

## POLICY & PRACTICE

### Ex-FDA Chief Crawford Guilty

Former Food and Drug Administration Commissioner Lester M. Crawford, D.V.M., has pleaded guilty to lying about stock he held during his tenure, in violation of federal conflict-of-interest and stock ownership rules. Dr. Crawford was charged with two misdemeanors and is scheduled to be sentenced Jan. 22 in Federal District Court in Washington. He could receive a year in prison and could be fined \$200,000. According to the plea, Dr. Crawford failed to sell shares in Sysco, Pepsico, and Kimberly-Clark, all of which have products that are regulated by the FDA. Federal rules require senior officials to divest shares in companies that their agency regulates. Dr. Crawford also did not disclose his wife's ownership of Wal-Mart stock. Dr. Crawford was charged with conflict of interest for owning the Pepsico and Sysco shares while chairman of FDA's Obesity Working Group. Rep. Maurice Hinchey (D-N.Y.) said he will push for a completion of an Office of Inspector General inquiry into Dr. Crawford's resignation and financial holdings. "Based on Lester Crawford's apparent disregard for the law, we must find out what other improper actions he took while leading the FDA, which may not necessarily have been illegal, but were inappropriate or unethical," Rep. Hinchey said in a statement.

### CareFirst Doctors Earn \$1.4 Million In P4P Rewards

WASHINGTON — Pay-for-performance rewards totaling \$1.4 million were distributed to physicians in 20 group practices in a pilot project sponsored by CareFirst BlueCross BlueShield. Dr. Jon Shematek said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Thirty practices initially were selected for participation in the first year of a \$4.5 million, 3-year project, said Dr. Shematek, vice president for quality and medical policy at CareFirst. Eight dropped out and rewards were given to the remaining practices that met National Committee for Quality Assurance certification requirements.

CareFirst used the Bridges to Excellence model program developed by a group of employers, insurers, and physicians. Standards met by physicians addressed clinical information systems, use of evidence-based medicine, patient education and support, and care management. Of the 20 practices, 17 passed at a basic level and 3 passed at an intermediate level; 14 had paper medical records and 6 had partial electronic records.

Practice improvements included chronic disease registries and follow-up, electronic prescribing, follow-up of emergency department visits and inpatient admissions, and improved rates of colonoscopy screening and diabetes eye exams. Certified practices receive program recognition via a "practice connections" seal they can use in advertising.

—Nellie Bristol

### Pilot P4P for Small Practices

The Centers for Medicare and Medicaid Services is seeking 800 solo and small- to medium-sized group practices to participate in a 3-year pilot pay-for-performance project. The Medicare Care Management Performance Demonstration is limited to practices in Arkansas, California, Massachusetts, and Utah that are the main providers of primary care to at least 50 Medicare beneficiaries. Physicians will be required to submit data each year on up to 26 quality measures in diabetes, heart failure, coronary artery disease, and preven-

tive care. During the first year, participating physicians will be paid for reporting baseline information. In the 2 succeeding years, practices will submit quality data; they can earn up to \$10,000 per physician or up to \$50,000 per practice for meeting benchmarks endorsed by the National Quality Forum. The measures are similar to those being used in Medicare's Physician Voluntary Reporting Program. At the end of the 3-year project, CMS and the Agency for Healthcare Research and Quality will review the impact on patient outcomes and Medicare expenditures. For more information, go to [www.cms.hhs.gov/DemoProjectsEvalRpts/MD/list.asp](http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/list.asp).

### CMS Curbs Improper Claims

Medicare is on track in 2006 to further reduce the number of fraudulent and inappropriate claims being submitted. CMS is reporting that 4% of claims were improper in 2006, down from 5% the previous year and from 14% in 1996, leading to \$11 billion less in improper payments over the last 2 years. To determine the error rate, CMS randomly sampled 160,000 claims submitted from April 2005 to March 2006. Since it has been able to more closely identify errors, CMS has been providing more accurate information to contractors, resulting in improved system edits and updated coverage policies,

Advertorial

Helping Change the Cycle of Migraine

## A RICHER UNDERSTANDING OF PATIENTS' MIGRAINE IMPAIRMENT



The renowned Diamond Headache Clinic recently hosted a meeting featuring the results of the landmark American Migraine Communication study (AMCS). The study revealed that, during office visits for migraines, patients heard mostly closed-ended or short-answer questions (91%), which prompted limited responses.<sup>1</sup> Such questions may tell you about frequency and severity but may fall short in clarifying the patient's total level of impairment due to migraine.

### AMCS reveals prevention is often overlooked

Despite the fact that many patients met the American Migraine Prevalence and Prevention study criteria for prevention, discussions were initiated in only 50% of the office visits.<sup>1</sup>

TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

#### IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

- Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.
- Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience

blurred vision or ocular pain.

- Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.
- Cognitive/psychiatric side effects including cognitive dysfunction, psychiatric/behavioral disturbances including suicidal thoughts or behavior, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia, \* 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.