CLINICAL PEARLS

2007 Contest Winners, Part 1

BY BRUCE L. FLAMM, M.D.

Picking the 2007 Clinical Pearls contest winners was difficult. Some wonderful entries were almost identical to pearls that have already been published and thus were disqualified. Others contained a page full of text and were thus far too long to publish in this column. In my opinion the best clinical pearls are short, safe, and useful.

They should be the kind of tip that is passed from one doctor to another, not complex techniques that might be better described in journal articles or textbooks. After much deliberation, here are the first two prize-winning pearls for 2007. I've tried both of these tips in my own practice and can say they are both easy to do and quite helpful. The authors of each of these pearls will receive a high-resolution digital camera along with our sincere congratulations!

A Heartfelt Message

Several years ago Dr. Sarah Artman of Hilliard, Ohio, had a patient who was very disappointed because her husband could not attend the prenatal visit when the fetal heartbeat could be heard for the first time. That gave Dr. Artman an idea. Most patients carry a mobile phone so, after confirming the baby's fetal heart tones, she has her patients call their partner's voicemail or even their own voicemail to tape the sounds, which gives them a nice recording of the fetus. Also, some "smart phones" even have their own record function. If so, Dr. Artman offers to use the patient's cell phone to record the baby's fetal heart sounds. She says it takes only a minute and patients absolutely love it.

The Toe Saver

Dr. Michelle Becher of Carson City, Mich., got sick and tired of being hit on the toes by a heavy, weighted speculum during vaginal hysterectomies so she came up with a technique that her surgical team calls the Hoochie Holder. After she sutures the uterosacral ligaments, she leaves the sutures long and places a weighted speculum through the posterior peritoneal defect. Then she places the long ends of each suture around the speculum handle and clips them together with a hemostat to hold the speculum in place. No one has to keep pushing the speculum back into position and no one gets smashed toes! ■

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Send Us Your Clinical Pearls!

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CMS Urged to Base 2008 PQRI On Outcomes, Not Claims Data

BY ALICIA AULT
Associate Editor, Practice Trends

BALTIMORE — Outcomes registries, not claims data, should be the basis for the Physician Quality Reporting Initiative next year, physicians and their representatives said at a forum held in May by the Centers for Medicare and Medicaid Services.

CMS officials said they are gathering comments on how to evolve from claims-based information to a registry model, in an effort to prevent duplicative efforts to collect data and to encourage quality improvement. The agency's final recommendations were to be published in the Federal Register in mid-August as a proposed set of 2008 reportable measures, agency officials said.

PQRI is a hot topic among physicians. According to a Department of Health and Human Services spokeswoman, more than 600 people attended the forum via conference call. The initiative was mandated as part of the Tax Relief and Health Care Act of 2006. Beginning in July, physicians could take part in the initiative by reporting on specialty-specific measures. This year, CMS has listed 74 measures (posted at www.cms.hhs.gov/PQRI).

To participate, physicians submit data on those measures through December on at least 80% of their cases. Those who participate will get a bonus lump-sum payout of 1.5% of claims submitted, some time in mid-2008. Many physicians already report on such measures to specialty societies.

The longest-running registry is maintained by the Society of Thoracic Surgeons. The 17-year-old registry contains more than 3 million records, Dr. Jeffrey Rich of the STS said at the forum. The STS supports the PQRI effort, but "we feel that it must go farther, and we feel that can be accomplished through the use of registries."

This year, PQRI is structured to collect data on processes, not outcomes, he said. Registries allow for the collection of clinical data on patient outcomes, which is more useful for quality improvement, Dr. Rich said. STS suggested that outcomes measures should be vetted through groups such as the American Medical Association's Physician Consortium for Performance Improvement and the AQA (formerly the Ambulatory Care Quality Alliance). Measures that cut across disciplines should be harmonized, preferably by the National Quality Forum, he said. And input standards should be established to ensure that the data cover all patients, not just a random sample, Dr. Rich said. Finally, registries should be subject to validation and an audit mechanism.

CMS officials also heard about registries developed by the American Osteopathic Association, the Wisconsin Collaborative for Healthcare Quality, users of GE Healthcare's electronic medical records, the American Medical Group Management Association, and the American Society of Plastic Surgeons.

In 2006, the American Board of Internal Medicine began requiring internists to begin using Practice Improvement Modules (PIMs) in order to maintain certification. With PIMs, physicians enter medical data about patients, and then receive reports back from ABIM, which they are supposed to analyze and use to develop a self-improvement plan.

More than 5,000 physicians completed a PIM in 2006, and 5,000 more are currently working on PIMs, Dr. Cary Sennett, ABIM senior vice president of strategy and clinical analytics, said at the forum.

Aetna, UnitedHealthcare, Humana, and several regional Blue Cross and Blue Shield plans have recognized PIMs as fulfilling quality improvement criteria, said Dr. Sennett, who added that ABIM supported the PQRI effort. ■

Medical Specialty Groups Seek Tobacco Tax to Fund SCHIP

BY JANE ANDERSON
Contributing Writer

Federal lawmakers were called upon last month to fund an expansion of the State Children's Health Insurance Program by approving a tobacco tax increase of 61 cents; the American Academy of Pediatrics and the American Medical Association, along with 65 other organizations, made the request.

In a joint letter, the groups said that reauthorization of the State Children's Health Insurance Program (SCHIP) is "one of the most important tasks before Congress this year."

They noted that SCHIP has significantly improved low-income children's access to care.

"By discouraging smoking through an increase in the tobacco tax and using the resulting revenues to improve enrollment in children's health insurance programs, we are creating a win-win proposition in support of our children's health," the groups said in the joint letter.

"It will also result in long-term savings as children become healthier and more productive members of society," the letter explained.

Congress has set aside $50 billion in new federal funds over the next 5 years for use in SCHIP, which is scheduled to be reauthorized this year.

However, under new "pay-as-you-go" rules, the $50 billion only will be available for SCHIP if Congress cuts other programs or approves new taxes to raise new revenue.

Raising the tobacco tax to provide more funding for SCHIP would help cover many of the 8 million to 9 million uninsured children in the United States while also helping to reduce youth smoking, which would help save health costs down the road, the groups said in the letter, which was presented to congressional leaders.

"Studies show that every 10% increase in the price of cigarettes reduces youth smoking by 7% and overall cigarette consumption by 4%," the groups wrote.

"Increasing the tobacco tax will also generate hundreds of millions of dollars in health care savings because fewer smokers means fewer people with strokes, heart attacks, cancer, and other smoking-related health conditions," the joint letter asserted.

The groups included the American College of Obstetricians and Gynecologists and the American College of Physicians, along with the advocacy group Families USA. ■

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