

POLICY & PRACTICE

Physician payments under Medicare, passing arthritis-related legislation, and increasing governmental sponsorship of research will top the legislative agenda for the American College of Rheumatology this year.

Medicare Physician Pay

Along with many other medical specialty societies, the American College of Rheumatology's top legislative priority this year is to find a fix for the sustainable growth rate (SGR) formula used to calculate physician payments under Medicare,

according to Dr. Joseph Flood, chair of ACR's government affairs committee and a member of the clinical faculty at Ohio State University in Columbus. The SGR has led to a 4.4% cut in physician pay under Medicare this year even as physicians face increased costs. But this is especially tough on rheumatologists, who bill mostly for evaluation and management codes and have high overhead costs, Dr. Flood said. "Our margin is so tight," he said. But Dr. Flood said he is cautiously optimistic about the prospects of reforming the payment system this year because members of

Congress are generally more responsive in an election year and because some of the major issues of 2005, like Hurricane Katrina response, will be more settled.

Arthritis Legislation

ACR officials said they also plan to focus on winning passage for the Arthritis Prevention, Control and Cure Act of 2005 (H.R. 583/S. 424). The legislation would create greater access to education and more outreach, and aims to address the shortage of pediatric rheumatologists through loan forgiveness. The bill has a lot of cosponsors, Dr. Flood said, but has yet to make it to the floor for a vote.

Research Funding

Increasing government sponsorship of research is another key ACR priority for 2006, Dr. Flood said. Government sponsorship of research projects, through the National Institutes of Health, is essential to encourage continued research in rheumatology, he said. In the meantime, Dr. Flood said that ACR is developing its own research agenda and funding researchers through its Research and Education Foundation.

Quality Indicators

On the regulatory side, officials at ACR are working with the Centers for Medicare and Medicaid Services to compile appropriate indicators of quality for rheumatic disease care. An ACR committee focused on quality of care has been working on this issue and is already compiling a list of quality indicators for major diseases in rheumatology. Dr. Flood said they would like to work with CMS to develop a possible pilot project to test some of these indicators.

Infusion Therapy

Another important area for rheumatologists in 2006 will be compensation for infusion therapy. Dr. Flood said that officials at ACR are continuing to work with CMS in an effort to gain better compensation for performing infusions. For a year, CMS has been paying physicians the average sales price plus 6% for Part B drugs administered to Medicare patients. Dr. Flood said that ACR is pushing for a continued refinement of the payment methodology to ensure that physicians in smaller practices aren't penalized. For instance, physicians in small practices may not get the best prices because they don't order drugs in bulk. Also, smaller practices have higher overhead because they can't achieve the same economies of scale as larger practices. Continuing to refine the payment system in this area is especially important as new infusion drugs enter the market, Dr. Flood said.

Part D Enrollment Begins

Starting in November, Medicare beneficiaries began enrolling in prescription drug plans as part of the new Medicare Part D benefit that began this month. Beneficiaries who enroll in drug plans by the end of 2005 can begin receiving benefits on Jan. 1, but individuals who haven't made up their minds can continue to enroll until May 15, 2006. As the enrollment period kicked off, the health insurance industry was optimistic. Karen Ignagni, president and CEO of America's Health Insurance Plans, said its members' health plans were seeing higher than expected numbers of calls from Medicare beneficiaries with questions about the plans. And the questions are specific, with beneficiaries asking about drug availability, which pharmacies are participating in plans, and how much their out-of-pocket expenses will be with a plan, Ms. Ignagni said at a press conference. She recommended that Medicare beneficiaries who are evaluating different prescription drug plans consider five issues: Do they have drug coverage now? What drugs do they take? Do they purchase drugs from a particular pharmacy? How much will they

Continued on following page

Before the research
is published...

Before the drug
is approved...

Before the guideline
is issued...

You read it first in



Building Insights.
Breaking Boundaries.

Rheumatology News

— We Write Medicine's First Draft —



Panel Seeks Citizen Input on Reforming Care

BY NELLIE BRISTOL
Contributing Writer

WASHINGTON — American health care could be in for the world's largest customer satisfaction survey as the U.S. Citizens' Health Care Working Group seeks comments nationwide on how to reform the system.

"In order to make health care work for all Americans, we need to hear from all Americans," said working group member Rosario Perez, a registered nurse and vice president of Mission Integration and Outreach Services for CHRISTUS Santa Rosa Health Care in San Antonio. "We want to hear from individuals across the country. That means your parents, your relatives, your coworkers, and people in your community." Perez spoke at a briefing sponsored by the Citizen's Health Care Working Group.

Established by the 2003 Medicare Modernization Act, the 14-member panel will collect as many comments and suggestions as possible before April 15. Submissions will serve as the basis for panel recommendations for Congress and President Bush to consider next spring. The recommendations will address costs, care affordability, and quality improvement.

"Despite increases in medical care spending that are greater than the rate of inflation, population growth, and Gross Domestic Product growth, there has not been a commensurate improvement in our health status as a nation," according to the law that established the working group.

Among areas of interest highlighted by the working group are consumer concerns about health care delivery, benefits

that should be provided, how health care should be paid for, and acceptable trade-offs to ensure broad access to services.

The Health Care Working Group will collect comments via its Internet site (www.citizenshealthcare.gov) and through "town hall"-style community meetings planned for every state. The effort is the bipartisan brainchild of Sen. Orrin Hatch (R-Utah) and Sen. Ron Wyden (D-Ore.).

The press briefing was held in the same Senate room as the 1912 hearings on the

sinking of the Titanic, and Sen. Wyden said the U.S. health care system could suffer a similar dire fate "if something dramatic isn't done to save it."

Sen. Wyden suggested citizen input may engender systemic change that has stymied Congress for the last 6 decades. A "citizens' road map" for change could help "overcome the feeding frenzy by special interests," he argued.

The panel is made up of health care professionals, economists, benefits experts,

and advocates from across the country, and includes Health and Human Services Secretary Michael Leavitt. The group is chaired by Randall L. Johnson, head of corporate benefits for Motorola Inc.; vice chair is Catherine McLaughlin, Ph.D., a health economist at the University of Michigan. To jump start the national discussion, the group developed a 30-page "Health Report to the American People," which summarizes the current state of U.S. health care. ■



Annual European Congress of Rheumatology

Amsterdam, Netherlands, 21-24 June 2006



www.eular.org

Continued from previous page

pay in out-of-pocket costs for a particular plan? And do they want to stay in traditional Medicare and choose a separate drug plan or switch to a Medicare managed care plan that includes prescription drugs, physician services, and hospital care?

New Head for FDA Women's Health

Dr. Kathleen Uhl has been named director of the Office of Women's Health at the Food and Drug Administration. Dr. Uhl, a family physician and a captain in the U.S. Public Health Service, most recently served as a supervisory medical officer in the FDA's Center for Drug Evaluation and Research. "Kathleen brings a breadth of professional experience, as well as a strong science background and passion for women's health, to her new position," said FDA Acting Commissioner Dr. Andrew von Eschenbach. Dr. Uhl's experience includes clinical practice, basic science and clinical research, drug application review, drug safety oversight, and women's health issues. She also has dual faculty appointments at the Uniformed Services University of the Health Sciences in family medicine and internal medicine.

—Mary Ellen Schneider