

Participation in Quality Reporting Higher in 2008

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Health professionals participating in Medicare's Physician Quality Reporting Initiative received \$92 million in incentive payments under the program in 2008, the Centers for Medicare and Medicaid Services announced.

That's nearly three times the \$36 million paid out in 2007, the agency noted.

The number of medical professionals receiving payments also increased during the same period, from 57,000 to 85,000. The average payment in 2008 was more than \$1,000, with the largest single payment at \$98,000. During 2007, the reporting period lasted only 6 months for all participants, while in 2008 participants could report for a 6- or 12-month period.

"We are very pleased with the results for 2008," acting CMS administrator

Charlene Frizzera said in a statement. "More health professionals have successfully reported data, and the substantial growth in the national total for PQRI incentive payments demonstrates that Medicare can align payment with quality incentives."

Under Medicare's PQRI program, providers receive incentive payments for reporting data on quality measures. These payments amount to 1.5% of each

provider's total estimated allowed charges under Medicare Part B. There were more than 153,000 participants in the program during 2008, but only 85,000 met the requirements for satisfactory reporting and therefore received incentive payments.

To make participation easier, the CMS expanded the number of measures providers could report on, from 74 in 2007 to 119 in 2008. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)