious issue—malpractice—delegates called on the AMA to explore federal legislation that would correct inadequate state medical liability laws while preserving state medical liability reforms that have proven effective.

The House of Delegates also commented on the aftermath of the Terry Schiavo case, voting to oppose legislation that would "presume to prescribe a patient's preferences for artificial hydration and nutrition in situations where the patient lacks decision-making capacity and an advance directive or living will."

A number of resolutions called on schools to develop children's health programs, such as sun-protection policies in elementary schools. Most delegates were in agreement with this resolution, although some concerns were raised that this might place undue burdens on teachers. Parents should be the adults in charge of applying sunscreen to their children, Peter Lavine, M.D., delegate to the Medical Society of the District of Columbia, said in committee proceedings.

Delegates rejected a provision to impose taxes on sugar-sweetened soft drinks. Instead, they approved policy urging public schools to promote the consumption and availability of nutritious beverages.

Reducing television watching would do more to curtail obesity in children than taxing soft drinks, Holly Wyatt, M.D., delegate to the Young Physicians Section for the Endocrine Society, said during committee debate.

Addressing general policies on obesity, the AMA urged physicians to incorporate body mass index (BMI) and waist circumference as a component measurement in routine adult examinations and BMI percentiles in children. In addition, the resolution called on the AMA to develop a school health advocacy agenda that includes funding for physical activity programs. ■

## POLICY & PRACTICE

### Public Reporting Impact

Public reporting could be causing physicians to shy away from aggressive approaches in high-risk cardiac patients, according to a published study (J. Am. Coll. Cardiol. 2005;45:1759-65). Researchers compared the use of percutaneous coronary intervention (PCI) in patients in Michigan, where public reporting is not required, and patients in New York, where it is mandatory. They found that patients in Michigan underwent PCI for acute myocardial infarction, cardiac arrest, and cardiogenic shock more often than did patients in New York. And patients in New York had a significantly lower unadjusted mortality than did patients in Michigan. However, after adjustment for comorbidities there was no significant difference between patients in the two states. "Although making accurate outcomes information accessible has the potential to improve health care, our study suggests that public reporting of outcome data might also have an unintended effect on case selection, leading to a tendency toward not intervening on higher-risk patients," the researchers wrote.

### Heart Disease Fears

More women may be getting the message that heart disease poses a serious risk to them, according to a survey commissioned by the Society for Women's Health Research. The survey, which included responses from more than 1,000 adult women, found that 9.7% list heart disease as the disease they fear most, up from 5.3% in 2002. Heart disease came in as the third most feared disease in the survey. An unspecified type of cancer ranked first with 24% of women citing that as their most feared disease. Breast cancer ranked second (22.1%). "Women increasingly recognize that heart disease is the biggest health threat they face over the course of their life," Phyllis Greenberger, president and CEO of SWHR said in a statement.

### Boston Scientific Settlement

Officials at Boston Scientific have agreed to pay \$74 million to the federal government to resolve an investigation into the company's 1998 distribution and recall of one of its coronary stent delivery systems. This resolves a civil complaint filed by the U.S. Attorney's Office that alleged that the company distributed 34,589 of the NIR ON Ranger with SOX stent systems which had a manufacturing defect that resulted in random failures of the balloons used to deploy the stents. The complaints also alleged that the company failed to identify and separate the defective devices and that it failed to establish proper internal procedures to identify the causes of the defects. Boston Scientific's agreement to pay \$74 million resolves the allegations without admitting liability. Boston Scientific President and CEO Jim Tobin said the company's employees acted "legally, responsibly, and appropriately. ... We elected to settle this lingering

matter so we could put it behind us and devote our full energies to developing our life-saving medical technologies."

### The Cost of Smoking Deaths

Smoking deaths cost the nation \$92 billion in lost productivity annually, from 1997 to 2001, the Centers for Disease Control and Prevention reported. This reflects an increase of about \$10 billion from the annual mortality losses for the years 1995-1999. During the same period, an estimated 438,000 premature deaths occurred each year as a result of smoking and exposure to secondhand smoke. In an independent action, the American Medical Association's House of Delegates took measures to discourage tobacco use at its annual meeting, voting to support increases in federal, state, and local excise taxes on tobacco. Such increases in the excise taxes should be used to fund the treatment of those afflicted by tobacco-related illness, and to support counter-advertising efforts, the resolution stated.

### Health Insurance Statistics

The ranks of the uninsured appear to be leveling off, according to a survey conducted by the CDC's National Center for Health Statistics. In 2004, 42 million Americans of all ages were without health insurance, about the same level as in 1997, the first year this survey began tracking these statistics. In addition, one in five working age adults (aged 18-64 years) were without health insurance last year, a number that had been steadily rising in recent years, but also leveled off in 2004. The survey showed continued improvements in coverage for children: Seven million children aged under 18 years were without health insurance in 2004, compared with 10 million children in 1997.

### NIH Extends Disclosure Deadline

Officials at the Department of Health and Human Services are giving employees at the National Institutes of Health more time to report prohibited financial interests and to divest stock. In its announcement of the extension, HHS wrote that the it is considering issuing revisions to its current ethics regulations. In February, the agency issued regulations prohibiting NIH employees from engaging in consulting relationships with organizations that are substantially affected by NIH decisions. And NIH employees who are required to file financial disclosure statements are prohibited from acquiring or holding financial interests in these affected organizations. NIH employees now have until Oct. 3, 2005, to file financial disclosure reports and until Jan. 2, 2006, to divest of prohibited financial interests. "There's no doubt in my mind that at the end of the day the advice that NIH gives has to be completely untainted, completely unimpeachable, and completely trusted," NIH Director Elias Zerhouni, M.D., said during a teleconference sponsored by the Kaiser Family Foundation.

—Mary Ellen Schneider