

# Group Practice Demo Achieved Modest Savings

BY SUSAN BIRK

CHICAGO — The Medicare Physician Group Practice Demonstration achieved modest cost savings and quality enhancements in the project's first 2 performance years, researchers reported at the annual research meeting of AcademyHealth. Data released in August reinforce that finding.

The project involves 10 large, geographically diverse physician group practices with a total of 5,000 physicians caring for 200,000 Medicare fee-for-service beneficiaries.

During each year of the project, each group was retroactively assigned a population of Medicare beneficiaries, with an average of 20,000 patients per group (range 10,000-37,000). Each group was held accountable for total Part A and Part B expenditures for these patients.

Patients had complete freedom of choice in providers and were not required

to receive care through the participating group practice. However, only patients who received most of their outpatient evaluation and management for the year from the group practice were assigned to the group. Groups that kept increases in expenditures below 2 percentage points of their target growth rate shared up to 80% of the savings; Medicare retained 20%.

"Savings are a function of the ability of the group to control growth in Medicare spending as well as changes in [health] status of their assigned population over time relative to their local market," explained John Pilotte, a senior research analyst at the Centers for Medicare and Medicaid Services.

In the first year of the demonstration, two participating group practices earned a total performance payment of \$7.3 million and two lost a total of \$1.5 million, Gregory Pope of RTI International in Waltham, Mass., a nonprofit research and development firm working

with the CMS, reported at the meeting. In the second year, four groups shared a total payment of \$13.8 million and one lost \$2 million. Savings to Medicare totaled \$677,000 and \$1.6 million for the first and second years, respectively.

Results for the third year were announced in August; five physician groups will receive performance payments totaling \$25.3 million as part of their share of \$32.3 million of savings generated for the Medicare Trust Funds in that year, the CMS announced.

Quality was assessed by the groups' adherence to 27 measures as indicated by Medicare claims and clinical records data. Two group practices complied with 10 of the quality markers in performance year one, while five groups complied with all 27 quality markers in the second year, said Musetta Leung of RTI International.

Second-year performance data indicated significant improvements, she said.

In the third year, all 10 groups achieved

benchmark performance on at least 28 of the 32 measures reported, according to the CMS. Two groups achieved benchmark performance on all 32 performance measures.

Over the first 3 years of the demonstration, the physician groups increased their quality scores an average of 10 percentage points on 10 diabetes measures, 11 points on 10 heart failure measures, 6 points on 7 coronary artery disease measures, 10 points on 2 cancer screening measures, and 1 percentage point on 3 hypertension measures.

Additional research is needed to determine the keys to success, according to Mr. Pilotte of the CMS. The group practices generally have sophisticated health information management systems and dedicated information technology leadership, but "even that doesn't seem to be enough to control growth in expenditures. ■

Joyce Frieden contributed to this report.

## Direct-to-Consumer Genetic Tests Seen as Problematic

BY JEFF EVANS

WASHINGTON — Few physicians feel prepared to interpret findings from direct-to-consumer genetic tests and incorporate the results into clinical practice, according to speakers at a National Academy of Sciences workshop on DTC genetic testing.

Surveys and anecdotal accounts discussed at the meeting cast doubt on the idea that physicians will be able to help consumers decide what to do about any health risks identified by DTC genetic tests.

"There's a lot of confusion between these services and medical care," Dr. Patricia Ganz said. DTC companies may say that test results are for educational and research purposes only, and cannot be used for diagnostic purposes because the tests have not been validated for clinical use, but the results are "in fact being very much treated as medical information."

The difference between how the tests are marketed and what's feasible in clinical practice point to a "number of risks to the clinical encounter," said Dr. Ganz, professor of health services and medicine at the University of California, Los Angeles. Possible problems include a demand for screening tests that have no proven clinical value and the perception that a physician is unsympathetic or lacking in knowledge when reviewing a patient's DTC genetic test report.

Some physicians currently use genetic tests with known clinical value, such as tests for blood disorders or prenatal risk assessment, Dr. Ganz said. But many physicians have little need for test results about cancer predisposition or other genetic syndromes, and are even less likely to be prepared to interpret DTC genetic test reports derived from case-control association studies and genome-wide association studies.

Published reports indicate that physicians obtain most of their information about DTC genetic testing through the media, Katrina Goddard, Ph.D., of the Kaiser Permanente Center for Health Research, Portland, Ore., said at the workshop.

An online physician survey, called DocStyles, included 1,250 respondents (response rate 61%) in 2006 and 1,880 (response rate 22%) in 2008. More than 60% of the respondents reported getting information about DTC testing from the media, and less than 30% said they obtain information about such testing from other sources (Genet. Med. 2007;9:510-7; Genet. Med. 2009;11:595).

The questions in each survey were "not completely comparable" between time periods. The 2006 survey questions focused on nutrigenomic tests, while the 2008 questions centered on genetic tests for complex diseases that used data from genome-wide association studies. Of the surveyed physicians, 50% were aware of the nutrigenomic tests and 42% were aware of the tests for complex diseases.

In the same reports, national surveys of consumers showed that 14% were aware of the tests covered in the 2006 survey, and 22% were aware of the tests in the 2008 survey, but less than 1% used the tests.

Nearly half of the physicians who said they were aware of DTC genetic tests said they had patients with questions about the tests. About 15% of these physicians had one or more patients who brought in their test results for discussion. Some aspect of the patient's care changed in 75% of these encounters, according to the survey.



**Families with genetic conditions do not appear confident about their provider's knowledge of genetics.**

MR. MCINERNEY

At the workshop, Joseph McInerney, executive director of the National Coalition for Health Professional Education in Genetics, said that individuals and families with genetic conditions also do not appear confident about their provider's knowledge of genetics.

In a survey of 5,915 respondents conducted by the Genetic Alliance, an advocacy group, more than 30% rated as poor their provider's understanding of genetics and ability to deal with genetics-related management issues (Genet. Med. 2007;9:259-67).

Physicians who search for resources to help in interpreting DTC test results are likely to turn to point-of-care clinical decision tools. But current versions of these tools often lack relevant information and are inefficient to use, Mr. McInerney said.

None of the speakers disclosed conflicts of interest with DTC genetic testing companies. ■

## Genetics Rarely Integrated Into School Curriculum

Only two U.S. medical schools have integrated medical genetics into their curricula for all 4 years, which suggests there are not enough professors and instructors sufficiently well trained in genetics to connect basic and clinical science during training, Mr. McInerney said at the workshop.

"There is a perception among many health care providers that genetics is still quite circumscribed by traditional, Mendelian, rare genetic disease and chromosomal anomalies," he said. "Genetics has clearly moved beyond that into the realm of common, complex disease."

He noted that a 2005 survey of 149 U.S. and Canadian course directors in medical genetics or curricular deans in medical schools found that 77% of the schools taught medical genetics in the first year, but only 47% incorporated it into the third or fourth year (Acad. Med. 2007;82:441-5). General concepts accounted for 86% of the instruction in genetics, with little focus on practical applications.

Medical genetics was taught as a stand-alone course (46%) or as part of another course (54%).

The two schools with integrated genetics programs are the University of Vermont's Vermont Integrated Curriculum and Johns Hopkins University's Genes to Society program.

The Vermont Integrated Curriculum aims to teach students to "think of patients as not individuals but members of a family in a community—part of their genetic background—and also frame their decision making within the boundaries of medical ethics and evidence-based medicine," said Dr. Leah Burke, a clinical geneticist and director of a course on clinical decision making.

The Johns Hopkins Genes to Society program integrates basic, clinical, and social sciences and seeks to show how to improve societal health outcomes by combining an understanding of human variability with knowledge from the social and behavioral sciences, as well as public health and policy.