IMPLEMENTING HEALTH REFORM

New Covered Preventive Care

One goal of the Affordable Care Act was to boost the use of preventive health services by all Americans. The law attempts to do this by making those services – health screenings, vaccinations, well-baby visits, and dozens more – free to as many people as possible as soon as possible.

Now, new private health plans must offer the services without patient cost sharing.

Although that provision covers only a fraction of the population – existing plans were exempted – as of Jan. 1, all Medicare beneficiaries will be offered a host of new services with no out-of-pocket costs.

Dr. Meena Seshamani, the deputy director of the Office of Health Reform at Health and Human Services department, explains how her agency is implementing this provision of the ACA as well as how HHS hopes it will alter for the better the behavior of patients and physicians.

Before the ACA, Americans used preventive services at about half of the recommended rate.

DR. SESHAMANI

Rheumatology News: What preventive services will doctors be offering Medicare beneficiaries copayment-free in 2011?

Dr. Seshamani: Medicare beneficiaries with [fee-for-service] Medicare will receive free preventive care services and a free annual wellness visit, or physical. The complete list of preventive services is available in the Medicare & You Handbook, and it includes abdominal aortic aneurysm screening, bone mass measurement, certain colorectal cancer screening tests, immunizations for influenza and hepatitis B, and mammograms.

Most Medicare Advantage plans also are offering theses services without cost sharing, so beneficiaries should check with their plan.

RN: This change went into effect for private insurance plans created after health reform was enacted but not plans existing before then. Will long-existing plans, presumably covering most younger patients, ever have to fully cover preventive services under the law?

Dr. Seshamani: The ACA requires new insurance plans to cover an array of preventive services – those I mentioned above plus additional services including well-baby and well-child visits and routine immunizations – without charging a copay, coinsurance, or deductible. These rules do not apply to grandfathered plans, that is, plans that existed on March 23, 2010, and that have not made significant changes since then.

If a plan loses its "grandfather status" by making changes that reduce benefits or increase costs to consumers, it will need to comply with the new rules.

It's also important to note that many grandfathered plans already cover an array of preventive services with minimal or no cost sharing.

RN: How were these services chosen?

Dr. Seshamani: The ACA specifies that Medicare beneficiaries will not have to pay cost-sharing for Medicare-covered services that are recommended with a grade of A or B by the U.S. Preventive Services Task Force. The law also requires private plans to cover without cost-sharing all services that are recommended with a grade of A or B by the task force; routine immunizations recommended by the Advisory Committee on Immunization Practices; services for infants, children, and adolescents recommended by the Health Resources and Services Administration, including the Bright Futures guidelines for regular pediatric checkups, and guidelines on newborn screening; and additional preventive services for women that are being developed.

RN: How will this change affect primary care physicians? What about specialists?

Dr. Seshamani: Some of the recommended services, like flu shots, are routinely delivered by primary care physicians, while others, like colonoscopies, are more commonly delivered by specialists. All physicians have a role to play in making sure their patients get the preventive care they need to stay healthy.

RN: What proportion of the preventive services have patients been getting in the past, and what do you expect after these changes?

Dr. Seshamani: Many Americans have not gotten the preventive care they need, often because of cost. Before the ACA, Americans used preventive services at about half of the recommended rate. By eliminating copayments for new plans and for Medicare beneficiaries, the law will make preventive care more accessible for many Americans.

RN: Won't these changes increase public and private health care costs, while health reform was supposed to control costs?

Dr. Seshamani: Chronic diseases, such as cancer, heart disease, and diabetes make up 75% ofU.S. health spending. These diseases are often preventable, and by improving access to preventive care, more Americans will get the care they need to stay healthy. This can not only improve the health of Americans, but also prevent the need for costly care later. ■

The complete list of preventive services that Medicare and some private plans must offer at no charge to patients is at http://www.HealthCare.gov/center/regulations/prevention.html.

POLICY & PRACTICE

WANT MORE HEALTH REFORM NEWS? SUBSCRIBE TO OUR PODCAST – SEARCH 'POLICY & PRACTICE' IN THE ITUNES STORE

Lupus Registry Is Online

The Lupus Foundation of America has established an online site where a patient can register to be considered for clinical trials in his or her geographic area. People with drug-induced, antiphospholipid, cutaneous, hematologic, or any systemic subtype of lupus may register their e-mail addresses at the Web site, www.lupus.org/clinicaltrials/registry.htm, to be notified of clinical trials. "We continue to receive more requests from clinical investigators for people with lupus to serve as study volunteers, and we know that it is only through increased participation that we will continue to move toward having a full arsenal of treatments needed for a disease as diverse and complex as lupus," said Sandra C. Raymond, president and chief executive officer of the foundation.

Pain Treatment Targeted

The Food and Drug Administration has formed a partnership with the University of Rochester (N.Y.) to help "streamline the discovery and development process" for new analgesics, according to an FDA announcement. With a $1 million grant from the FDA, the medical center will spearhead the Analgesic Clinical Trial Innovations, Opportunities, and Networks (ACTION) initiative to find alternatives to existing pain drugs. Current opioids and nonsteroidal anti-inflammatory agents "have serious, potentially life-threatening toxicities, even when used properly," according to the FDA. The university will work with the International Association for the Study of Pain and Outcome Measures in Rheumatology, the American Pain Society, and other specialty and pharmaceutical groups to promote research on new pain medications. "One of the issues with pain is that it cuts across so many specialties – anesthesiologists, rheumatologists, emergency department physicians, and others," said Dr. Denham Ward of the university. "This initiative is crucial because it is bringing together all the key players in pain research and treatment."

California Limits CT Radiation

California Gov. Arnold Schwarzenegger (R) has signed a bill that limits the radiation dose provided in computed tomography scans. The new law comes after the discovery that patients who received treatment from at least six California hospitals received up to eight times the normal dose of radiation from their CT scans. Beginning in 2012, technicians must record the radiation dose from every scan, and radiology reports must include that information. Each year, a medical physicist will be required to confirm each CT machine's readings. Additionally, beginning in 2013, medical imaging facilities need to report to the state any medical injury resulting from CT radiation and any instance in which certain doses have been exceeded.

Productivity, Ownership Linked

Billable work per patient appears to be increasing only at physician groups under the "private practice model," but expenses have also grown, according to a Medical Group Management Association study. Over the past 5 years, relative value units per patient rose by 13% at private medical practices but declined nearly 18% at practices owned by hospitals or integrated delivery systems, analysts found. Meanwhile, operating costs for private practices increased by nearly 2% last year, in contrast to a slight decline for practices owned by the larger entities. MGMA attributed part of the increase in expenses for private practices to the cost of implementing electronic health record systems.

Top Fraud Cases All Involve Health

Pharmaceutical companies paid large fines in 8 of the top 10 fraud cases settled by the Department of Justice in 2010, according to the Taxpayers Against Fraud Education Fund. An insurer and a hospital rounded out the top 10 largest fine payers, making all 10 of the top settlements health care related, the advocacy group said. Allergan Inc., which in September settled allegations that it had marketed Botox (onabotulinumtoxinA) for off-label uses, accounted for the largest settlement ($600 million). AstraZeneca International came in second with its $520 million payment for illegally marketing the antipsychotic Seroquel (quetiapine).

Wired Practices Make More Money

Medical practices that have adopted electronic health records perform better financially than do practices that still use paper, according to the Medical Group Management Association. The group looked at the technology's impact on revenue, costs, and staffing and found that it correlated with $50,000 more net revenue per full-time physician in practices that were not owned by hospitals or integrated delivery systems. The wired practices reported $105,591 higher expenses per full-time physician, but had significantly more revenue per physician, the association said. "While the implementation process can be very cumbersome, these data indicate that there are financial benefits to practices that implement an EHR system," Dr. William Jessee, the association's president and CEO, said in a statement.

–Denise Napoli