



POLICY & PRACTICE

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California Limits CT Radiation

California Gov. Arnold Schwarzenegger (R) has signed a bill that limits the radiation dose provided in computed tomography scans. The new law comes in the wake of patients at at least six California hospitals having received up to eight times the normal radiation from their CT scans. Beginning in 2012, technicians must record the radiation dose from every scan, and radiology reports must include that information. Each year, a medical physicist will be required to confirm each CT machine's readings. Beginning in 2013, medical imaging facilities need to report to the state any medical injury from CT radiation and any instance in which certain doses have been exceeded.

Off-Label Promotion Targeted

The Food and Drug Administration is warning that it will pursue disciplinary action against physicians, other practitioners, and manufacturers that promote medical devices for off-label uses, according to the Gray Sheet. The newsletter (published by Elsevier, as is this newspaper) reported that Deborah Wolf, a regulatory counsel in the Center for Devices and Radiological Health's Office of Compliance, said that the agency has been sending warning letters to physicians and others. An FDA staff member

gave an example of a violation: a laser that is FDA approved for osteoarthritis treatment being promoted for killing toenail fungus. "FDA doesn't regulate the practice of medicine but does in fact regulate promotion," Ms. Wolf said. She spoke to the industry group called the Food and Drug Law Institute.

Stop-Smoking Coverage Expanded

Physicians will be reimbursed for counseling any Medicare patient about smoking cessation, not just those with tobacco-related illness, under new guidelines approved by the CMS. Previously, a patient needed to at least show signs of illness related to smoking before Medicare would pay. Now, any smoker covered by Medicare can have up to eight smoking cessation sessions per year from a physician or another Medicare-recognized health practitioner, CMS said. American Medical Association President Cecil Wilson applauded the coverage expansion. "More than 400,000 Americans die needlessly every year as a direct result of tobacco use," Dr. Wilson said in a statement. "This expansion of coverage takes an important step toward helping Medicare patients lead healthier, tobacco-free lives."

Productivity, Ownership Linked

Billable work per patient appears to be

increasing only at physician groups under the "private practice model," but expenses have also grown, according to a Medical Group Management Association study. Over the past 5 years, relative value units per patient rose by 13% at private medical practices, but declined nearly 18% at practices owned by hospitals or integrated delivery systems, analysts found. Meanwhile, operating costs for private practices increased by nearly 2% last year, in contrast to a slight decline for practices owned by the larger entities. MGMA attributed part of the increase in expenses for private practices to the cost of implementing electronic health record systems. "In the private practice model, EHR incentives have provided a catalyst for practices to purchase systems and deploy electronic health records, therefore increasing the practice's information technology expenditures," said Kenneth Hertz, a principal with MGMA Health Care Consulting Group, in a statement.

Outcomes Research Funded

HHS will provide grants totaling nearly \$17 million for "patient-centered outcomes research" (PCOR), which focuses on treatments and strategies that might improve health outcomes from the patient's point of view. Most of the announced grants will support outcomes research in primary care, HHS said. As part of the grant program, five health organizations will attempt to show that providers and academic institutions can partner on PCOR. Each organization —

in California, Illinois, Massachusetts, New York, and Oregon — will receive about \$2 million over 3 years to create a national network for evaluating the patient-centered approach in patient populations that are not always adequately represented in other studies, according to HHS. "Patient-centered outcomes research can improve health outcomes by developing and disseminating evidence-based information to patients, providers and decision-makers about the effectiveness of different treatments," said HHS Secretary Kathleen Sebelius in a statement.

Claims Processors Deemed So-So

About 70% of physicians reported they were satisfied with the contractors who process their Medicare claims, in the annual Centers for Medicare and Medicaid Services survey on contractor performance. Meanwhile, 14% of physicians said they were neither satisfied nor dissatisfied, and more than 15% said they were dissatisfied with contractor performance. Hospitals were slightly happier, with three-quarters saying they were satisfied with contractor performance. Improvements in several areas would increase provider satisfaction, according to the CMS. For example, providers said they don't like having to make multiple inquiries of claims processors to resolve problems. They also want better information through an automated telephone system, promptly returned calls, and consistently correct information.

—Alicia Ault

AAMC: Minority Enrollment in Med School Up in 2010

BY JANE ANDERSON

FROM A REPORT BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

More minority students enrolled as first-year medical students in 2010, with Hispanic male medical students especially increasing their numbers, according to new data released by the Association of American Medical Colleges.

The number of black/African American and American Indian first-year medical students also grew this year, and every U.S. region saw increases in medical school enrollment diversity, said AAMC President and CEO Dr. Darrell Kirch.

"The bottom line is, we see more minority students pursuing a career in medicine," Dr. Kirch said in a telephone press briefing to announce the findings.

Improved diversity will help communities meet their health needs, especially with the increased need for physicians triggered by the Affordable Care Act, he said.

"You don't improve the health of a community without having a workforce

that reflects the diversity of that community," Dr. Kirch said, adding that it's not enough for health care reform to provide insurance if there aren't enough physicians. "An insurance card can't take care of you — you need to have a physician to do that."

Hispanic men increased their enrollment in medical school by 17%, while enrollment by Hispanic women grew by 1.6% over 2009, according to the AAMC report. Total Hispanic enrollment rose by 9%. First-year Hispanic enrollees in U.S. medical schools totaled 1,539 in 2010, compared with 1,412 in 2009, according to AAMC.

Black/African American enrollment, meanwhile, grew by 2.9% over 2009. A total of 1,350 black/African American students enrolled in medical school as first-year students in 2010, compared with 1,312 students in 2009.

American Indian enrollment remained small, with just 191 first-year students in 2010, according to AAMC. However, that represented a 25% increase over last year's enrollment of 153 students, AAMC said.

Asian students also saw gains, with enrollment increasing 2.4% in 2010 to 4,214 from 4,114 in 2009, according to the AAMC report.

Overall, the level of applicants to U.S. medical schools has remained steady for at least the past 4 years, although the total number of first-time applications increased by 2.5% in 2010, said Dr. Kirch.

"Medical school remains a very compelling career choice," he said. About 42,000 potential students, including 31,063 first-time applicants, competed for about 18,000 openings, he said.

About 53% of applicants were male and 47% were female; men also outnumbered women first-year enrollees by 53% to 47%, the report showed.

One new medical school — the Virginia Tech Carilion Medical School — accepted its first class this year, and two more are in line to accept their first classes next year, Dr. Kirch said. Another seven medical schools are in the accreditation process, he said.

"This effort to expand medical school enrollment will enable us to add 7,000 more annual graduates," he said, adding, "we're not focused solely on new schools. We're also focused on [increasing enrollment at] existing schools."

But increased medical school enrollment won't help the looming shortage of physicians unless the number of resi-

dency slots also increases, Dr. Kirch warned. AAMC advocates about a 15% increase in the number of residency slots, he said. ■

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