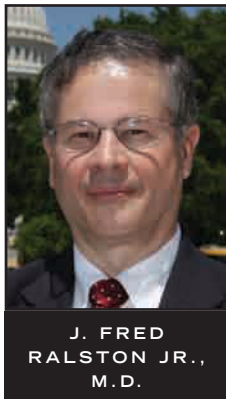


IMPLEMENTING HEALTH REFORM

The Independent Payment Advisory Board

Tucked within the Affordable Care Act is a provision aimed at reining in health care spending. The provision creates the Independent Payment Advisory Board (IPAB), a panel of 15 experts charged with slowing the growth of Medicare and private health care spending, as well as improving health care quality. By law, the board's recommendations will automatically take effect unless Congress enacts its own cost-cutting plan that achieves the same level of savings. The board isn't expected to submit its first recommendations to Congress until 2014, but already the medical community is crying foul.

Dr. J. Fred Ralston Jr., president of the American College of Physicians, explains some of the issues with the new board.



J. FRED
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PEDIATRIC NEWS: Everyone agrees that something needs to be done to control health care spending, so why is the IPAB so unpopular with physicians?

Dr. Ralston: The ACP is supportive of the general concept of an entity such as the IPAB. We believe that making complex Medicare payment and budgetary decisions is very difficult within a political process with substantial lobbying pressures, and that a knowledgeable, independent board serving this role would have some protection from this undue influence.

Many physician and other provider groups are opposed to this provision because a significant amount of influence is removed from the accessible, elected congressional body by the legislation. The sense is that too much congressional authority is removed, resulting in a situation in which there will be inadequate opportunity for physicians and other health care providers to express their point of view and influence the actions taken.

PEDIATRIC NEWS: How does the IPAB differ from other bodies like the Medicare Payment Advisory Commission (MedPAC)?

Dr. Ralston: The IPAB, a body whose members must be appointed by the president and confirmed by the Senate, is provided with the authority to have changes made by the Secretary [of Health and Human Services] to the Medicare system to reach a budgetary target. The IPAB-recommended changes will take effect unless Congress passes legislation that meets the same budgetary target. Even if Congress passes such legislation, that legislation can be vetoed by the pres-

ident and the IPAB recommendation would still take effect.

MedPAC, as an advisory commission, can only make recommendations, which Congress can choose to enact or not. It has no direct authority to implement change, which differs significantly from the IPAB.

PEDIATRIC NEWS: The ACP and other medical societies have called for changes to how the IPAB is structured. What changes would the ACP like to see?

Dr. Ralston: The college would like to see the following changes:

- ▶ A requirement for inclusion of a primary care physician on the IPAB—the perspective of those physicians who provide first-contact, comprehensive, and continuous care must be a part of the process.

- ▶ Stronger protections to ensure that the recommendations to decrease expenditures do not result in decreased quality of care.

- ▶ The authority for Congress to reject the implementation of IPAB recommendations with a majority vote, which maintains a reasonable influence in the hands of the elected body.
- ▶ Equal distribution of risk for budgetary reductions among all health care providers.

PEDIATRIC NEWS: What elements of the IPAB does the ACP favor?

Dr. Ralston: As mentioned above, the concept of providing a knowledgeable body with some protection from undue influence.

PEDIATRIC NEWS: If Congress eliminated the IPAB, how could it achieve comparable health care savings?

Dr. Ralston: The college believes that the [Affordable Care Act] sets a foundation for many changes that can lead to increased savings. This includes the piloting of integrative payment models that reward efficiency and effectiveness, as opposed to the current system that rewards only volume. These models include accountable care organizations, increased bundled payments, and gain-sharing arrangements, among others.

Furthermore, data from ongoing demonstrations of the patient-centered medical home care model, which fosters increased care coordination and improved treatment of chronic conditions, indicates a high potential to reduce cost and improve quality.

DR. RALSTON is a general internist in Fayetteville, Tenn.



POLICY & PRACTICE

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Kids Insured, but More Are Poor

U.S. children were more likely than ever to have health insurance in 2008, but the proportion living in poverty and in households that couldn't always supply food rose that year, according to a federal report on child well-being. Issued by the Federal Interagency Forum on Child and Family Statistics, the annual report found that 19% of all children lived in poverty, and 22% lived in households that were "food insecure" at times during 2008, which marked the start of the recent severe recession. However, 90% had health insurance coverage at some point during 2008, an increase over 89% in 2007. In addition, teen births declined: In 2008, 21.7 per 1,000 teens ages 15 to 17 gave birth, compared with 22.2 per 1,000 in 2007. The report also noted that more teens completed high school and entered college, while fewer children had untreated dental caries or were exposed to secondhand smoke.

Child TV Viewing Is Still High

A survey of Oregon mothers found that nearly 20% of 2-year-old children watched television or videos 2 hours or more each day, the Centers for Disease Control and Prevention reported. In addition, more than 18% of 2-year-old children had a TV in their bedrooms, and more than one-third of those children clocked more than 2 hours' daily viewing time. Mothers who were not Hispanic or black and mothers who had taken fewer than four outings with the child during the preceding week were more likely to have 2-year-olds who watched that much TV. The American Academy of Pediatrics recommends that children watch no more than 1-2 hours of "quality programming" each day and that parents not place televisions in children's bedrooms.

Court Dismisses Thimerosal Case

The U.S. District Court for the District of Columbia has dismissed a case brought by the Coalition for Mercury-Free Drugs over the mercury-based preservative thimerosal because the coalition lacked standing to sue. The Silver Spring, Md.-based group had filed suit against the Department of Health and Human Services and the Food and Drug Administration seeking to have thimerosal banned from all pharmaceutical products, including vaccines, unless the manufacturers could prove it was safe. However, Judge Reggie B. Walton said that the coalition's leaders failed to prove that thimerosal's continued presence in some vaccines and other products causes actual harm to them, physicians, or patients. Judge Walton noted that although the U.S. Public

Health Service has made thimerosal-free vaccines a goal, the FDA has found the preservative to be safe as currently used.

Teens See More Food Ads

Exposure to television ads for sweet food and beverages, especially sugar-sweetened drinks, fell at least 20% for all children and adolescents between 2003 and 2007, but exposure to TV fast food ads increased, according to a study by researchers at the University of Illinois, Chicago. Young children saw nearly 5% more fast food ads, children ages 6 to 11 saw 12% more, and teens saw 20% more, the researchers reported in the online Archives of Pediatrics & Adolescent Medicine. Daily exposure to all food ads fell among children ages 2 to 11 but rose by nearly 4% among teens. Black children saw more food ads per day than white children, especially the ads for fast foods.

FDA: Intuniv Promotion Misleading

Promotional materials for the attention-deficit/hyperactivity disorder drug Intuniv (guanfacine) are misleading because they imply that the drug can correct "individual behavior problems" that "the whole family can see," the FDA said. In a letter, the agency ordered the manufacturer, Shire Development Inc., to stop using those claims in parent guides and in-office brochures and displays. The materials mentioned temper outbursts, arguments with adults, deliberate annoyance of others, and irritability, the FDA said. However, the agency told Shire, "these behavioral problems are not symptoms specific to ADHD, and we are not aware of substantial evidence or substantial clinical experience demonstrating an effect of Intuniv on these behavioral problems."

Parents Want Genetic Tests

Most parents are interested in having their children checked for disease risks using at-home genetic testing kits, according to a survey from C.S. Mott Children's Hospital in the University of Michigan Health System in Ann Arbor. The poll found that 53% of parents were either "very" or "somewhat" interested in testing their children. Almost that entire group said the testing might give them the chance to prevent diseases and could help them recognize children's health problems early. Two-thirds of those who said they wouldn't be interested in testing their children cited the possibility of discrimination against children who showed genetic risk of disease, and 87% of this group said testing would make them worry too much about their children's future.

—Jane Anderson