

POLICY & PRACTICE

Specialty Hospital Review

Two influential members of Congress have asked the Office of the Inspector General for the Department of Health and Human Services and the Government Accountability Office to examine patient safety and quality, and the financial arrangements at physician-owned specialty hospitals. Sen. Chuck Grassley (R-Iowa), chairman of the Senate Finance Committee and Sen. Max Baucus (D-Mont.), the committee's ranking member, have been investigating the impact of physician-owned specialty hospitals for the past few years. "There are two issues that leap out for review: patient safety, and the use of taxpayer dollars through Medicare and Medicaid," Sen. Baucus said in a statement. "If patients' health is at risk in these facilities, we need to uncover that now. If Medicare and Medicaid dollars are paying for less than the best care in these facilities, that demands immediate attention."

Assessing PsA Treatments

A proposed congressional resolution would direct the Secretary of Health and Human Services to convene a special panel to study the availability of treatments and other medical care to individuals with psoriasis and psoriatic arthritis. Rep. Jim Gerlach (R-Pa.) introduced the resolution

(H. Con. Res. 340) in February and at press time nine members of Congress had signed on to support the measure. Under the proposed resolution, the special panel would also consider the ability of psoriasis and psoriatic arthritis patients to access prescription therapies and report its findings to Congress by February 2007. "While new, more effective and safer treatments finally are becoming available, too many people do not yet have access to the treatments that may make a significant difference in the quality of their lives," the resolution says. The resolution was referred to the House Committee on Energy and Commerce's subcommittee on health.

Musculoskeletal Research Funding

Congress should reject President Bush's fiscal year 2007 budget request and instead allocated more than \$500 million to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), according to the American Academy of Orthopaedic Surgeons. Members of the group recently traveled to Capitol Hill to lobby legislators for increased federal funding for musculoskeletal research. Under the President's FY 2007 budget request, NIAMS, part of the National Institutes of Health, would face a \$3 million

funding cut. In 2003, musculoskeletal conditions accounted for 157 million visits to physician offices, 29 million visits to emergency departments, 15 million visits to hospital outpatient departments, and 8 million hospitalizations, according to the organization.

Fighting Off Bad Bugs

Congress should be taking more aggressive steps to give incentives to pharmaceutical and biotechnology industries to fight antibiotic resistance, physicians and other policy makers said during a press conference sponsored by the Infectious Diseases Society of America. The group released its "hit list" of the six most dangerous, drug-resistant microbes. "These are life-threatening drug-resistant infections, and we're seeing them every day," said Dr. Martin J. Blaser, IDSA president. "What is worse is that our ammunition is running out and there are no reinforcements in sight." Market exclusivity—a method that's worked favorably in the past for pediatric drugs, would be an option, he said. So would calling for tax credits for the manufacture or distribution of these products. Another option is to establish an independent commission to identify which drugs are more sufficient in combatting resistant microbes. "The superbugs are not waiting, and neither should we," Dr. Blaser said.

P4P Comes of Age

More than 100 pay-for-performance programs were operating around the country as of last September, according to a new report from the Alliance for Health Reform. Members of Congress and the Bush administration also are exploring ways to test pay for performance within the Medicare program, including Medicare's voluntary physician reporting program which began earlier this year. So far, the private sector has taken the lead on pay for performance, according to the report. A prime example is the Bridges to Excellence program, sponsored by several large employers and operating in Cincinnati, Louisville, Ky., Massachusetts, and Albany/Schenectady, N.Y. The program is expanding into the District of Columbia/Maryland/Virginia area, Minnesota, and Georgia. The group offers payment incentives to high-performing physicians in the area of diabetes and cardiac care, and in the use of health information technology. But despite the success of this model and some others, critics say there are a number of unanswered questions. For example, proponents need to identify the size of the bonus or penalty needed to make a difference in quality, and to figure out what adjustments need to be made to payment systems across different medical specialties, according to the report.

—Mary Ellen Schneider

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