

Prepare Now for Medicare Part D Launch in January

BY ELAINE ZABLOCKI
Contributing Writer

SAN DIEGO — Physicians will face many questions about new Medicare Part D benefit in coming months as patients decide whether to enroll and which plan to select in the voluntary prescription drug program, Elizabeth Carder-Thompson said at the annual meeting of the American Health Lawyers Association.

CMS has begun posting informational resources on its Web site, and additional materials will become available over the next few months. The best resource at this time is the "Outreach Toolkit," available by download or on CD-ROM, said Ms. Carder-Thompson, a lawyer with Reed Smith LLP.

"The Outreach Toolkit doesn't answer all the questions we want answered, but it's a good start," she said.

Enrollment for Part D begins on Nov. 15, 2005, and patients must enroll by May 15, 2006, or face a financial penalty when they do.

The coverage goes into effect Jan. 1, 2006, and the interim discount drug card program ends at that time. This means Medicare beneficiaries will need to make fairly complicated choices within a short time.

There will be at least two part D prescription drug plans available in each geographic area, and plans may include several subplans.

A Kaiser Family Foundation survey, conducted March/April 2005, found that seniors are more likely to turn to their doctor (49%) or pharmacist (33%) for help in

making these decisions, rather than to Medicare information sources (23%). About two-thirds (68%) of those surveyed said they did not have a good understanding of the new benefit.

In October 2005, Part D plans will start to send marketing materials. CMS will distribute its "Medicare and You," handbook to all beneficiaries via mail, with a description of the new benefit. A "Plan Comparison Web Tool" and "Medicare Personal Plan Finder" will be posted at www.medicare.gov, and there will be special mailings for low income beneficiaries.

"CMS says it will provide materials as they did for the drug discount card but this is far more complicated than the card," Ms. Carder-Thompson said.

According to Robert J. Hill, also of Reed Smith LLP, the CMS marketing guidelines on part D include a great deal of material that will affect physicians. For example, enrollment cannot be taken at the point of care, such as a physician's office. If physicians offer their patients information on any part D plan then they must offer information on all available part D plans.

CMS has not released the final version of its marketing guidelines, and Mr. Hill expects these issues to be dealt with in more detail in the second part.

Once Part D becomes effective, doctors will face a different set of concerns, Ms. Carder-Thompson said.

When a plan doesn't cover a prescribed drug, physicians will need to provide supporting statements in order to get an exception, but many details are not clear at this time. ■

Fed Attempts to Ease EHR Transition, Level Playing Field

BY ELAINE ZABLOCKI
Contributing Writer

SAN DIEGO — Government strategies for health information technology will aid physicians by lowering the cost, improving the benefits, and lowering the risks, said David J. Brailer, M.D., Ph.D., national coordinator for health information technology, in a keynote address at the annual meeting of the American Health Lawyers Association.

Information technology "is a tectonic issue for physicians, one that separates old from young, progressive from Luddite, and those who want to be part of a performance-based future from those who want to practice the way they have for years," said Dr. Brailer of the Department of Health and Human Services, Washington. "We're trying to be nonregulatory, to use a market-based approach, and that means we want to work with the willing. Surveys show that many physicians, at least half today, would do this if they could figure out how to do it."

One barrier to adoption of electronic

health records (EHRs) is the variety of products on the market. Certifying a basic, minimally featured EHR system will aid physicians in making rational purchasing decisions, Dr. Brailer said.

Another barrier is the current lack of a sound business model. A "pay-as-you-go" financial model is not feasible, and financial incentives will be needed to accelerate the transition, Dr. Brailer said, without specifying any further details.

Large physician groups and hospitals are far ahead of small physician offices in adopting EHRs. According to Jodi Goldstein Daniel, a Department of Health and Human Services senior staff attorney on health information technology issues who also spoke at the meeting, more than 50% of large practices have adopted EHRs, while only 13% of small practices have done so.

Dr. Brailer's office plans to monitor the adoption gap annually, to see whether it is closing, whether certified technologies are being used, and whether rural practices and other practices with special needs require some kind of safety net. ■

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