

POLICY & PRACTICE

Translating Research Results

Officials at the National Institutes of Health are stepping up their efforts to bring research findings to clinicians faster through the launch of four new Centers of Research Translation: the Center for Translating Molecular Signal Pathways to Orthopedic Trauma Care; the Center for Lupus Research; the Center for X-Linked Hypophosphatemic Rickets Research; and the Center for Research Translation in Scleroderma. The scleroderma research effort will be led by Dr. Frank Arnett, professor of internal medicine in the division of rheumatology at the University of Texas Medical School in Houston. As part of the center's efforts, researchers will focus on the molecular basis of the disease. The centers were funded by grants from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, part of NIH.

Lupus Researcher Honored

The Lupus Foundation of America recently honored Dr. Morris Reichlin of the Oklahoma Medical Research Foundation for a lifetime of achievement in the field of lupus research. Dr. Reichlin, director of the clinical immunology laboratory at the Oklahoma Medical Research Foundation in Oklahoma City, received the Evelyn V. Hess Research Award. Dr. Reichlin and his colleagues have been involved in studying autoimmune responses in patients with lupus. "Dr. Reichlin is clearly one of the leaders in research in lupus and has maintained that position over a number of years. His observations on autoantibodies and the tests he developed to detect them are critical components of the diagnosis of lupus that are used today," Dr. Gary Gilkeson, chair of the Lupus Foundation of America Medical-Scientific Advisory Council, said in a statement.

Power Mobility Device Coverage

Medicare officials recently announced changes to the fee schedule for new power mobility devices (PMDs) in an effort to improve the accuracy of the prices. The "refinements" will increase the fees paid for complex rehabilitation power wheelchairs. The changes will also result in increases to the fees for standard geriatric mobility power wheelchairs. The price increases are intended to reflect the greater durability and performance of these chairs compared with others, according to officials from the Centers for Medicare and Medicaid Services. The fee schedule was originally released in October. More information on the code refinements is available online at www.cms.hhs.gov/DMEPOSFeeSchd/01a_Power_Mobility_Devices.asp.

Part D Model Guidelines

The United States Pharmacopeia (USP) has released a draft of the third version of the Medicare Part D Model Guidelines. Each year, a USP expert panel updates the guidelines to be used by Medicare Part D drug plans when compiling their formularies. The guidelines themselves are not a formulary and instead list therapeutic categories, pharmacologic classes, and key formulary drug types from which drug plans should offer medications. About

80% of Part D drug plans based their formularies on the guidelines. The USP expert panel will submit a final version of the guidelines to Medicare officials by Feb. 5, 2007. The draft guidelines are available online at www.usp.org.

Health IT Gaps

The adoption gap in health information technology continues to widen, with physicians in smaller practices being left behind, according to a report from the Center for Studying Health System Change (HSC). Between 2000-2001 and 2004-2005, physi-

cians in all types of practices increased their use of health IT for accessing patient notes, generating preventive care reminders, exchanging clinical data, obtaining treatment guidelines, and writing prescriptions. However, practices with two or fewer physicians increased their use of health IT for writing prescriptions by 5%, compared with 28% among practices with more than 50 physicians. The gaps are likely due to the greater financial resources of larger practices along with more administrative resources and economies of scale. Large practices may also have an advantage in health IT adoption because of more active physician leaders who are promoting IT and quality im-

provement, according to the report. The data in the report are from the HSC Community Tracking Study Physician survey, a nationally representative telephone survey of physicians involved in direct patient care in the United States. "Larger practices appear to be gaining critical mass in adopting IT for patient care, but the smallest practices, which account for more than half of all practicing physicians, appear to be at risk of being left behind," Joy M. Grossman, a coauthor of the report and a senior health researcher at HSC, said in a statement. The report is available online at www.hschange.org/CONTENT/891.

—Mary Ellen Schneider

Before the research
is published...

Before the drug
is approved...

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