

## POLICY &amp; PRACTICE

**Direct-to-Consumer Genetic Testing**

Patients should be fully informed about how to interpret direct-to-consumer genetic tests, which provide only the probability of developing a disease, according to a new policy statement from the American College of Medical Genetics. The organization outlined minimum requirements for the use of any genetic testing protocol, including that patients be informed about the scientific evidence on which the test is based, that a knowledgeable professional should be involved in ordering and interpreting the test, that the clinical testing laboratory is properly accredited, and that privacy concerns are addressed. "Consumers need to be cautious and always involve their health care provider, and in some cases a medical geneticist or genetic counselor, in their decisions about genetic testing," said Michael S. Watson, Ph.D., executive director of the college, in a statement. The policy statement is available at [www.acmg.net](http://www.acmg.net).

**Women Hit Hard by Uninsured Status**

Women of child-bearing age are more likely to be uninsured than are Americans in general, with potentially serious consequences for their health, according to the American College of Obstetricians and Gynecologists. About 18% of Americans younger than 65 years are uninsured, compared with 20% of women 15-44 years. Uninsured women are less likely to receive clinical breast exams and tests for cervical cancer, and are more likely to be diagnosed for diseases at more advanced stages. And since women are the health care decision makers in many families, their lack of access to the health care system has even greater consequences, according to ACOG. The problem of uninsured Americans is not going away and will require the continued attention of the medical community and elected officials, Dr. Kenneth L. Noller, ACOG president, said in a statement.

**Iowa to Insurers: Cover HPV Vaccine**

Iowa Gov. Chet Culver (D) recently signed legislation requiring insurers to provide coverage for vaccinations against the human papillomavirus. The new law, which will take effect Jan. 1, 2009, will require insurers that provide coverage for any vaccination or immunization to also offer coverage for the HPV vaccine. The law has a different focus from many of the legislative efforts in other states, which have considered mandatory vaccination of school-aged girls.

**Coping With a Malpractice Lawsuit**

Despite legal advice to keep quiet about a pending medical malpractice suit, ob.gyns. need to talk about their feelings with family members, according to a statement from ACOG. In a May opinion, the college's Committee on Professional Liability advises physicians to inform family members of the lawsuit and the potential for publicity,

while keeping clinical aspects confidential. Common responses to medical liability litigation include feelings of shock, outrage, denial, anxiety, guilt, shame, and despair, the opinion stated. Coping with medical professional liability litigation is an ongoing, complex process in which physicians often must struggle to regain a sense of personal identity and professional mastery as well as control of their clinical practices." State or local medical societies and medical liability insurers may offer support groups for physicians and their families, or physicians can turn to individual professional counseling, the committee advised.

**NIH Committee Gets New Members**

The director of the National Institutes of Health recently appointed three new members to the institutes' Advisory Committee on Research on Women's Health. The new members are Dr. Linda C. Giudice, Dr. Nancy H. Nielsen, and Debra Toney, Ph.D. Dr. Giudice is a gynecologist and reproductive endocrinologist and chair of the department of obstetrics, gynecology, and reproductive sciences at the University of California, San Francisco. She also recently chaired the NIH Reproductive Medicine Network and currently sits on the Institute of Medicine's health sciences policy board. Dr. Nielsen, an internist, will become president of the American Medical Association in June. She is also senior associate dean of the State University of New York at Buffalo School of Medicine and Biomedical Sciences. Dr. Toney, a registered nurse who runs a licensed home health care agency, will assume the presidency of the National Black Nurses Association in August. She has more than 28 years' experience in leadership roles in family practice management, ambulatory care, and home health care. The Advisory Committee on Research on Women's Health is charged with advising the NIH director on research activities and the inclusion of women in clinical trials.

**Side Effects Underreported**

One in six Americans who have taken a prescription drug experienced a side effect serious enough to send them to the doctor or hospital, but only 35% of consumers said they know they can report these side effects to the FDA, according to a Consumer Reports poll. Additionally, 81% of respondents said they had seen or heard an ad for prescription drugs within the last 30 days, almost all on television. Consumers Union, the nonprofit publisher of the magazine, gave the FDA a petition signed by nearly 56,000 consumers asking that a toll-free number and Web site be included in all television drug ads so people can easily report their serious side effects. "What better way for the FDA to let consumers know how to report serious problems with their medications?" asked Consumers Union's Liz Foley in a statement.

—Mary Ellen Schneider

# MedPAC Backs Bundled Pay for Hospitalization

BY ALICIA AULT

Associate Editor, Practice Trends

WASHINGTON — The Medicare Payment Advisory Commission has given its backing to bundling payment for hospitalization, which would essentially give hospitals and physicians an incentive to control costs and avoid readmissions.

At its April meeting, the commission (MedPAC) unanimously voted to include a bundling recommendation in its June report to Congress. As a first step, physicians and hospitals should be required to report to the Centers for Medicare and Medicaid Services (CMS) on resource use and readmissions during an "episode of care," which is proposed to include the first 30 days post hospitalization. The data would be confidential initially, but should be made public by the third year, MedPAC commissioners recommended.

Once the resource and readmission data are in hand, CMS should start adjusting payment to hospitals, according to the recommendation. There would be the possibility for gainsharing among hospitals and physicians.

The commissioners also voted to direct

CMS to study the feasibility of "virtual" bundling. With virtual bundling, the payment would be adjusted based on aggregate use of services over an entire episode of care.

Finally, MedPAC voted to recommend that CMS create a voluntary pilot to test actual bundled payment in selected disease conditions. The pilot could throw some light on how the hospital or accountable care organization receiving the payment decided to share funds, and how Medicare might share in any savings, according to MedPAC staff.

The pilot represents Medicare's ultimate goal—making bundled payments, said MedPAC chairman Glenn Hackbarth, a health care consultant in Bend, Ore.

The data collection and adjusting payment based on readmission are interim steps aimed at getting providers to collaborate to improve care and cut costs, said Mr. Hackbarth.

Commissioner Ronald Castellanos, a urologist in private practice in Fort Myers, Fla., said he thought it would take 5 or 10 years to make collaboration work, but that he agreed that it was the ultimate end point. ■

# U.S. Health Care Spending to Hit \$4.3 Trillion in 10 Years

BY MARY ELLEN SCHNEIDER

New York Bureau

Health care spending in the United States is projected to consume nearly 20% of the gross domestic product by 2017, according to estimates from economists at the Centers for Medicare and Medicaid Services.

Health care spending growth is expected to remain steady at about 6.7% a year through 2017, with spending estimated to nearly double to \$4.3 trillion by 2017, the CMS analysts said in a report published online in the journal *Health Affairs*.

The 10-year projections come from the National Health Statistics Group, part of the CMS Office of the Actuary, and are based on historical trends, projected economic conditions, and provisions of current law.

The analysts project that spending for private sector health care will slow toward the end of the projection period, while spending in the public sector, including Medicare and Medicaid, will increase. Much of the increase will be fueled by the first wave of baby boomers entering Medicare in 2011. The increase in the number of Medicare enrollees is projected to add 2.9% to growth in Medicare

spending by 2017, according to the report.

The CMS economists projected that growth in spending on physician services would average about 5.9% per year through 2017, compared with 6.6% from 1995 to 2006. These projections are based on current law, which calls for steep cuts to physician payments under Medicare over the next several years. If Congress were to provide a 0% update over the next decade, the average annual growth from 2007 to 2017 would rise to 6.2%, according to the report.

On the hospital side, growth in spending is projected to accelerate at the beginning of the projection period because of higher Medicaid payments but to slow toward the end as a result of projected lower growth in income.

Home health care will likely be one of the fastest growing sectors in health care from 2007 through 2017, with an average annual spending growth rate of 7.7%, according to the report.

Growth in prescription drug spending is expected to accelerate overall through 2017, because of increased utilization, new drugs entering the market, and a leveling-off of the growth in generics. The analysts reported that Medicare Part D would have "little impact on overall health spending growth" through 2017. ■

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