POLICY & PRACTICE

OA Hospitalizations Skyrocket

Hospitalizations for osteoarthritis more than doubled between 1993 and 2006, according to data from the Agency for Healthcare Research and Quality. In 2006, there were about 735,000 hospitalizations for osteoarthritis in the United States, up from about 322,000 in 1993. But most of the increase occurred between 2000 and 2006, when hospitalizations for the condition rose from about 443,000 to 735,000. AHRQ officials attribute most of the increase in osteoarthritis hospitalizations to the rising number of knee replacement surgeries. In 2006, osteoarthritis was the principal diagnosis in about 90% of knee surgery hospitalizations and 50% of hip replacement hospitalizations, according to the agency. While osteoarthritis hospitalizations were on the rise, hospital stays for rheumatoid arthritis were actually on the decline. Rheumatoid arthritis stays dropped from about 30,400 in 1993 to about 18,900 in 2006. The AHRQ data are based on the 2006 Nationwide Inpatient Sample, which includes all-payer discharge data from 1,045 hospitals located in 38 states.

Osteoporosis: Women's Disease?

Women aged 30 years and older are more likely to report being at risk for osteoporosis than are men and young adults, according to a study published in the October issue of Health Education & Behavior. In a study of 300 men and women across a range of age groups (18-25, 30-50, and 50-plus), the researchers used the Osteoporosis Health Belief Scale to gauge participants' perceptions about their susceptibility to osteoporosis, the seriousness of the condition, and their motivation to make changes to their health behaviors. The 35-item, self-report questionnaire grades responses on a 5-point scale. The responses revealed that women aged 30-50 years and women aged 50 and older had the highest susceptibility scores. Men aged 18-25 years had the lowest susceptibility scores, according to the study. However, the scores related to the seriousness of the condition and the motivation to change health behaviors were not significantly different among the various groups. The finding suggests that men and women of all ages may be unaware of the serious consequences of osteoporosis, the researchers wrote.

Few MDs Targeted for Pain Med Misuse

Few physicians have been charged or sanctioned for prescribing pain medications improperly, according to a study. From 1998 to 2006, only 725 individual physicians, or about 0.1% of practicing physicians, in the United States had been criminally charged or administratively reviewed for offenses involving the prescribing of opioid analgesics. Nearly 40% of the cases involved family medicine or general practice physicians and 23.7% involved internists. In contrast, only 3.5% of cases involved pain medicine specialists. The high number of investigations of primary care physicians is not surprising given that shortage of pain specialists, the researchers wrote. "Practicing physicians, including pain medicine specialists, have little objective cause for concern about being prosecuted by law enforcement or disciplined by state medical boards in connection with the prescribing of [controlled substance] pain medications," the researchers wrote (Pain Med. 2008;9:737-47 [Epub doi:10.1111/j.1526-4637.2008.00482.x]). The study was conducted by researchers from the National Association of Attorneys General, the Federation of State Medical Boards, and the Center for Practical Bioethics.

Grants to Doctors in Hurricanes

The AMA Foundation's Health Care Recovery Fund will provide grants of up to $2,500 to physicians in places that have been declared disaster areas by the Federal Emergency Management Agency, and the foundation currently is accepting donations to help physicians who have been directly affected by Hurricane Gustav, which affected Louisiana, Mississippi, and Texas. The foundation provides the grants to physicians in FEMA-declared disaster areas to help them rebuild or restore their damaged medical practices in those locations, said the AMA. Donations may be at www.ama-assn.org/ama/pub/category/7611.html.

CMS Alters Overpayment Policy

Centers for Medicare and Medicaid Services officials are changing the procedures for recovering certain overpayments made to physicians. The CMS will no longer seek payment from a physician for an overpayment while the physician is seeking a reconsideration of the overpayment determination by a qualified independent contractor. Under the new policy, which was mandated by the 2003 Medicare Modernization Act, the CMS can only seek to recoup the payment after a decision has been made on the reconsideration. The changes, which went into effect Sept. 29, will apply to all Part A and Part B claims for which a demand letter has been issued.

—Mary Ellen Schneider

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