

ACP Proposes Pay Changes, Training Program Redesign

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PHILADELPHIA — Officials at the American College of Physicians are proposing major changes in the way general internists practice, get paid, and are trained.

The recommendations are outlined in three new policy papers aimed at addressing reform of the payment system, a national workforce for internal medicine, and redesign of internal medicine training programs.

The Medicare payment system is one of the principal reasons that physicians are abandoning primary care, said Robert B. Doherty, ACP senior vice president for governmental affairs and public policy.

ACP officials are recommending changes to the current payment system to improve compensation for general internists, but say that more sweeping reforms are needed. Proposed changes to the Medicare Resource-Based Relative Value Schedule (RBRVS) include increasing the work relative value units (RVUs) for evaluation and management services, re-examining the methodologies used to derive the practice expense RVUs, and establishing a process to identify potentially misvalued RVUs.

If recommendations by the RVS Update Committee—the group of physicians that recommends changes in the payment level for new and revised CPT codes—to increase payments for evaluation and management codes are accepted, the changes would take effect on Jan. 1, 2007, he said.

ACP also is seeking separate Medicare

payments for services that contribute to coordinated care. For example, ACP is calling on CMS to provide a separate payment for e-mail, telephone, and related technology that can reduce the need for face-to-face visits for nonurgent care. CMS should also develop specific codes for care coordination activities, such as intensive follow-up, the use of patient registries and population-based treatment protocols, and disease management training, according to ACP.

In addition, ACP officials would like CMS to provide an add-on payment when office visits include the use of health information technology, such as electronic health records, electronic prescribing, or clinical decision support tools.

On pay for performance, ACP maintains that potential rewards should be substantial enough to allow for continuous quality improvement. Also, positive incentives should be used rather than penalties.

In the long term, Congress should replace the Sustainable Growth Rate with a formula that would provide adequate and predictable payment increases for all physicians, ACP said in its position paper. And ACP officials want to work with Medicare and other payers to design a new model for health care financing that would build on the concept of the advanced medical home.

Reforms to the education of medical students and the training of internal medicine residents also are needed. The ACP position paper, "Redesigning Training for Internal Medicine," was published online and will appear in the June 20 print edition of *Annals of Internal Medicine*. ■

POLICY & PRACTICE

Merck Faces Punitive Damages

Jurors in New Jersey last month awarded \$9 million in punitive damages—and \$4.5 million in compensatory damages—to John McDarby, 76, who claimed that his myocardial infarction was caused in part by his long-term use of Vioxx. However, the jury did not find in favor of the other plaintiff in the case—60-year-old Thomas Cona, who claimed his use of Vioxx for about 22 months contributed to his MI. Merck & Co., which manufactures Vioxx, plans to appeal both the compensatory and punitive damage awards. "We continue to believe that the heart attacks in both these cases were caused by the preexisting medical conditions of these two men, and not Vioxx," Chuck Harrell, a member of the Merck defense team, said in a statement. To date, Merck has lost only one other Vioxx case. In 2005, a Texas jury awarded more than \$250 million to the plaintiff and found that Merck had failed to warn doctors about the risks of the drugs, the drug was improperly designed, and that the company's negligence caused the death of Robert Ernst. Merck has won a federal case and another New Jersey case and plans on appealing the Texas verdict.

Importance of Exercise

Patients with arthritis still aren't getting the message that exercise can decrease pain and disability in that population, according to a study in the *American Journal of Preventive Medicine*. The researchers compared levels of activity among individuals with and without arthritis using data from the 2002 National Health Interview Survey and found that adults with arthritis were much less likely to engage in recommended levels of moderate to vigorous activity and that overall activity levels were low. They did not find significant differences between those with and without arthritis in terms of inactivity or in the participation in strengthening exercises. Future research should focus on targeting the groups at the greatest risk for inactivity such as women, the elderly, and minorities, the authors wrote.

Health Care Workforce Concerns

The number of new geriatricians in the United States is declining, even as the over-65 population is growing rapidly, according to a report from the Center for Health Workforce Studies at the University at Albany, part of the State University of New York system. The report, which was funded by the Health Resources and Services Administration, finds that while projections on the number of physicians entering practice each year is expected to be adequate to meet the "aggregate demand," it may not be well matched to the needs of older Americans. And the report points to the need for more geriatricians, registered nurses, clinical psychologists, nursing home administrators, and other health care workers to meet the needs of the growing older population. The report also found that

the demand for services by older adults is likely to be affected by health insurance reimbursement policies, emerging technology, new models of care, and changes in the profession-specific scope of practice. The full report is available online at <http://chws.albany.edu>.

Researching Psoriatic Arthritis

The National Psoriasis Foundation has awarded \$120,000 in seed money to researchers trying to understand the mechanism of disease for psoriasis and psoriatic arthritis. The idea behind the program is to fund research that will generate preliminary data to be used in grant applications to the National Institutes of Health. The four grants—funded at \$30,000 each—were awarded to researchers in Oregon, Utah, Colorado, and New York. One grant recipient at Columbia University will focus on understanding the environment of joints in psoriatic arthritis. The results of this type of research could lead to better therapeutic targets for psoriatic arthritis, according to the Psoriasis Foundation.

Decline in Charity Care

The decade-long decline in the proportion of physicians providing charity care continued in 2004-2005, according to a study by the Center for Studying Health System Change. The percentage of physicians providing any free or reduced-fee care decreased to 68% in 2004-2005, down from 72% in 2000-2001. "Declines in charity care were observed across most major specialties, practice types, practice income levels, and geographic regions," study authors Peter J. Cunningham, Ph.D., and Jessica H. May wrote. "Increasing financial pressures and changes in practice arrangements may account in part for the continuing decrease in physician charity care." More than 70% of physicians providing charity care reported that they typically did so in their own practice, while 14% provided it while on call in a hospital emergency department and 6% in another practice or clinic.

Vote of Low Confidence

Americans have a low level of trust and confidence in President Bush when it comes to improving the U.S. health care system, a Wall Street Journal Online/Harris Interactive poll found. Only 25% of adults are "confident or very confident" that the president can reduce the percentage of Americans without health insurance, according to the online survey of more than 2,400 adults. About half (49%) of Republicans expressed this level of confidence, compared with 7% of Democrats and 19% of Independents. Respondents expressed somewhat more trust in the Democrats (45%) and potential 2008 Democratic presidential candidate Sen. Hillary Clinton (D-N.Y.) (41%) to improve the health care system than in the Republicans (31%) and President Bush (30%).

—Mary Ellen Schneider

Rethinking Internist Residency Training

The ACP position paper on training for internal medicine outlines six revisions to the current model for graduate medical education:

► **Defining the design model for residency training.** ACP is calling for the creation of a 3-year model for residency education that would include 2 years of core training and 1 year of customized experiences tailored to the career goals of the trainees. For example, someone interested in becoming a hospitalist would spend more of the third year in the hospital, while others would spend more time in ambulatory care settings.

► **Integrating educational and service needs.** Such a change would move away from excessive workloads for residents, which currently meet the needs of the institutions but not of the residents or patients.

► **Enhancing ambulatory training.** When possible, residents should train in office settings that use advanced technology, such as electronic health records, and that have a team approach to care, according to ACP. In addition, the time spent in ambulatory

settings should be structured so that residents do not view it as a distraction from their inpatient duties. Ambulatory training has been the "poor stepchild" of graduate medical education, Dr. Weinberger said, and usually is conducted in settings that make it difficult to practice and learn.

► **Utilizing team-based care.** Training should incorporate team-based care that includes nurses, social workers, case managers, and midlevel providers, according to ACP. In addition, residents can be paired together or with faculty so that one member can provide inpatient care while the other cares for ambulatory patients.

► **Developing faculty models.** Training programs should also consider creating a "core faculty," a specialized group of clinician educators, who would receive sufficient time, money, and status to train and mentor residents. "We don't have the right faculty models," Dr. Weinberger said.

► **Stressing professionalism.** The core values include patient-centered, culturally sensitive, evidence-based care.