POLICY & PRACTICE

Cardio Surgery Network Launches

The Cardiothoracic Surgery Investigations Network is getting under way, with the designation of the International Center for Health Outcomes and Innovation Research at Columbia University as the coordinating arm of the new seven-site network. The Columbia center received $23 million from the National Heart, Lung, and Blood Institute to design trials and protocols, to coordinate clinical care, to review data, and to monitor the seven sites: New York–Presbyterian Hospital/Columbia University, New York; Duke University, Durham, N.C.; the Cleveland Clinic; Albert Einstein College of Medicine/Montefiore Medical Center, New York; Emory University, Atlanta; University of Virginia, Charlottesville; and Montreal Heart Institute. The network was established by the National Institutes of Health and the Canadian Institutes of Health Research to promote the use of evidence-based medicine in surgery, and to quickly evaluate major innovations on a large-scale basis. "This cardiothoracic surgery network is important because it will help answer the unanswered questions about which patients may benefit most from heart surgeries and when new technologies are appropriate or not," said Dr. Eric A. Rose, surgeon-in-chief at New York–Presbyterian and lead investigator for the network, in a statement. NHLBI will award a total of $35 million in grants to the network participants over the next 5 years.

DES Might Be Barred in England

The use of drug-eluting stents could be barred in England and Wales if a draft guidance by the U.K. National Institute for Health and Clinical Excellence is given final approval. NICE makes clinical effectiveness recommendations for the National Health Service. The institute found that drug-eluting stents are not cost effective when compared with bare-metal stents, and said that hospitals participating with the NHS should not implant the devices. Currently, NHS hospitals pay for DES implantation in patients in whom the target artery has an internal diameter smaller than 3 mm or a lesion longer than 15 mm. The guidance was open for public comment through the end of August, and, if approved, would go into effect in January 2008.

Drug Premium About $25 in 2008

The Centers for Medicare and Medicaid Services said that Medicare beneficiaries will pay about $25 a month for their Part D pharmaceutical coverage in 2008. This is about a $3 per month increase over the average premium in 2007, but still 40% lower than what had been projected when the program was established in 2003, according to CMS. The premiums for those who get their benefits through private Medicare Advantage plans will be about $14, according to CMS. The agency said that almost 10 million low-income beneficiaries are having their premiums subsidized by the federal government. Because Part D is sketching out to cost 30% less in the first 10 years than had been estimated, President Bush's 2009 budget will be retooled to reflect the decline, according to CMS.

Small Practices Decline

Some physicians are shying away from practicing in solo and two-physician practices, according to a new report from the Center for Studying Health System Change. Although these small practices are still the most common practice arrangements, researchers saw a shift between 1996-1997 and 2004-2005 from solo and two-person practices to midsized, single-specialty groups of 6-50 physicians. The percentage of physicians who practiced in solo and two-person practices fell from 40.7% in 1996-1997 to 32.5% in 2004-2005. During the same time period, the percentage of physicians practicing in midsized groups rose from 13.1% to 17.6%. The biggest declines in physicians' choosing small practices have come from medical specialists and surgical specialists, whereas the proportion of primary care physicians in small practices has remained steady at about 36%. The report's findings are based on the group's nationally representative Community Tracking Study Physician Survey.

AMA, PhRMA Big Spenders

Halfway through 2007, the American Medical Association and the Pharmaceutical Research and Manufacturers of America were among the bigger spenders when it came to lobbying Capitol Hill for their causes. The AMA spent $10.3 million and PhRMA $10.7 million in the first 6 months of the year, according to lobbying disclosure reports filed with the Senate's public records office. By comparison, the American Heart Association spent $615,790, the American Academy of Family Physicians spent $1.2 million, and the American College of Physicians spent $419,575.

—Alicia Ault