

POLICY & PRACTICE

Pay-for-Performance Principles

Any “pay-for-performance” program should offer voluntary physician participation and foster the relationship between physician and patient, the American Medical Association asserted in a new set of principles for such programs. Such programs also should use accurate data and fair reporting, provide program incentives, and ensure quality of care, the AMA stated. If done improperly, “some so-called pay-for-performance programs are a lose-lose proposition for patients and their physicians with the only benefit accruing to health insurers,” AMA Secretary John H. Armstrong, M.D., said in a statement. Both private and public sector organizations have started offering incentive payments to physicians based on an appraisal of their performance. Before taking on such reforms, however, Congress should try to fix Medicare’s flawed payment formula, according to recent AMA testimony.

Views on Physician-Assisted Suicide

More than half of physicians in a national survey say they believe it’s ethical to assist a patient in committing suicide. Of the 1,000 physicians surveyed in the national poll, about 57% said it was ethical and 39% said it was unethical. In addition, 41% of the physicians surveyed would endorse the legalization of physician-assisted suicide under a wide variety of circumstances, while 30% support its legalization in a few cases and 29% oppose legalizing it in all cases. Although many physicians support physician-assisted suicide as a public policy, the results were mixed when it came to whether they would personally participate in an assisted suicide. About 46% said they would not assist a patient for any reason, 34% said they would assist a patient in a few cases, and 20% said they would assist under a wide variety of circumstances. The survey was conducted by HCD Research, a marketing and communications research company, and the Louis Finkelstein Institute for Social and Religious Research.

Perceptions of the Drug Industry

Prescription drugs may be improving patients’ lives, but 70% of 1,201 adults polled in a Kaiser Family Foundation survey thought the drug industry cared more about profits than people. Only 24% thought the companies were most concerned with developing new drugs that save lives and improve quality of life. People also blame drug companies for rising health care costs: Nearly 60% said prescription drugs increased overall medical costs because they were so expensive, compared with the 23% who said drugs lowered medical costs by reducing the need for expensive medical procedures and hospitalizations. In an earlier poll, Kaiser found that people were more likely to cite drug company profits than other causes as the major cost of rising health care. While not as popular as physicians or hospitals, drug companies were in fact viewed more fa-

vorably than oil or tobacco companies, according to the survey.

Cost of New Drug Benefit

National health care spending costs will remain stable over the next 10 years, although public programs will account for half of total spending, in part because of the new Medicare Part D prescription drug benefit, according to a report by the Centers for Medicare and Medicaid Services. The agency claims that the drug benefit—which kicks in in January—is expected to “significantly” increase prescription drug use and reduce out-of-pocket spending for older patients without causing any major increase in the health care spending trend. However, the new benefit will result in a significant shift in funding from private payers and Medicaid to Medicare. Medicare spending is projected to grow almost 8% in 2004 and 8.5% in 2005, due to several changes in the program under the Medicare Modernization Act, such as positive physician updates and higher Medicare Advantage payment rates.

Clinical Trial Registry Legislation

Sen. Chuck Grassley (R-Iowa) and Sen. Christopher Dodd (D-Conn.) have introduced legislation to require drug makers to register clinical trials about prescription medicines. The bill is similar to legislation Sen. Dodd introduced in the last Congress, but it stipulates that www.clinicaltrials.gov be maintained as a registry for patients and physicians seeking information about ongoing clinical trials for serious or life-threatening diseases, and requires the Food and Drug Administration to make internal drug approval and safety reviews publicly available. Doing so would make the system for ensuring drug safety “more transparent and more accountable,” said Sen. Grassley, chair of the Senate Finance Committee. Trade groups representing pharmaceutical companies have already pledged to use a voluntary clinical trials registry and results database by mid-2005.

Legislating Sex Education

Democrats in Congress are offering an alternative to the Bush Administration’s proposal to spend \$206 million on abstinence-only education. Rep. Barbara Lee (D-Calif.) and Sen. Frank Lautenberg (D-N.J.) have introduced the Responsible Education About Life Act (H.R. 768) that would provide funding to states for programs that include information about both abstinence and contraception. The bill would create a grant program administered by the Health and Human Services Department that would award \$206 million each year to states for comprehensive sex education. There are three federal programs that fund abstinence-only-until-marriage programs, but no federal funding currently exists specifically for comprehensive programs, according to Rep. Lee.

—Jennifer Silverman

Electronic Medical Records Put New Focus on Accuracy

BY CHRISTINE KILGORE
Contributing Writer

The long-held perception that medical records should never be altered at a patient’s request is quickly becoming erroneous, according to health lawyer and ethicist George Annas.

“We can delete (items from the record), as long as we note that something has been deleted and who did it,” said Mr. Annas, chairman of the department of health law, bioethics, and human rights at Boston University.

In a webcast sponsored by the National Institutes of Health, he braced physicians for a future in which patients will increasingly ask them to correct, delete, or change items in the medical record that are either errors or items that they are concerned may pose harm to them.

“The real reason patients don’t ask to make deletions [now] is because most people don’t look at their records,” he said. But with the advent of the Health Insurance Portability and Accountability Act (HIPAA), “now there’s a federal right of access to medical records.”

Moreover, President Bush’s current emphasis on electronic medical records (EMRs) embraces “the idea that patients should be in control,” and patients are generally much more concerned about the content of electronic records than paper records, said Mr. Annas, who is also professor of sociomedical sciences and community medicine at Boston University.

The Bush administration has not addressed, in the context of its EMR proposals, whether “a patient [should] be able to delete accurate, factual information” from medical records. The bottom line, however, is that “we’re in the process of radically changing the medical record ... into the patient’s record,” Mr. Annas said.

There are “lots of mistakes in medical records,” and thus many changes made in the future will address actual errors. Debate about other types of alterations will ensue, but under this new climate “you

could argue that patients should be able to change anything,” he told the physicians.

HIPAA addresses corrections to medical records. “Patients have a right to request corrections in the record, and if there’s no response, they can write their own letter and have it added,” Mr. Annas explained.

Physicians at the NIH session reviewed a case in which a 37-year-old unemployed man presented at the National Institute of Neurological Diseases and Stroke to enroll in a sleep study. He had a chief complaint of insomnia but, during a visit with an NIH clinical social worker, he reported symptoms of severe depression and a history of drug use. The next day, he asked that the information entered in the computerized record be deleted. “He was vague in his request, but he was concerned that someone would illegally obtain access ... and use [the information] against him,” said Elaine Chase, of the social work department at the NIH Clinical Center, Bethesda, Md.

Mr. Annas said that, if faced with this request, he would agree to delete the information most disconcerting to the patient. “And if he wanted it out of a paper record, I’d still say yes,” though, in the interest of research integrity, the patient should then be excluded from the NIH study, he said.

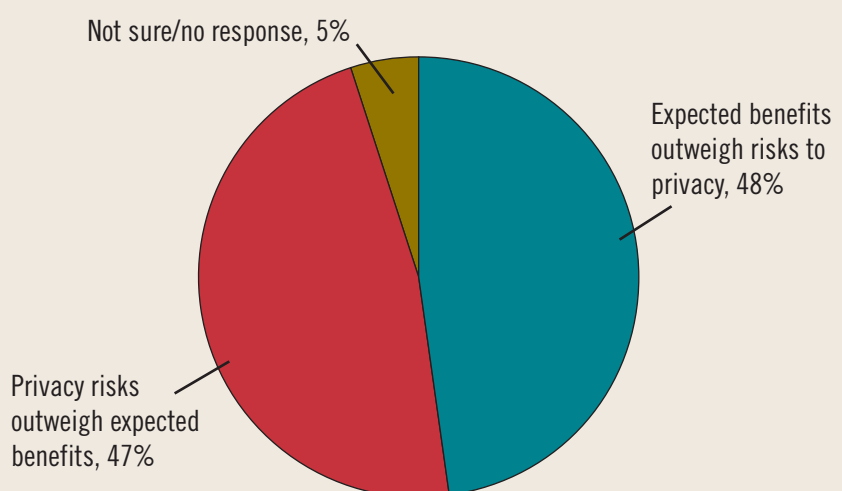
He offered his verdict on the case example after a free-ranging discussion in which some physicians voiced concern that a move from “physician’s record” to “patient’s record” would hinder communication among providers.

“You can’t just delete things,” one physician said. “Or if there’s going to be a patient medical record, maybe there needs to be another record [for providers],” she said.

It’s true, Mr. Annas said, that “defense attorneys still say today that your best defense is a complete medical record.”

But overall, physicians “take the record too seriously.” They will have to be more willing to consider patient requests to alter the medical records, he told this newspaper. Theoretically, at least, the doctor and patient should review the content of the record before the visit ends, he added. ■

DATA WATCH

Public Divided on Electronic Medical Records

Note: Based on a nationwide survey of 1,012 adults conducted Feb. 8-13, 2005.
Source: Harris Interactive