

POLICY & PRACTICE

Bill Seeks Consent for Off-Label Rx

A bill in the California assembly would require physicians to get informed consent from their patients before “prescribing, administering, or furnishing” a prescription for off-label use. A failure to adhere to the requirement would be considered a violation of the Medical Practice Act, which means physicians could be charged with a crime. The California Medical Association opposes the legislation and said the existing law is enough because physicians can be held liable for not disclosing risks. The bill would require physicians to specify that a medication is not approved by the Food and Drug Administration for the use that the doctor is recommending, and that the risks are unknown and there is not a consensus on the efficacy.

Obesity Linked to 2%-3% of Claims

Obesity accounts for 2%-3% of medical claims dollars, according to a retrospective study in the March issue of the *Journal of Occupational and Environmental Medicine*. Researchers at Gordian Health Solutions Inc. assessed claims from January 2000 to December 2004 from 61 employers. In 2004 inflation-adjusted dollars, total claims for the study period amounted to \$4.55 billion. Obesity was responsible for 2.1% of total claims for male workers (\$3.55/member per month) and 2.8% for female workers (\$5.71/member per month). The true tally may be higher, said the researchers, noting that their analysis excluded prescription drug costs. Given that the data show a rise in obesity-related costs with increasing age, “childhood obesity may have significant lagged effects.”

IOM on Quality Improvement Groups

An Institute of Medicine committee has released a report on Medicare’s Quality Improvement Organizations that describes these groups as spending too much time on reviewing beneficiary complaints and not enough on helping physicians and health care organizations to actually improve care. The panel said there are inherent conflicts when the QIO reviews complaints about organizations it needs to voluntarily participate in quality improvement efforts, and suggested that case reviews should be shifted to regional or national agencies. The 22-member IOM panel spent a year investigating the 41 organizations that are hired by Medicare to improve quality of care, address patient complaints, and review claims to ensure they meet quality benchmarks and reimbursement standards. Stephen M. Shortell, Ph.D., an IOM panel member, said the committee’s main finding was that, while the quality of care has improved, “the pace of change is too slow, and gaps in quality persist.” QIOs should be providing more technical assistance to physicians and hospitals, said Dr. Shortell, who is a professor of health policy and management at the University of California, Berkeley. The IOM panel said that QIO boards—

which it said are dominated by physicians—should include more consumers, representatives of other health fields, and health information technology experts, and have greater accountability to the public. The American Health Quality Association, a QIO trade group, said it supported most of the recommendations, but said that the organizations should continue to review complaints and appeals because it provided “invaluable opportunities to help providers improve care for all patients.” The AHQA also noted that 30 of 41 QIOs had signed a code of conduct that would make them more accountable.

Many Enrollees Happy With Part D

A new survey of Medicare beneficiaries who are receiving Part D drug benefits finds them to be largely satisfied. The survey—conducted 10 weeks into the new coverage—was paid for by America’s Health Insurance Plans, and conducted by Ayres, McHenry & Associates Inc., a Republican polling firm. The poll surveyed 408 of the 5.2 million people over age 65 years who have self-enrolled in Part D, and 401 of the 6.5 million “dual eligibles,” who were automatically enrolled because they had Medicaid drug coverage. Of those who self-enrolled, 66% said it had been worth the time and effort to enroll, and four-fifths (84%) said they had no problem signing up. The majority—85%-90% of both groups—said they had no problem using the new benefit. “This is a dramatic departure from the conventional wisdom about this program,” said Whitfield Ayres, Ph.D., president of the polling firm. But Ron Pollack, executive director of the advocacy group Families USA, said it was not surprising that beneficiaries who went to the trouble to sign up were happy. Shockingly few have signed up, however, Mr. Pollack said. “America’s seniors are clearly voting with their feet,” he said.

All Groups at Risk for Poor Care

Although disparities exist in health care among various ethnic and racial groups, those gaps are small compared with the health care everyone receives and what they should be receiving, according to a report from the Rand Corporation. “Differences exist. But they pale in comparison to the chasm between where we are today and where we should be,” said Dr. Steven M. Asch of the University of California, Los Angeles, the study’s lead author. “These findings tell us that no one can afford to be complacent, and they underscore that the quality-of-care problem in this country is profound and systemic.” The study assessed preventive services and care for 30 acute and chronic conditions that constitute the leading causes of death and disability. Overall, participants received about 55% of recommended care, despite the fact that the recommendations for the conditions involved were widely known and accepted.

—Alicia Ault

Physicians, Lawmakers Ask: What About the Uninsured?

BY JOEL B. FINKELSTEIN

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WASHINGTON — Physicians are increasingly willing to cross party lines on the issue of the uninsured, but convincing lawmakers may be their biggest hurdle.

It’s in physicians’ best interest to be involved in the debate over health care reform, Rep. Tom Price (R-Ga.), also an orthopedic surgeon, said at a national advocacy conference sponsored by the American Medical Association.

“What do you think is holding the current health care system together?” Dr. Price asked the audience. “You. It’s the altruism of the physicians of this nation. That’s what is holding this system together. It’s the only thing holding it together.”

The conference brought physicians together with members of Congress from both parties to talk about the uninsured and other issues. Lawmakers encouraged physicians to participate in finding solutions.



“I am glad to be able to hear what Democrats and Republicans have to say,” said Dr. Charles Anderson, an internist in group practice in Naples, Fla. “We’re not going to get anything done if we can’t get some kind of consensus.”

The need to come together to deal with this problem seems to be welling up within organized medicine, said Dr. Jack Lewin, CEO and executive vice president of the California Medical Association. “The profession needs a focused and shared vision of what should be done about the uninsured.”

There is also increasing pressure from younger members of the AMA, especially those in the organization’s student and residency sections, to place more emphasis on the uninsured, meeting attendees said.

While the uninsured has been a top priority for primary care groups such as the American Academy of Family Physicians, the American College of Physicians, and American Academy of Pediatrics for some time, the AMA has focused much of its considerable lobbying clout on fixing Medicare’s sustained growth rate-based reimbursement formula and capping noneconomic damages in medical malpractice cases. To date, the problem of the uninsured has ranked a distant third.

These priorities are still the primary pocketbook issues for private practice physicians. Doctors’ offices, which operate no differently than many small businesses, are having difficulty keeping their doors open, and are increasingly squeezed by rising overhead and diminishing reimbursement, attendees said.

As physicians’ profit margins have fallen, so has their ability to shift the cost of caring for the uninsured, which is why many don’t see the uninsured as a separate issue from Medicare reimbursement and liability insurance premiums, Dr. Anderson said.

That perspective may not win over politicians, Dr. Price advised.

“Always talk about the patient, even when you are talking about medical liability reform. I know it’s tempting to say that your medical liability premiums have skyrocketed, but I promise you not a member of Congress gives a hoot, not one of them. But they do care that you can’t see patients because of that and that your patients can’t see specialists because of that,” he said.

However, he and other lawmakers at the conference were not able to provide physicians with much hope that anything substantial will get done on any of these issues this year. “The remarkable partisanship in which we currently find ourselves is absolutely stifling,”

Dr. Price said.

‘The profession needs a focused and shared vision of what should be done about the uninsured.’

DR. LEWIN

That partisanship has made it difficult to move on any comprehensive proposals for dealing with the uninsured problem and was on display at the conference.

“When the Republicans ask people to put some skin in the game by encouraging high deductible plans linked with [health savings accounts] what they are really doing is extracting a pound of flesh from the poor and the sick, which will eventually cost us more and leave our nation sicker than it was before,” said Rep. Edward Markey (D-Mass.).

Dr. Price, who served four terms in the Georgia state senate, remarked that the worst day in the state legislature is like the best day in Congress. And it is to the states that physicians may have to look for more immediate solutions.

Reform will ultimately trickle up from states such as Maine, which is in the process of implementing a novel public-private partnership that promises to provide access to health insurance for all of the state’s 130,000 uninsured by 2009.

“It’s wonderful to be a member of Congress and talk about the issues of the day. But I do think it’s important at the end of the day to get something done. My experience has been that people want solutions. They want real answers. They’re not looking for 30-second sound bites,” Gov. John Baldacci (D-Maine), said at the meeting.

The state’s approach, DirigoChoice, was named after the state motto, which is Latin for “We lead.” It was the culmination of a sweeping discussion including physicians and other stakeholders, he said.

“It wasn’t done behind closed doors. It was done out in front of everybody. ... If they were going to buy into it, they needed to have some ownership in the process itself,” Gov. Baldacci said.

Physicians need to play a more central role in reforming the health care system to provide access to more people, Dr. Lewin said. “Either we just sit and wait for a single payer system, or we propose something better,” he warned. ■