RUC to Address Medical Homes

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CMA's position is based on a growing recognition that the fall of primary care would hurt all physicians, said Dr. James Hay, a family physician in San Diego and speaker of the association's House of Delegates. Subspecialists aren't "trained, prepared, or interested" in doing primary care, Dr. Hay said. If primary care went away, subspecialists would be the ones left to deliver that care.

At the center of the recommendations is an effort to advance the concept of the medical home. While the concept is well known within primary care, the CMA report says that other specialties might not be as familiar with the concept. The CMA is asking the American Medical Association to study the potential value of the medical home and how to encourage, promote, and finance this concept.

CMA also recommended that AMA work on increasing reimbursement for care coordination including group care, disease management, home management, team approaches, and e-consulting. And the organization called on the AMA Relative Value Scale Update Committee (RUC) to change its policies to better reimburse physicians of all specialties for care management and coordination.

It's critical to begin addressing the crisis in primary care now before more medical students turn away from the field, said Dr. Thomas Bodenheimer, professor of family and community medicine at the University of California, San Francisco. Dr. Bodenheimer provided information to the CMA committee that drafted the recommendations.

For example, while the number of U.S. medical students choosing family medicine residencies rose slightly last month (see box), overall it has dropped by almost half over the last decade. While a good portion of that gap has been filled by foreign medical graduates, they are also beginning to seek careers in other specialties, he said.

The situation is similar in internal medicine, where many students are choosing higher paid subspecialties over general internal medicine. And others are choosing work as hospitalists over traditional office practice.

The possible solutions center mainly on changes to payment, Dr. Bodenheimer said. "Everything follows the dollar. Payment is the main lever," he said.

Some progress has been made within the RUC. In 2007, Medicare increased the work relative value units for a number of evaluation and management service services, as part of the 5-year review process at the RUC.

But because of budget neutrality within Medicare, these efforts have resulted in only modest increases in payment, said Dr. Stuart A. Cohen, a pediatrician in San Diego, Calif., and the American Academy of Pediatrics delegate to the CMA and the AMA.

Moving toward a payment system that values care coordination is essential, he said, and the first step is for officials at the Centers for Medicare and Medicaid Services to create more pilot projects to test increased payments for coordination of care within the medical home. Then, seeing the cost-benefit of these enhanced payment programs, private payers might be more willing to offer similar programs, Dr. Cohen said.

The medical home is on the agenda for the RUC this year, according to Dr. Len Lichtenfeld, RUC representative for the American College of Physicians and an internist and medical oncologist in Atlanta, Ga. While the body is unlikely to make additional changes to cognitive evaluation and management codes in the near future, the RUC is working with officials at CMS to figure out how the medical home should be valued for those physicians participating in an upcoming medical home demonstration under Medicare, he said.

"That is the next big new thing," Dr. Lichtenfeld said. ■

Match Rates to Family Medicine Climb

The head count of medical students choosing family medicine increased slightly, according to figures last month, with the specialty having its best showing in the National Resident Matching Program in more than a decade.

The fill rate for family medicine positions rose overall and in U.S. medical graduates. This year, 2,636 family medicine residency positions were offered. Of that, 91% were filled; 44% were filled by U.S. medical graduates. In 2007, 88% of the 2,603 positions were filled; 42% went to U.S. graduates.

Overall, 8.1% of all U.S. medical graduates who matched to a residency program chose family medicine in 2008, a 0.4% uptick from 7.7% in the 2007 match.

The American Academy of Family Physicians hailed the match numbers as evidence that medical students are beginning to see the value in family medicine again. But Dr. James King, AAFP president, said the specialty still has a "long way to go" in strengthening the pipeline of physicians entering the field. He said they are not sure why this year's figures rose.

In a 2006 AAFP report on the state of the physician workforce, the organization estimated that by 2020, there would need to be 139,531 family physicians to meet the primary care needs of all Americans. To meet that goal, U.S. residency programs would need to produce more than 4,400 new family physicians each year.

Medical students choosing family medicine and other primary care specialties have to overcome bias within medical schools, and are told they are "too smart" for family medicine, said Dr. Thomas Bodenheimer, a professor of family and community medicine at the University of California, San Francisco.

—Mary Ellen Schneider

POLICY & PRACTICE

Judge Rules for Journals

A federal judge in Chicago last month ruled that JAMA and the Archives of Internal Medicine do not need to release documents related to the confidential peer review process for studies on cyclooxygenase-2 inhibitors. Attorneys for drugmaker Pfizer Inc. had issued subpoenas last year to obtain all documents relating to the decision to accept or reject manuscripts, copies of rejected manuscripts, the identities of peer reviewers and their comments, and editors' comments regarding manuscripts, peer review, and publication decisions. But U.S. District Court Judge Arlander Keys of the Northern District of Illinois ruled that the journals can keep the documents confidential. "It is not unreasonable to believe that compelling production of peer review documents would compromise the process," Judge Keys wrote. Dr. Catherine DeAngelis, JAMA's editor-in-chief, and JAMA's editorial counsel, Joseph Thornton, wrote in an online editorial released March 24 that the ruling supports the confidential peer review process. "For months, JAMA and [Archives of Internal Medicine] consistently argued that the sanctity of the confidential peer review process should not be violated," they wrote. "JAMA and our Archives journals have historically and deliberately kept unpublished manuscripts and peer review comments confidential. This promise to reviewers and authors allows the peer review process to work in an unrestrained environment." A federal judge in Boston has not yet ruled on a similar request by Pfizer to force the release of documents from the New England Journal of Medicine.

Primary Care Survey Planned

The Physicians' Foundation for Health Systems Excellence is seeking to gain insight into the state of primary care through what it says is one of the most ambitious physician surveys ever attempted. Beginning next month, the group will send more than 300,000 surveys to primary care physicians and selected specialists—virtually every active primary care physician nationwide —and to specialists in small, independent practices, according to the group. The survey will ask about the state of primary care practices, and whether or not physicians can maintain patient care services in light of current regulatory and financial burdens. "If the survey indicates that medical practice itself is in jeopardy, that urgent message needs to be heard by policy makers and the public," said Dr. Walter Ray, vice president of the Physicians' Foundation and former president of the Medical Association of Georgia, in a statement. The group has partnered with national physician search and consulting firm Merritt, Hawkins & Associates to develop and mail the survey.

FDA to Establish China Offices

In the first step to establishing offices in China, the Food and Drug Administration has received approval from the State Department to create eight full-time permanent FDA positions at U.S. diplomatic posts there, pending authorization from the Chinese government. In addition, the FDA said, it will be hiring five Chinese nationals to work with the new FDA staff at the U.S. Embassy in Beijing and consulates in Shanghai and Guangzhou. The offices will allow greater access for inspections and greater interactions with manufacturers to help assure that products that are shipped to the United States meet U.S. standards for safety and manufacturing quality, the FDA said.

Well-Insured Sent to ASCs

Physicians at physician-owned ambulatory surgery centers are more likely than other providers are to refer well-insured patients to their facilities, while routing Medicaid patients to hospital outpatient clinics, a study in Health Affairs found. The study looked at ASCs in the Philadelphia and Pittsburgh metropolitan areas in 2003. Procedures studied ranged from the removal of benign skin lesions to procedures dealing with hand and wrist disorders such as carpal tunnel syndrome. For most ASCs, the largest common diagnostic groupings were cataract surgery and gastrointestinal disorders and testing, including colonoscopy and endoscopy. The study reviewed the referral patterns of the physicians who accounted for the top 50% of patient referrals to physician-owned ASCs and found that these physicians were significantly more likely to refer Medicaid patients to hospital outpatient departments. The study authors noted that some lawmakers are concerned that continued growth of ASCs will "contribute to a further unraveling of an already fragile safety net. The worry is that physician-owned facilities will siphon off profit centers that have traditionally cross-subsidized care for uninsured and Medicaid patients, as well as unprofitable services such as burn treatment. The findings from this paper are consistent with that fear."

Lottery to Determine Coverage

More than 91,000 Oregonians have signed up for a lottery to determine which uninsured state residents will receive coverage under the Oregon Health Plan, which covers Medicaid-eligible patients and others in the state who can't get coverage, the state's Department of Human Services said. Of the 160,000 uninsured Oregon residents, about 130,000 qualify for the Oregon Health Plan, but the state can afford to cover only up to 24,000 members. Right now, the plan has 17,000 members, and state officials decided that the fairest way to determine who else would receive coverage would be to hold a lottery. Only about 3,000 of the initial 91,000 lottery entrants will receive applications for the health plan, and the state will distribute more applications in batches of 3,000 until program enrollment reaches 24,000, according to the state DHS.

—Jane Anderson