

## POLICY &amp; PRACTICE

**Imaging Accreditation**

The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL) has expanded its program to include accreditation for body, cardiovascular, musculoskeletal, and neurologic imaging. The revised accreditation process, which went into effect Nov. 1, was instituted because of widespread interest from neurologists, cardiologists, orthopedic surgeons, radiologists, and others. "It is crucial to the future of this imaging modality that all specialties have access to a fair and equitable accreditation program that enables them to receive peer review of their work and to document to insurers that they are providing quality magnetic resonance studies consistent with established clinical guidelines," ICAMRL President Edward T. Martin, M.D., said in a statement. Labs can apply in any or all of the specialty areas.

**Cream Skimming Continues**

Specialty hospitals are under scrutiny once again. A study found that Arizona heart physicians who partly owned cardiac specialty hospitals were more likely than were physicians with no ownership stake to treat low-acuity, high-profit cases in their own facilities and to refer the more complex, lower-profit cases to community hospitals. Jean Mitchell, Ph.D., a professor of public policy at Georgetown University, Washington, analyzed 6 years of inpatient discharge data to compare the practice patterns of physicians who were owners of cardiac specialty hospitals in Phoenix and Tucson with those of physicians who only treated patients in full-service community hospitals with an accredited cardiac care program. She found that physician-owners treated higher percentages of patients with Medicare fee-for-service or commercial PPOs, and lower percentages of patients enrolled in Medicaid and HMOs. The American Medical Association endorses the existence of such hospitals, although the Center

for Medicare and Medicaid Services has reinstated a freeze on the approval of new specialty hospitals until it completes a review next year. The study appeared as a Health Affairs Web-exclusive article.

**HHS Mulls Investigation**

The Department of Health and Human Services' Office of Inspector General is looking into the circumstances surrounding the resignation of former Food and Drug Administration Commissioner Lester M. Crawford, D.V.M., Ph.D., to determine if an investigation should be opened, an OIG spokeswoman said. In a response to a query from Rep. Maurice Hinchey (D-N.Y.), HHS Inspector General Daniel R. Levinson said that the OIG is doing an initial review of the facts, not an investigation in any regulatory sense, according to the spokeswoman. "Dr. Crawford's departure, a mere 2 months after confirmation to his position, raises significant questions," Rep. Hinchey and several fellow members of Congress wrote in their request. Dr. Crawford had resigned his position after a 30-year career with the agency, serving as its deputy commissioner and director of the Center for Veterinary Medicine, among other posts.

**Unproven Health Claims**

The Food and Drug Administration issued warning letters to 29 companies for making unproven claims that their products treat or prevent disease. The letters went out to companies that manufacture, market, or distribute products made from cherries and other fruits. The companies made a range of claims about diseases including heart disease, arthritis, and cancer. Under the federal Food, Drug, and Cosmetic Act, products intended for use in the "diagnosis, cure, mitigation, treatment, or prevention of disease" are considered drugs and must be approved for safety and effectiveness by the FDA.

—Mary Ellen Schneider

## President's Flu Plan Focuses On Vaccine Production

BY MARY ELLEN SCHNEIDER  
Senior Writer

The long-awaited national pandemic influenza plan unveiled last month could also help solve chronic problems in production of seasonal flu vaccine.

"We don't need to have a disaster to get a benefit from this influenza planning," said Andrew T. Pavia, M.D., professor and chief of the division of pediatric infectious diseases at the University of Utah, Salt Lake City.

The government's plan puts a strong emphasis on developing the capacity to produce influenza vaccine, rather than just focusing on stockpiling, said Dr. Pavia, who is also a member of the pandemic influenza task force for the Infectious Diseases Society of America.

The plan also begins to address the issue of why manufacturers have left the vaccine market, he said in an interview.

In a speech at the National Institutes of Health on Nov. 1, President George W. Bush outlined the administration's strategy for dealing with a possible influenza pandemic and requested \$7.1 billion in emergency funding from Congress to implement the plan. But the proposal has hit some snags in Congress. At press time, funding for the initiative was still up in the air. In mid-November, members of a House-Senate conference committee agreed to appropriate less than \$1 billion for annual and pandemic influenza preparedness but that spending bill, which also included unpopular cuts to social programs, was voted down in the House.

Under the President's proposal, the bulk of the funding—\$2.9 billion—would go toward accelerating development of cell-culture technology for vaccine production. Use of such technology should allow manufacturers to produce enough vaccine for every American within 6 months of the start of a pandemic, President Bush said.

The President also requested \$800 million for development of new treatments

and vaccines for pandemic influenza.

Another \$1.5 billion would be used for the Department of Health and Human Services and the Department of Defense to purchase influenza vaccines. Researchers at NIH have developed a vaccine, now in clinical trials, that is based on the current strain of the avian flu virus, President Bush said. The government plans to purchase enough doses of this vaccine from manufacturers to vaccinate about 20 million people.

Although this vaccine would not provide full coverage against a pandemic influenza strain, it would offer some protection during the early months of an outbreak, President Bush said, adding that he is also seeking about \$1 billion to stockpile antiviral medications.

The administration is also requesting \$251 million to detect and contain outbreaks before they spread. That money would be used to help other countries train personnel, expand surveillance and testing, and improve preparedness plans, as well as take action to contain outbreaks. At home, the president has launched the National Bio-Surveillance Initiative, aimed at rapid detection of and response to disease outbreaks. In addition, the administration is seeking \$644 million to help all levels of government prepare to respond to a potential pandemic outbreak.

Surge capacity in hospitals is a major challenge in preparing for a flu pandemic or another major event such as a bioterrorist attack, said Gregory J. Moran, M.D., a clinical professor in the department of emergency medicine and infectious disease at the University of California, L.A.

Hospitals need to develop plans to create extra bed capacity in nonpatient care areas of the hospital. But hospital administrators can't do this alone and need community interest and investment, Dr. Moran said in an interview.

Information on the government's pandemic flu plan is available online at [www.pandemicflu.gov](http://www.pandemicflu.gov). ■

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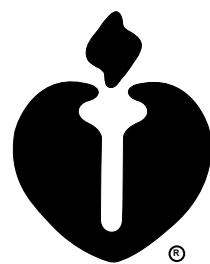
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