

POLICY & PRACTICE

The Chosen Profession

"Be a physician" is the most common career advice that Americans give young adults, according to a Gallup poll of 1,003 adults aged 18 years and older. Twenty percent of those who responded to the survey recommended that young women become doctors, while 17% suggested medicine as a career for young men. By comparison, only 11% and 8% suggested that women and men choose careers in computers, respectively. Nursing continues to be viewed as a women's profession: 13% thought women should choose nursing, but that choice did not even make the top five careers for men. Medicine has always been cited as a top career choice for men, although the percentages have been rising steadily over the years for women, as more pursue careers as physicians. "These poll results offer great encouragement for a profession facing a diversity gap and a workforce deficit," said Jordan Cohen, M.D., president of the Association of American Medical Colleges.

Illinois Malpractice Bill

Another state has taken steps to curb rising malpractice costs. At the end of May, the Illinois General Assembly approved legislation to place caps of \$500,000 per physician and \$1 million per hospital on noneconomic damages. The legislation also calls for increased physician scrutiny by posting disciplinary actions and malpractice lawsuit outcomes on the Internet, and requires insurers to release actuarial data during public hearings called to review rate increases. Steve Schneider, vice president of the American Insurance Association, Midwest Region, took issue with this last provision, indicating it would "send the wrong message to insurers who may be considering entering the market." At press time, Gov. Rod Blagojevich (D) was expected to sign the bill into law.

Pay-for-Performance Shortfalls

The much talked about "pay-for-performance" style of reimbursement system is still largely untested and is not designed to reap cost savings, "particularly since most of the quality measures it targets are measures of underuse," Meredith B. Rosenthal, Ph.D., of Harvard School of Public Health, Boston, said during testimony before a subcommittee of the House Committee on Education and the Workforce. In addition, there is little guidance in the literature for purchasers and health plans to reference when they set out to design their pay-for-performance programs. Coordination among payers in using these measures is needed to prevent the effects of pay for performance from being dulled by a lack of consistency in implementation, she said. She suggested that Congress fund more research by the Agency for Healthcare Research and Quality to identify approaches that would improve this method's cost-effectiveness and increase the likely gains in quality of care.

Monitoring Health Fraud

The Federal Bureau of Investigation is not monitoring its spending on health care fraud investigations as carefully as it should, according to a report from the Government Accountability Office. The report, requested by the chairman of the Senate Finance Committee, Chuck Grassley (R-Iowa), found that some agents who previously were assigned to work on health care fraud had been shifted to counterterrorism activities. The GAO said it had been told by the FBI that the bureau wasn't too concerned about not spending enough because most of the time such spending was "historically far in excess" of the budgeted amount. "However, once FBI began to shift agent resources away from health care fraud investigations, agent[s]... charged to health care fraud investigations fell below the budgeted amounts." The GAO recommended that the FBI improve its monitoring capability and establish better reporting procedures. The bureau said it already has taken steps in that direction.

Medicaid Commission

To strengthen Medicaid, the Department of Health and Human Services established an advisory commission to identify reforms necessary to stabilize the program. The commission must submit two reports to HHS Secretary Mike Leavitt. The first, due Sept. 1, will outline recommendations for Medicaid to save \$10 billion over the next 5 years, targeting potential long-term enhancements and performance goals. The second, due Dec. 31, 2006, will make recommendations to help ensure Medicaid's long-term sustainability, addressing issues such as expanding coverage while still being fiscally responsible, and providing long-term care to those who need it. Secretary Leavitt plans to appoint up to 15 voting members to the commission with expertise in health care policy, finance, or administration.

Studies on Gender Differences Stalled

Research into gender differences is receiving limited funding at the National Institutes of Health, according to the Society for Women's Health Research (SWHR). Grants awarded to study gender differences make up only a small percentage of the total number of NIH grants, and none of the NIH institutes had devoted more than 8% of its funded grants to research on gender differences from 2000 to 2003, according to a report from SWHR. "We looked at NIH research grants awarded between 2000 and 2003 and found that across all institutes, an average of just 3% of grants focused on sex differences," Sherry Marts, Ph.D., SWHR vice president for scientific affairs and the study author, said in a statement. SWHR officials said they had hoped to see increasing levels of funding for gender-related studies, but they are encouraged that some NIH institutes have established mechanisms to foster such research.

—Jennifer Silverman

Empire State FPs Tackle EC Access, Abortion

BY MARY ELLEN SCHNEIDER
Senior Writer

ALBANY, N.Y. — The New York State Academy of Family Physicians' Congress of Delegates last month staked out positions on managed care reform and a range of controversial topics in medicine, including abortion and access to emergency contraception.

The Congress of Delegates also voiced frustration over the numerous administrative requirements from managed care companies and the lack of reimbursement for those tasks.

"We feel that we're kind of drowning here," said Raymond Ebarb, M.D., of West Sayville.

The delegates voted that the state academy should partner with other state medical societies to lobby the government to encourage health insurance carriers to compensate family physicians for all work they perform for patients.

The delegates cited referrals to specialists, processing appeals for patients who have been declined coverage, preauthorization for pharmaceuticals, and diagnostic tests as examples.

They also voted to ask the American Academy of Family Physicians to advocate for the same relief at the federal level.

Paul Salizberg, M.D., who practices in Callicoon, said that he spends 1-2 hours a day on paperwork and he even had to hire more staff to keep up with the requirements from insurers. "We're not getting reimbursed for this," he said.

Lawmakers need to at least be made aware of the problem, Dr. Ebarb said, so that they can put pressure on payers to make changes.

The delegates also called for the creation of a confidential national clearinghouse for collection of information regarding undesirable practices by health care insurers in an effort to identify trends and support the development of effective policy.

And the delegates voted to support the establishment of a formal advocacy process to support any family physician who is threatened with the restriction of his or her practice, reduction in compensation, termination, or exclusion from a health care organization. The state academy will present these ideas to the AAFP's national Congress of Delegates this fall in San Francisco.

"We desperately need some intervention and some support," said Linda Prine, M.D., of New York City.

The state academy also went on record opposing measures that interfere with the prompt dispensing of emergency contraception. The delegates voted to recommend that the state academy collaborate with pharmacists to eliminate barriers to prompt access to all types of contracep-

tives.

And the delegates voted to refer the issue to the AAFP congress for national action.

Emefre Udo, M.D., of Brooklyn, said she introduced the resolution because of news reports that pharmacists across the country had refused to dispense both emergency contraception and birth control.

The delegates also debated scope of practice and residency training issues related to abortion.

There was widespread agreement among the delegates to recommend that New York family medicine residencies provide residents with annual up-to-date lectures in evidence-based contraception and pregnancy options counseling.

However, there was extensive debate prior to the vote to approve a resolution recommending that family medicine residencies make available, when possible, abortion training for those residents desiring it.

"The residents want this education," said Dr. Prine.

However, she said, most residency programs don't have an existing arrangement with another program that allows residents to get abortion training off site. In fact, residents often go through a lot of barriers to get abortion training, Dr. Udo said.

Supporters also pointed out the resolution was a recommendation only, not a requirement that programs include abortion training. But opponents said the recommendation would not be received well within the state's many Catholic teaching hospitals.

Philip Kaplan, M.D., of Manlius, said the resolution would only serve to make enemies out of institutions opposed to abortion. "It will change nothing in a tangible way. We will simply raise a flag of divisiveness."

The delegates also staked a claim that reproductive health care, including abortions, is part of the scope of practice in family medicine.

The group voted to ask the AAFP to encourage state chapters to work with local professional liability insurers and regulators for fair rates for family physicians who provide contraceptive care, maternity care, medical and early aspiration termination of pregnancy care, and other services.

They also urged the AAFP to encourage state chapters to work with local payers to ensure fair and equitable reimbursement for these services.

The resolutions are needed, according to Dr. Prine, because some liability insurers are charging prohibitively high premiums for family physicians who perform abortions or refusing to provide coverage for those procedures. "This continues to plague us," she said. ■

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