

POLICY & PRACTICE

ACR Expert Witness Guidelines

New guidelines from the American College of Rheumatology spell out the relevant qualifications and ethical parameters for providing expert witness testimony. Under the new policy, adopted by the college board of directors in February, ACR members must not provide false or misleading testimony or testimony without medical foundation; those who do could be disciplined by the college. Rheumatologists are also obligated to distinguish between an "unfortunate medical outcome" and "actual negligence," the guidelines state. The new policy also outlines the appropriate qualifications of an expert witness. For example, rheumatologists who serve as experts in court should have a current, valid, and unrestricted medical license issued by any state. The rheumatologist should also be board certified and have practiced rheumatology for no less than 3 years. Those who choose to be expert witnesses should also not accept compensation that is linked to the outcome of the case, the guidelines state. The guidelines were drafted by the ACR Committee on Ethics and Conflict of Interest.

Courts Favor Merck in Vioxx Cases

Merck has had the upper hand in some recent cases over Vioxx. Most recently, a federal judge in New Jersey dismissed a securities class action case filed against Merck by investors related to disclosures about the cyclooxygenase-2 inhibitor. In addition, a plaintiff in Los Angeles has asked the court to dismiss his lawsuit, which had alleged that Vioxx caused his 2004 heart attack. And in March, an Illinois jury sided with Merck against allegations that Vioxx had resulted in the sudden cardiac death of a 52-year-old woman. Merck, which has pursued a strategy of fighting each Vioxx claim in court, has racked up 10 courtroom victories and 5 losses, according to the company. There have also been two mistrials.

CMS Extends NPI Deadline

Physicians and other health care providers who fail to comply with the May 23 deadline to acquire and start using National Provider Identifiers will not be penalized if they can show they deployed a "contingency plan," the Centers for Medicare and Medicaid Services announced. "Covered entities that have been making a good faith effort to comply with the NPI provisions may, for up to 12 months, implement contingency plans that could include accepting legacy provider numbers on HIPAA transactions in order to maintain operations and cash flows," said CMS Acting Administrator Leslie Norwalk in a statement. The agency decided to create this grace period "after it became apparent that many covered entities would not be able to fully comply with the NPI standard" by the original deadline, Ms. Norwalk said. The new compliance guideline can be downloaded online from the agency's Web site (<http://www.cms.hhs.gov/>

NationalProvIdentStand) and explains what is considered a "good faith effort" to comply.

Penalized by High-Deductible Plans

High-deductible health insurance plans discriminate against women by leaving them with far higher out-of-pocket health bills than men, according to a study from Harvard Medical School, Boston. The study also found that adults aged 45-64 years, those with any chronic condition such as asthma or high blood pressure, and children taking even one medication were likely to suffer financially in high-deductible plans. Under the plans, patients must pay at least \$1,050 before their health coverage kicks in. In 2006, the median cost of care (both insurance and out-of-pocket) for women ages 18-64 was \$1,844, compared with \$847 for men. For middle-aged adults, the mean expenditure was \$1,849 for men and \$2,871 for women.

Docs Abuse Tax System

Thousands of Medicare Part B physicians, health professionals, and suppliers abused the federal tax system with little consequence, an analysis from the Government Accounting Office found. More than 21,000 Medicare Part B providers—about 5% of the total—had tax debts totaling more than \$1 billion, mainly individual income and payroll taxes. Sen. Norm Coleman (R-Minn.), ranking member of the Permanent Subcommittee on Investigations, is using the report to press the Centers for Medicare and Medicaid Services to adopt the federal levy system, which would allow the Internal Revenue Service and the Treasury Department to tap into Medicare payments to providers in order to cover back taxes. "This is a classic case of the right hand not knowing what the left hand is doing," Sen. Coleman said in a statement, noting that the federal government could have collected between \$50 million and \$140 million in 2005 if CMS had participated in the levy program. Medicare officials said at a hearing in March that they are working with the IRS and other agencies to manage payment policies.

Changing MD Demographics

A major demographic shift is underway in medicine as female physicians become more numerous, and this trend will influence the way medical groups recruit and retain physicians throughout their career cycles, according to the 2006 Retention Survey from the American Medical Group Association and Cejka Search, an executive search organization. In 2006, female physicians accounted for 35% of physicians employed in the medical groups responding to the survey, compared with 28% in the previous survey. The study revealed that factors such as "poor cultural fit" and family issues are the driving forces in physician turnover. Part-time and flexible work options also are growing in importance, the survey found.

—Mary Ellen Schneider

Public Resists Electronic Personal Health Records

BY GLENDA FAUNTLEROY

Contributing Writer

WASHINGTON — President Bush, members of Congress, and consumer organizations are calling for widespread implementation of electronic personal health records—and it's time to convince the public of their worth, David Lansky, Ph.D., said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Currently, most patients' health information is scattered across different providers and facilities. Unlike physician- or institution-based electronic medical records, an electronic personal health record is maintained and updated by the patient, and can be vital, especially in cases of an emergency.

Health insurance policy numbers, health history, current medications and dosages, and allergies would be quickly accessible and could be shared among hospitals and providers, explained Dr. Lansky, senior director of health programs at the Markle Foundation, a nonprofit organization focused on accelerating the use of information technology in health care and national security.

Dr. Lansky said that various industries and organizations have a high level of commitment to making this type of electronic collection commonplace, including:

- ▶ America's Health Insurance Plans and Blue Cross Blue Shield, whose member plans provide health insurance to more than 100 million Americans.

- ▶ Large employers, such as IBM Corp. and PepsiCo Inc.

- ▶ Consumer groups, including the AARP (formerly the American Association of Retired Persons) and the National Health Council.

- ▶ Internet companies, such as Microsoft Corp., Google Inc., and WebMD Inc.

"Big companies see this year as the time to change how Americans view their health care," Dr. Lansky said.

However, although there are now many places consumers can go to develop an electronic personal health record (such as providers, employers, and pharmacies), they are not extremely popular. So far, provider portals are used by "only about 15%-20% of the patients to whom they are offered."

Most users have both computer skills

and a high use of the health care system, with frequent medical appointments or several prescription medications, according to Dr. Lansky.

One challenge to implementing electronic personal health records nationwide is how to connect all the existing systems into one "national network" rather than what exists now: 13 or so different enterprises, each offering separate portals that aren't linked.

A possible model, Dr. Lansky said, is a Web site that uses the type of network architecture the health industry needs to mimic when creating a personal health record network. The site (www.flightstatus.com) is a real-time portal that allows airline users to view data—such as flight status, airport delays, and weather forecasts—from about 11 different sources all on one screen. Dr. Lansky said it was a good illustration of one way different industries can share data.

"This is an example of where we would like to see the networked personal health record go," he said.

But the greatest challenge may be ensuring consumer privacy. Consumers, Dr. Lansky said, are leery about personal health records. They want to know exactly what is going to happen with their health data, and aren't willing to give it to just anyone.

"Each study we've done shows that patients trust their doctor to handle their health record information," said Dr. Lansky. "The challenge is to make patients understand that other parties play a role in their health care, and how we get them to expand their trust past their doctor. But I can say it's going to be tough."

One solution, Dr. Lansky said, is the idea of "consumer access services," which would be a mediating body to facilitate consumers' access to the network. He explained that the mediating body would issue consumers' identity credentials and "vouch" for them as network users. It would also help consumers aggregate personal health data and connect with services.

Several groups, such as retail pharmacies and health plans, are prepared to offer the consumer access service.

"Lots of big players are entering this space to help solve these challenges," said Dr. Lansky. "The key to success is defining one consumer access service that is trusted by consumers. ... This is critical to [our] meeting our goal." ■

INDEX OF ADVERTISERS

Abbott Laboratories		Genzyme Corporation	
Humira	11-15	Synvisc	25-26
Bayer HealthCare LLC		INOVA	
ALEVE	39	CCP3	29
Bristol-Myers Squibb Company		Nutramax Laboratories, Inc.	
Orencia	4a-4d	CosaminDS	21
Centocor, Inc.		Rexall Sundown, Inc.	
Remicade	30a-30d, 31-32	Osteo Bi-Flex	7
Endo Pharmaceuticals Inc.		University of Pittsburgh Medical Center	
Opana	17-20	Corporate	27
Ferring Pharmaceuticals Inc.		Wyeth Pharmaceuticals Inc.	
Euflexxa	8a-8b	Enbrel	22a-22d, 23, 42-44
Genentech, Inc.			
Rituxan	36a-36d, 37		