

POLICY & PRACTICE

Arthritis Prevalence Still Climbing

Physician-diagnosed arthritis is expected to increase an average of 16% in 48 states from 2005 to 2030, according to a CDC estimate. In 14 states, the increase could be between 30% and 87%. The projections are based on estimates from the 2005 Behavioral Risk Factor Surveillance System survey and state population data for the year 2030. Only North Dakota, West Virginia, and the District of Columbia are projected to have decreases in the number of adults with physician-diagnosed arthritis and arthritis-attributable limitations due to expected population drops. The estimates were published in the May 4 issue of the Morbidity and Mortality Weekly Report. Arthritis and other rheumatologic conditions, including gout, lupus, and fibromyalgia, affect about 46 million adults in the United States, the report said. "Greater use of existing evidence-based interventions and development of new interventions aimed at decreasing pain, improving function, and delaying disability associated with arthritis are needed... particularly in those states that will be most heavily affected," the CDC researchers wrote.

IVIG Pay, Access Issues Confirmed

Two new reports from the Department of Health and Human Services confirm that Medicare payments for intravenous immunoglobulin are severely lagging price increases from manufacturers, making it difficult for hospitals and physicians to offer the therapy. In an April report, the HHS Office of Inspector General found that in the third quarter of 2006, 56% of hospitals and 59% of

physicians bought IVIG at prices below the Medicare reimbursement amount, which means they were able to marginally profit on the therapy. That means 44% of hospitals and 41% of physicians paid more for IVIG than Medicare reimbursed, said Marcia Boyle, president of the Immune Deficiency Foundation, in an interview. And, the Inspector General found that most physicians and hospitals were underpaid by Medicare relative to IVIG price for the first two quarters of the year. The agency acknowledged that the market was fragile because of tight supplies and price increases, and that physicians in hospitals would face the same in 2007 as they had in the first two quarters of 2006. Another report by the HHS Assistant Secretary for Planning and Evaluation agreed prices are exceeding reimbursement, and noted "current IVIG supplies are being rationed," and prices are substantially higher in secondary markets that have developed as a result of problems in the official supply chain.

Osteoporosis Audit in the Works

European experts are planning an audit to determine the status of osteoporosis in Europe. Current estimates are that in the European Union, an osteoporosis-related fracture occurs every 30 seconds, and with an aging population, the number of osteoporosis-related hip fractures is expected to double to 1 million annually over the next 50 years, according to the International Osteoporosis Foundation. The foundation supports the EU Osteoporosis Consultation Panel, the group planning the audit. "We need this new [audit] to evaluate current stan-

dards of osteoporosis management in Europe," said Juliet Compston, chair of the consultation panel.

New Medicare Leadership

President Bush recently nominated Kerry N. Weems, a 24-year veteran of the Department of Health and Human Services, to lead the CMS. Mr. Weems currently serves as deputy chief of staff to HHS Secretary Mike Leavitt. "He understands the large fiscal challenges facing Medicare and Medicaid," Mr. Leavitt said in a statement. "He has been a leader in this department's efforts to accelerate adoption of health information technology and better financial management systems." If confirmed by the Senate, Mr. Weems would fill the vacancy left by Dr. Mark B. McClellan who resigned from CMS last year. Leslie V. Norwalk is the current acting CMS administrator.

IRS Allows for Subsidy of EHRs

Not-for-profit hospitals can provide subsidies to physicians for the adoption of electronic health records (EHRs) without fear of losing their tax exempt status, according to a memo from the Internal Revenue Service. But officials are setting conditions. The subsidies can be provided only to physicians with staff privileges, and must be made available to all staff physicians. The hospital should also be able to access all of the EHRs created by the physician with the subsidized products, to the extent allowed under the law. Both hospitals and physicians will have to comply with HHS regulations issued last August. The IRS memo is available online at www.irs.gov/pub/irs-tege/ehrdirective.pdf.

—Mary Ellen Schneider

Software Tracks Patients' Calls Easily, Cheaply

Patient phone calls are a necessity, and a potential liability, but Dr. S. Germain Cassiere said keeping track of calls is no longer a nightmare.

He has created software, called MessageTracker, to make this process easier.

The receptionist application initiates patient call records. When a call comes in, a receptionist fills out a template that pops up on his or her monitor. The record is sent to the physician, who sends it to a server computer that houses the database tables.

The nurse application contains a call record grid that resembles a spreadsheet showing calls that need responses. A nurse or physician documents the responses in the record. Once completed, the record is marked "done" and is automatically eliminated, said Dr. Cassiere, an internist in group practice in Shreveport, La.

Unless one wants printed records, the process is electronic. It cuts liability risk associated with missed and unreturned calls.

Calls can be searched by date or by the name of the patient or physician. "Our practice of six general internists handles 40,000-50,000 calls each year," he said.

MessageTracker can be run without Microsoft's SQL Server as the database engine, so instead of the approximately \$15,000 cost of the SQL Server and client licenses, Dr. Cassiere's cost for using the Nexus Database System was about \$1,000.

MessageTracker is not currently for sale, but Dr. Cassiere said he's working on an improved version that will be available for purchase.

—Bruce K. Dixon

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