

Sudden Cardiac Arrest Coalition Gains Troops

BY BRUCE JANCIN
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DENVER — The Heart Rhythm Society and a disparate collection of 29 other organizations have joined forces to create the Sudden Cardiac Arrest Coalition to advocate for increased research and education regarding the killer of more than 250,000 Americans annually.

During the next year, the Sudden Cardiac Arrest (SCA) Coalition plans to push for introduction and passage of a congressional bill to provide funding for major new federal initiatives. These are aimed at illuminating the underlying causes of SCA and developing useful screening tests, new treatments, public education campaigns, as well as more widespread access to automated external defibrillators, Dr. Dwight W. Reynolds said in announcing the coalition's formation during the annual meeting of the Heart Rhythm Society.

The coalition also will lobby for creation of a National Sudden Cardiac Arrest Week to focus attention on this underappreciated public health crisis, added Dr. Reynolds, HRS president and chief of the cardiovascular section at the University of Oklahoma Health Sciences Center, Oklahoma City.

Marshaling of government resources has resulted in great strides against breast cancer, AIDS, lung cancer, and stroke, but SCA kills more Americans than any of these diseases. In fact, it is a leading cause of death in this country. And it occurs most often in people in their mid-30s to mid-40s without a history of heart disease, Dr. Reynolds continued.

To have a chance of surviving, an individual who experiences SCA must receive a lifesaving defibrillation within 4-6 minutes. Because that window is so narrow, SCA is fatal in 95% of cases.



"This percentage is simply not acceptable," he said, adding that increased public training in the use of and access to automated external defibrillators would improve the odds of survival.

The coalition will head to Washington with the results of a national public survey conducted earlier this year that showed 77% of 800 likely voters favor additional federal funding for increased SCA research, treatments, and educational activities. And 74% of participants indicated

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DR. REYNOLDS

they were concerned that they or a family member could have an SCA within the next 5 years. But the survey also showed a lack of public understanding about SCA, as 46% of polled adults believe that SCA is the same as a myocardial infarction.

"With so many lives in jeopardy, the American public should know their own risk of SCA, be able to identify warning signs, and seek medical attention before it is too late. They should know how to treat victims of SCA, and they should feel assured that lifesaving treatment is readily available. The coalition's work to achieve increased federal funding for research, education, and access to treatment would bring us a long way towards saving lives," said coalition cochair Diane M. Canova, executive director of the Sudden Cardiac Death Association, Washington.

Among the organizations making up the SCA Coalition are the American College of Preventive Medicine, the American Society of Echocardiography, the National Association of EMS Physicians, the International Association of Fire Fighters, the National Athletic Trainers' Association, various patient support groups, and all three major manufacturers of implantable cardioverter-defibrillators. ■

CMS Nixes Coverage of Nerve Stimulation for Depression

The Centers for Medicare and Medicaid Services has determined that it will not cover vagus nerve stimulation for treatment-resistant depression.

The therapy, marketed by Cyberonics Inc. of Houston, has been used successfully in epilepsy but has been more controversial as a depression treatment. The Food and Drug Administration approved vagus nerve stimulation (VNS) in 2005 for adjunctive long-term treatment of chronic or recurrent depression in patients aged 18 years or older who do not have an adequate response to four or more antidepressant therapies.

But the approval came over the objections of a large number of FDA scientists,

according to a year-long investigation by the Senate Finance Committee. The committee's report, issued in March 2006, questioned whether VNS therapy met FDA's safety and effectiveness standards.

In May, CMS issued its final decision. The agency stated that, "there is sufficient evidence to conclude that vagus nerve stimulation is not reasonable and necessary for treatment of resistant depression."

Cyberonics has been struggling to gain wider coverage of its device by private health insurers. But, in a statement, the company said that so far, 300 payers have covered VNS for "more than 3,000 patients."

—Alicia Ault

POLICY & PRACTICE

CMS Urged to Improve Efficiency

Medicare patients who see an "outlier generalist," a physician who treats a disproportionate share of overly expensive patients, were more likely to have been hospitalized, more likely to have been hospitalized multiple times, and more likely to have used home health services than were other Medicare patients, the Government Accountability Office found in a report. Based on those findings, the GAO recommended the Centers for Medicare & Medicaid Services develop a system that identifies individual physicians with inefficient practice patterns and uses the results to improve the efficiency of care in the Medicare system. Although CMS has discussed only using profiling results for educating physicians, the optimal system, says the GAO, would include financial or other incentives to encourage efficiency.

Overcrowded Hospitals Riskier?

Hospitals that operate at or over their capacity might be at increased risk of adverse events that injure patients, according to a study led by investigators from Massachusetts General Hospital (MGH) and Brigham and Women's Hospital, both in Boston. The report in the May issue of the journal *Medical Care* suggests that efforts to reduce costs and improve patient safety might work against each other. The researchers reviewed data from four hospitals in two states over 12 months and identified 1,530 preventable injuries not resulting from patients' underlying medical conditions. At three of the four hospitals, the rate of adverse events did not appear to increase at times of peak workload. But at the fourth—a major urban teaching hospital with consistently high occupancy rates that exceeded 100% for more than 3 months—workload increases and higher patient-to-nurse ratios were associated with more adverse events. "Our study suggests that pushing efficiency efforts to their limits could be a double-edged sword that may jeopardize patient safety," said study lead author Dr. Joel Weissman of the MGH Institute of Public Policy in a statement.

N.H. Rx Law Struck Down

A federal judge in New Hampshire has struck down a state law that banned the commercial use of provider-identifiable prescription information, finding that it is "unconstitutionally restricted speech." Judge Paul Barbadoro ruled in favor of health information companies IMS Health, Norwalk, Conn., and Verispan LLC, Yardley, Pa., which jointly filed a lawsuit seeking to prevent the state from enforcing the statute, which went into effect last June. The law was the first in the nation to ban the commercial use of information on what medications individual physicians prescribe. New Hampshire had argued that the law aimed to protect physicians' privacy, end inappropriate pharmaceutical marketing, and cut health care costs. The plaintiffs, meanwhile, said that using physicians' prescription data is crucial to improving quality. "The free flow of health care in-

formation is central to evidence-based medicine and improved patient outcomes," said IMS vice president Randolph Frankel in a statement.

Debridement Restrictions Lifted

The American Academy of Family Physicians (AAFP) said it has succeeded in its drive to remove restrictive language from a Medicare carrier's draft local coverage determination on wound care. The restriction would have affected physicians in Texas, Delaware, Maryland, and Virginia. Last December, AAFP questioned TrailBlazer Health Enterprises' proposed debridement limits of three times for one wound. AAFP said that although repetitive debridement of one wound is uncommon, sometimes, serial debridement is the only option. TrailBlazer removed the restrictions from its final policy, released in April.

IT Bill Would Aid Small Practices

In an effort to help physicians who want to adopt health information technology (HIT) systems but can't afford the investment, Reps. Charlie Gonzalez (D-Tex.) and Phil Gingrey (R-Ga.) have introduced legislation that would provide grants, loans, and tax incentives to small practices that implement computer systems. The bill is designed to facilitate the development and adoption of national standards and to provide initial financial support and ongoing reimbursement incentives for physicians in smaller practices to adopt HIT to support quality improvement activities. The legislation is based in large part on ideas developed by the American College of Physicians (ACP), the physicians' group said. Studies have estimated that the initial cost for an electronic health records system averages \$44,000 per physician, and the systems cost \$8,500 per physician annually to maintain. "The proposed financial incentives would make it possible for physicians in small practices to invest in the technology and encourage its continued use to improve patient care," said Dr. Lynne Kirk, ACP president.

Adults Disregard MDs' Orders

Forty-four percent of U.S. adults say they or an immediate family member have ignored a doctor's course of treatment or sought a second opinion because they felt the doctor's orders were unnecessary or overly aggressive, according to a survey. Most adults reported that they didn't view disregarding a doctor's recommendations as problematic or consequential. Only 1 in 10 adults who chose to disregard a physician's instructions at some time believes that he or she or a family member experienced problems because of this decision, with the most common consequence being lost time from work or school. The survey, by Harris Interactive for the Wall Street Journal Online's health industry edition, also found that a majority of adults think patients who have medical conditions often experience problems because of overtreatment as well as undertreatment by medical providers.

—Jane Anderson