Policy & Practice

Rheumatic Diseases Research Plan

New approaches to the treatment for rheumatoid arthritis are needed, according to a draft of the long-range plan for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). The draft outlines research needs for fiscal years 2006-2009 and calls for exploring immunosuppressive agents in inflammatory rheumatic disorders and gaining a better understanding of the epidemiology and disease manifestations of diseases such as juvenile arthritis and juvenile dermatomyositis. The draft report also notes the importance of developing new imaging technologies.

Rare Disease Studies

Officials at the National Institutes of Health have launched the first clinical studies that are part of its Rare Diseases Clinical Research Network. The network has received a total of $71 million in 5-year funding awards to study rare diseases. In the next few months, more than 20 studies are expected to open in sites around the world. For example, an investigator at the Johns Hopkins Vasculitis Center in Baltimore will conduct a study of giant cell arteritis. Other studies will focus on conditions including Angelman's syndrome, episodic ataxia, and urea cycle disorders. "By studying the genetic component of these rare diseases, we hope to be able to better predict the course of the illnesses and provide more effective, personalized treatments for those afflicted," NIH Director Dr. Elias A. Zerhouni said in a statement. "Ultimately, this individualized approach, completely different from how we treat patients today, will allow us to prevent or to promptly treat the complications arising from these genetic disorders."

Medicare Formulary Guidance

If officials at a Medicare Part D drug plan change the preferred or nonpreferred formulary drugs, remove dosage forms, or exchange therapeutic alternatives, they must allow beneficiaries currently taking the drug to be exempt from the changes for the rest of the year, according to guidance from the Centers for Medicare and Medicaid Services. Abby L. Block, director of the CMS Center for Beneficiary Choices issued a memo to Part D sponsors in April outlining policies for formulary changes made after a beneficiary has signed onto a plan at the beginning of the plan year. In addition, Part D plans can only change therapeutic categories and classes in a formulary at the beginning of each plan year, except to account for new therapeutic uses or newly approved drugs. CMS also noted that after March 1, Part D drug plans are only allowed to make "maintenance changes" to their formulary, such as replacing a brand name drugs with a new generic drug. All proposed formulary changes, except for expansions, must be submitted to CMS for review and approval, according to the memo. "Prescription drug therapies are constantly evolving, and new drug availability, new medical knowledge, and new opportunities for improving safety and quality in prescription drug use at a low cost will inevitably occur over the course of the year," Ms. Block said in the memo to Part D sponsors.

Stem Cell Committee Named

The Institute of Medicine and the National Research Council, two divisions of the National Academies, have appointed a committee to "monitor and revise" voluntary guidelines on the conduct of human embryonic stem cell research. The committee will provide updates to the voluntary guidelines issued last year by the National Academies; it is currently seeking comments on the guidelines. It also will have workshops to keep informed about developments in the field. The 14-member committee will be cochaired by R. Alta Charo, professor of law and bioethics at the University of Wisconsin, Madison, and Richard O. Hynes, Ph.D., investigator at the Howard Hughes Medical Institute and professor of cancer research at the Massachusetts Institute of Technology, Cambridge. The Ellison Medical Foundation, the Greenwall Foundation, and the Howard Hughes Medical Institute will provide funding for the committee.

Maryland OKs Stem Cell Research

The Maryland legislature passed a bill establishing a $15 million fund to promote stem cell research in the state. The measure, which passed by a vote of 90-48 and signed by Republican Gov. Robert Ehrlich last month, will establish procedures for reviewing research projects involving either adult or embryonic stem cells. An independent commission—including representatives from the patient advocate, biotechnology, and ethics communities—will administer grants to universities and private sector researchers. "This new law will solidify Maryland's reputation as a national leader in medical research, attract and retain biotech companies and researchers to Maryland, and offer hope to millions of American suffering from debilitating conditions," the governor said in a statement.

Doctors Most Trusted for Advice

A new Harris poll finds that among 11 professions, physicians are the most trusted to give good advice, with dentists and nurses running a close second and third. Fifty percent of 2,302 adults polled online in late March said they "completely" trusted a physician to give advice that is best for them. Only 4% said they did not trust a physician at all. Overall, 93% of adults said they completely or somewhat trusted physicians; 92% said the same about a nurse and 91% said the same about a dentist. Mechanics, insurance agents, and real estate agents engendered the least amount of trust, with stockbrokers holding the rock-bottom position.

—Mary Ellen Schneider

Physicians Heed the Call To Adopt Health Care IT

BY MARY ELLEN SCHNEIDER
Senior Writer

More than 2 years after President Bush issued his call to action on the adoption of electronic health records, experts say there is growing pressure on physicians to heed that call.

While physician adoption of EHRs remains low—especially in small practices—the movement toward pay for performance could start to drive adoption, said Mureen Allen, senior associate for informatics and practice improvement at the American College of Physicians. And the certification of electronic health records by an independent body, which is slated to begin this summer, should help too. "The paradigm to some extent is changing."

This month, many of the biggest players in health information technology will gather in Washington for National Health IT Week. More than 40 groups are slated to participate in this first-ever event, including medical professional societies such the American Academy of Family Physicians, government agencies, a regional health information organization, and other public and private organizations.

Many states are helping to form regional health information organizations to standardize regulations and business policies surrounding health IT exchange.

The series of events follows on the heels of more than 2 years' major actions in the health IT landscape starting with President Bush's State of the Union address in January 2004 in which he called for the widespread adoption of interoperable EHRs within the decade.

A few months later, the Health and Human Services secretary appointed Dr. David J. Brailer as the first National Health Information Technology Coordinator. Dr. Brailer resigned from the post last month saying that he only planned to stay in the job for 2 years. Dr. Brailer said there is still a lot of work to be done in closing the adoption gap between large and small physician practices. His office has been focused on three strategies to close the gap—lowering costs, raising the benefits, and lowering the risks involved in purchasing an EHR system, he said during a teleconference announcing his resignation.

Last fall, HHS Secretary Mike Leavitt established the American Health Information Community, a federally chartered commission to advise the secretary on interoperability issues. HHS proposed allowing hospitals and other entities to give physicians health IT hardware, software, and training.

HHS also awarded three contracts to public and private groups to create processes for harmonizing information standards, certifying health IT products, and addressing variations in state laws on privacy and security practices.

Since January, prescription drug plans participating in the Medicare Part D program have been required to begin supporting electronic prescribing. The regulation is optional for physicians and pharmacies.

Most recently, the Food and Drug Administration adopted the Systematized Nomenclature of Medicine (SNOMED) standard as the format for the highlights section of prescription drug labeling. The format will be required starting on June 30 for all new drugs and drugs approved within the last 5 years. The use of the SNOMED standards will make it easier for electronic systems to exchange FDA-approved labeling information, according to the agency.

One of the most significant developments has been the establishment of the Certification Commission on Health Information Technology (CCHIT). This group was formed in 2004 by the American Health Information Management Association, the Healthcare Information and Management Systems Society (HIMSS), and the National Alliance for Health Information Technology to develop criteria for the certification of EHRs. CCHIT received a 3-year grant from HHS last fall to certify products in the ambulatory and inpatient settings, and to certify the systems' networks. The announcement of the first certified products in the ambulatory setting is expected in late June or early July.

CCHIT Chair Dr. Mark Leavitt said that current estimates put physician adoption of EHRs at around 14%. He said that taking some of the risk out of buying an EHR product may boost use.

"I think we are on track," said Dave Roberts, vice president of government relations at HIMSS. While physicians still need to be educated about the value of EHRs, there are some other encouraging signs. For example, many states are becoming more interested in health IT and are helping to form regional health information organizations, he said.

These groups, called RHIOs, help to standardize the various regulations and business policies surrounding health information exchange. The federal government has funded more than 100 of these regional projects, and more efforts, supported by private industry or state governments, are underway, according to HHS.

For the majority of physicians, it just hasn't made financial sense to purchase an EHR system, Dr. Allen said. However, some physicians are beginning to see a strategic advantage in the adoption of technology. One advantage stems from regulations that encourage electronic prescribing.

EHR adoption is inevitable, Dr. Allen said, if only because so many new physicians are being trained on EHRs, and it is not acceptable to them to go back to a paper system once they enter practice. ■

Pages 36a—36b