POLICY & PRACTICE

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Election Had Abortion Impact

Republican victories in the House of Representatives gave a solid majority to abortion foes in the coming Congress, according to an analysis by the prolife group the American Center for Law and Justice. The 111th Congress had "183 reliable pro-life representatives," wrote the center's chief counsel Jordan Sekulow in a blog post. "Next year, there will be no less that 230 solid pro-life representatives, a 47-seat net gain that pushes the pro-life vote over the minimum 218 margin" to pass legislation, he added.

Objects Left After Girls' Surgeries

Girls who undergo gynecologic surgeries have a higher likelihood that a sponge or other foreign body will be left in their bodies than do girls getting other types of surgery, according to researchers at Johns Hopkins University. They scanned nationwide quality data on nearly 2,000,000 operations in children to find 413 foreign-body incidents in children of either sex. The scientists reported in the Archives of Surgery that pediatric gynecologic surgery carried a 4.13 odds ratio of a foreign body being left behind, compared with other surgeries of people under 18 years of age. The study showed that although this led to 8-day longer hospital stays and $35,681 higher total hospital charges than operations in children without foreign bodies left behind, they did not increase mortality.

Mammography Devices Relisted

The FDA is making it easier for companies to get new digital mammography systems approved. The agency said it is reclassifying these devices, known as full field digital mammography systems, as medium-risk (class II) devices. When first approved by the agency in 2000, digital mammography systems were categorized at high-risk (class III) because of their novelty. Since then, digital mammography has been validated in scientific studies involving tens of thousands of patients, the agency said. To win approval for a class III device, companies need to prove safety and effectiveness. Class II approval involves establishing that a device is substantially equivalent to one already on the market. Today, about 70% of the mammography units in use are digital and 70% of certified U.S. mammography centers have at least one digital unit, the FDA said.

Women Get Coverage Money Back

Because of a hotline complaint by one woman denied coverage, an insurance company is paying a total of $148,000 for 984 illegally denied claims for contraception coverage, according to a blog post from the Washington State Office of the Insurance Commissioner. The Seattle Times reported that the claims were for intrauterine device removals and were denied over 8 years by Regence BlueShield. The blog post said that only three women had appealed their denials, which were all upheld. One woman recently called the state office, which then decided that all the denials had violated a 2001 Insurance Commission rule that says, "In Washington, all state regulated health plans that have comprehensive prescription drug coverage must cover prescription contraceptives." Insurance company officials told the newspaper that they had coded the procedure incorrectly.

FDA Sued for Lack of Action

The Center for Reproductive Rights is suing the Food and Drug Administration for failing to respond to a 2009 court order to make the morning-after pill called Plan B (levonorgestrel) an over-the-counter product for women under 18 as well as for those older. "The FDA has had ample time, countless opportunities, and overwhelming scientific evidence put before it to make a decision on Plan B" for younger women, said Nancy Northup, president of the Center for Reproductive Rights, in a statement. "The president promised that his administration would reverse the Bush policy of politics trumping science. But when it comes to emergency contraception, it's a new administration playing the same old games." The center said that although the FDA had agreed to follow the 2009 ruling soon after it was made, the agency this year said that it does not intend to reconsider the center's petition that had prompted the original suit.

–Naseem Miller

NCQA Seeks Comment on Its ACO Draft Criteria

BY ALICIA AULT

The National Committee for Quality Assurance has issued draft criteria to define the core capabilities of an accountable care organization.

The accountable care organization (ACO) concept is central to the health system reform envisioned by the Affordable Care Act, but what it would look like or how it would work has been variously and loosely defined. The nonprofit NCQA has stepped in to offer a set of parameters that might standardize the ACO model.

"Our goal is to help people be confident that ACOs meeting the final criteria actually can contain costs without compromising quality," said NCQA President Margaret O'Kane in a statement.

The NCQA has been a leader in establishing quality performance measurement tools that are widely used by health care providers, insurers, and employers. The group receives funding and support from a variety of organizations, including the American College of Physicians and the American Academy of Family Physicians; insurers and pharmaceutical companies also contribute.

The organization has posted the ACO criteria on its Web site and is accepting public comments until Nov. 19. According to the NCQA, each ACO should have core capabilities in seven categories: program structure operations; access and availability; primary care; care management; care coordination and transitions; patient rights and responsibilities; and performance reporting.

The criteria were developed by the organization's ACO task force, which was headed by Dr. Robert Margolis, CEO of the California-based HealthCare Partners Medical Group; the 18 other task force members included Dr. Duane Davis, vice president and chief medical officer of the Pennsylvania-based Geisinger Health Plan, and Dr. Nicholas Wolter, CEO of the Billings (Mont.) Clinic.

'Public feedback will help with finalizing the criteria that will start these organizations to a firm foundation.' Then the task force will review the comments and make revisions as appropriate.

ACOs that participate in the NCQA process also will eventually report outcomes on performance measurements. That is important, Dr. Margolis said in a statement, adding that, "most potential ACOs do not have data that can be used from the start to evaluate performance."

He added that "public feedback will help with finalizing the criteria that will start these organizations to a firm foundation."

After the comment period closes, the task force led by Dr. Margolis will review the comments and make revisions, as appropriate, according to a spokesperson for NCQA.

The group will also align the criteria with any regulations pertaining to ACOs. The criteria will likely be made final by March 2011 and then will be released in the second quarter of 2011, the spokesperson said. ■