

Charter Sets Rules for Physician Report Cards

BY MARY ELLEN SCHNEIDER
New York Bureau

Under an agreement among physicians, consumers, employers, and large insurers, some health plans have agreed to have their physician rating systems audited by independent experts.

The announcement comes after physicians around the country have questioned the methods used by health plans to produce the physician performance ratings.

Under the voluntary agreement, health plans would disclose their rating methods. In addition, physicians would have a chance to review their performance data and challenge it prior to publication.

"Having that transparency is a huge change," said Dr. Douglas Henley, executive vice president of the American Academy of Family Physicians, which is supporting the agreement, known as the Patient Charter for Physician Performance Measurement, Reporting, and Tiering Programs. Giving physicians a chance to ensure that the data is accurate makes the process fair, he said. It's also beneficial for consumers who will be able to better rely on the information provided by their health plan.

The project was led by the Consumer-Purchaser Disclosure Project, a coalition of consumer, labor, and employer organizations that support publicly reported health performance information.

Other principles of the Patient Charter state that the measures should aim to assess whether care is safe, timely, effective, equitable, and patient centered. The measures used should also be based on national

standards, preferably those endorsed by the National Quality Forum. The principles of the Patient Charter do not apply to pure cost-comparison or shopping tools.

This agreement provides a foundation for physicians to build on, said Dr. David C. Dale, president of the American College of Physicians, another supporter. Now when any health plan establishes a physician rating system, physicians can ask whether it is standardized and how it stacks up against the requirements of the Patient Charter, he said.

The Patient Charter also has the support of the American Medical Association, the American College of Cardiology, and the American College of Surgeons.

And some heavy hitters in the insurance industry have agreed to abide by the principles of the charter, including the trade group America's Health Insurance Plans (AHIP), as well as Aetna, Cigna, United-Healthcare, and WellPoint.

Other health plans are likely to follow suit, said Susan Pisano, AHIP spokeswoman. Third-party review of rating systems and allowing physicians to review and challenge data before they become public will likely become the industry standard, she said.

Now that the Patient Charter has laid down the ground rules for how clinical performance measures should be used, the next step is to ensure that physician ratings accurately reflect all the care given. Ms. Pisano said the AHIP Foundation is studying how to aggregate data from across different plans to provide a full picture of physician quality. ■

Congress to AMA: Long-Term SGR Solution Unlikely This Year

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Physicians can look for another short-term update to the sustainable growth rate this year as lawmakers struggle under substantial fiscal constraints, members of Congress told physicians at the American Medical Association's national advocacy conference.

"What would be best for me, for everybody in this room and for the older Americans under the Medicare system is to do a permanent fix. What my gut is telling me is that, at best, we will do an 18-month fix," said Rep. Shelley Berkley (D-Nev.).

Congress passed a 6-month update to the Medicare physician payment rate late last year and have until July 1 to avert a 10.6% cut for the remainder of the year. However, under current federal spending rules, lawmakers will have to offset any increases to physician pay by cutting another program or raising taxes.

"If, under the law, the physicians are set to receive a 10% cut, if we restore that 10%, we have to come up with the money somewhere. That's why the solutions generally tend to be short term," said Sen.

Jon Kyl, (R-Ariz.), who serves on the finance committee.

For example, the proposed 18-month fix that would keep physician pay steady through 2008 and raise it 1% in 2009 would cost \$37.5 billion over 5 years. By comparison, a 6-month fix, like the one passed last year, would cost \$8.4 billion, saving lawmakers nearly \$30 billion in offsets.

That's the easier solution, Rep. Kyl said. "It's not an ideal situation. However, our priority has been and must continue to be averting scheduled cuts and securing a positive update. So we are very short-term oriented." He added that, while there is currently enough wiggle room in the budget to pay for the 18-month approach, some lawmakers had other priorities for the money.

That fact underscores the need for physicians to get involved in advocating for themselves, said Rep. Berkley.

"The doctors were asleep when things were taking place here in Washington and now you have to be ever vigilant to help us turn back the clock," she said. "Doctors are the lousiest politicians on the planet. You are not good at this, but I encourage you to get good at it." ■

POLICY & PRACTICE

Market Swing to Noninjectables?

The number of botulinum toxin injections in 2007 far exceeded any other cosmetic procedure—surgical or nonsurgical—according to the American Society for Aesthetic Plastic Surgery's annual accounting of Americans' cosmetic predilections. However, the 2.7 million Botox injections were slightly down from 2006, when 3.1 million procedures were performed. The number of hyaluronic acid injections also dropped slightly to 1.4 million, as did injections of collagen and polyactate (Sculptra). Injections of calcium hydroxylapatite (Radiesse) increased by 55% to 119,000. And there was rapid uptake of noninjectables: Fraxel (167,000 procedures), IPL (647,000), and noninvasive tightening (258,000). Laser hair removal was still popular, at 1.4 million procedures, as was microdermabrasion (829,000 procedures). By comparison, the top surgical procedure—liposuction—was performed about 450,000 times. There's been a continued trend away from surgery. In 2007, nonsurgical procedures were 82% of the total cosmetic procedures. The sweet spot is the 35- to 50-year-old demographic, which accounted for 46% of all cosmetic procedures (surgical and nonsurgical). Women accounted for 91% of the total.

NSF-Gadolinium Cases Centralized

Discovery for 66 suits alleging that gadolinium-based contrast led to nephrogenic systemic fibrosis (NSF) has been consolidated in a federal court in Ohio. The plaintiffs allege that the gadolinium-based contrast agent used during magnetic resonance imaging led to NSF. NSF has occurred only in patients with preexisting renal compromise. The Food and Drug Administration has issued several warnings about gadolinium and NSF; in May 2007, the agency requested new black box warnings about the risk of NSF for the five products on the market. The discovery process for the product liability suits is now consolidated as multidistrict litigation 1909 in the U.S. District Court, Northern District of Ohio.

QLT to Divest Aczone

Vancouver, B.C.-based QLT Inc. said in mid-March that it would divest its acne therapy Aczone. The company made the announcement in the wake of the Food and Drug Administration's decision to remove a requirement for glucose-6-phosphate dehydrogenase screening and blood monitoring for users. The FDA decision was based on results of a postmarketing study submitted by the manufacturer. Aczone (dapson 5% aqueous gel) was approved in July 2005. QLT owns worldwide marketing rights, but says it will now divest the product, as planned. "Management believed in the product and took the necessary steps to address the FDA's needs, ultimately dramatically enhancing the value of Ac-

zone," said QLT CEO Bob Butchofsky in a statement.

Judge Rules for Journals

A federal judge in Chicago last month ruled that JAMA and the Archives of Internal Medicine do not need to release documents related to the confidential peer review process for studies on cyclooxygenase-2 inhibitors. Attorneys for drugmaker Pfizer Inc. had issued subpoenas last year to obtain all documents relating to the decision to accept or reject manuscripts, copies of rejected manuscripts, the identities of peer reviewers and their comments, and editors' comments regarding manuscripts, peer review, and publication decisions. But U.S. District Court Judge Arlander Keys of the Northern District of Illinois ruled that the journals can keep the documents confidential. "It is not unreasonable to believe that compelling production of peer review documents would compromise the process," Judge Keys wrote. Dr. Catherine DeAngelis, JAMA's editor-in-chief, and JAMA's editorial counsel, Joseph Thornton, wrote in an online editorial released March 24 that the ruling supports the confidential peer review process. "For months, JAMA and [Archives of Internal Medicine] consistently argued that the sanctity of the confidential peer review process should not be violated," they wrote. "JAMA and our Archives journals have historically and deliberately kept unpublished manuscripts and peer review comments confidential. This promise to reviewers and authors allows the peer review process to work in an unrestrained environment." A federal judge in Boston has not yet ruled on a similar request by Pfizer to force the release of documents from the New England Journal of Medicine.

Trouble Paying for Rx

Four in 10 Americans—and half those regularly taking at least one medication—reported that they have trouble paying for drugs, skip prescriptions, or cut pills because of the cost of their prescriptions, a poll jointly conducted by USA Today, the Kaiser Family Foundation, and the Harvard School of Public Health showed. People were most likely to report one of those three issues if they lack drug coverage, if they have low incomes, or if they take four or more drugs regularly. The survey found that while the public values the products drug companies produce, they do not like what they charge and are suspicious of their motivation. Nearly 80% of Americans said that the cost of prescription drugs is unreasonable, and about 70% said pharmaceutical companies are too concerned about making profits and not concerned enough about helping people. But at the same time, the public overwhelmingly believes that recent advances in prescription drugs provide benefits, the survey found.

—Alicia Ault