

POLICY & PRACTICE

NIH Lupus Research Plan

Government scientists recently outlined their plans for future research in lupus. The stated goals include laying the foundation for lupus prevention, identifying disease triggers, defining target organ damage mechanisms, understanding autoantibodies, expanding biopsychosocial research, discovering and validating biomarkers, and advancing therapy options. These goals are part of a long-range planning document recently released by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), which is part of the National Institutes of Health (NIH). The NIH document predicts that lupus prevention could indeed become an "attainable goal" in the next decade, and also outlines a need to advance research efforts to identify disease risk through family studies and genetics. The document, which was mandated by Congress, was developed with input from scientific experts from the lupus community, according to NIH. "The ultimate goal of this plan is to identify needs and opportunities from both public and private organizations to continue to accelerate progress in lupus research to further improve quality of life of patients who have lupus," Dr. Stephen Katz, the direc-

tor of NIAMS, wrote in the introduction to the plan, available at: www.niams.nih.gov/an/stratplan/lupus_plan.htm.

Gender in Musculoskeletal Disease

The Society for Women's Health Research has launched a new research network with the goal of exploring the biologic differences between men and women in the musculoskeletal system. The network is part of the society's Isis Fund for Sex Differences Research. Other Isis fund networks focus on sex, gender, drugs, and the brain; and sex differences in metabolism. Members of the musculoskeletal network will hold meetings to share data and ideas for research. "The goal of the Isis fund networks is to foster multi-site collaborative projects that address new questions and open new lines of inquiry," Sherry Marts, Ph.D., vice president of scientific affairs at the society, said in a statement. "We are planting seeds for sex-based studies and supporting an environment to help this field grow. Ultimately, we want these projects to be leveraged into larger projects that will receive grant funding from government and nongovernment sources." The musculoskeletal network is supported by a \$1 million unrestricted donation from

Zimmer Inc., an Indiana-based manufacturer of joint replacement systems for knee and hip pain.

Small Practices Decline

Although one and two physician practices remain the most common arrangements, between 1996-1997 and 2004-2005 researchers saw a shift from solo and two-person practices to mid-sized, single-specialty groups of 6-50 physicians, according to a new report from the Center for Studying Health System Change. The percentage of physicians who practiced in solo and two-person practices fell from 41% in 1996-1997 to 33% in 2004-2005. During the same time period, the percentage of physicians practicing in mid-sized groups rose from 13% to 18%. The biggest declines in physicians choosing small practices have come from medical specialists and surgical specialists, whereas the proportion of primary care physicians in small practices has remained steady at about 36%. "Physicians appear to be organizing in larger, single-specialty practices that present enhanced opportunities to offer more profitable ancillary services rather than organizing in ways that support coordination of care," Paul B. Ginsburg, Ph.D., president of the Center for Studying Health System Change, said in a statement. The report's

findings are based on the group's nationally representative Community Tracking Study Physician Survey.

Leaders Back Payment Reform

The vast majority (95%) of key public officials, analysts, and executives say fundamental health care payment reform is needed, and 75% support Medicare reform that would pay "medical homes" for care coordination, according to the latest Commonwealth Fund Health Care Opinion Leaders survey. The survey found consensus for specific strategies; for example, 90% of respondents said use of health information technology should be mandated for Medicare providers within 5-10 years, and half supported financial incentives for physicians and hospitals to provide high quality care. Around three-quarters of respondents agreed that greater organization and integration of provider care is necessary for improved quality and efficiency, but nearly 8 of 10 said that physician autonomy would be a challenge to care integration. A total of 59% said they support public reporting of providers' performance on quality measures, and more than half reported they support the creation of a new public-private entity to coordinate quality efforts and form a national quality agenda.

—Mary Ellen Schneider

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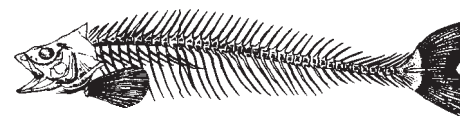
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