



POLICY & PRACTICE

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Osteoarthritis Costs Are High

Osteoarthritis accounts for more than \$185 billion in direct health care expenses each year, according to an analysis of federally collected data from 1996 to 2005. The bulk of that cost is picked up by insurance companies. However, patients face significant out-of-pocket charges. For instance, the researchers estimated that women with osteoarthritis pay \$2,453 a year in out-of-pocket health care expenses, while those without the condition pay just \$1,074. Among men, those with osteoarthritis have annual health expenses of \$1,738, compared with \$1,044 for men without the condition. The researchers analyzed data on more than 150,000 people with health insurance from the Medical Expenditure Panel Survey. The study was published in the December 2009 issue of *Arthritis & Rheumatism* (*Arthritis. Rheum.* 2009; 60:3546-53).

So Is the Bill for Knee Surgery

Spending for knee arthroplasty in the United States rose 27.5% between 2004 and 2007, to \$9.2 billion, making it one of the 10 procedures most rapidly increasing in cost during that time, according to the Agency for Healthcare Research and Quality. The researchers found that hospital stays drove the up-

surge. During the 4 years, the number of stays increased 25.7% to more than 600,000. The AHRQ report is available online at www.hcup-us.ahrq.gov/reports/statbriefs/sb82.pdf.

DEA Effort Delays Pain Relief

Heightened efforts by the Drug Enforcement Administration to prevent the theft of prescription narcotics are denying pain relief to many nursing home, hospice, and other long-term care patients, two senators said in a letter to Attorney General Eric Holder. Sen. Herb Kohl (D-Wis.), chairman of the Senate Special Committee on Aging, and Sen. Sheldon Whitehouse (D-R.I.) called on Holder to issue new directives to the DEA. The senators also proposed legislation that they said could fix the problem. To deter theft and diversion of prescription drugs, the agency recently stepped up enforcement of laws that require pharmacies to obtain hard copies of prescriptions with signatures from physicians, instead of routine medication orders, for controlled substances prescribed in residential-care settings. This has disrupted “well-established medication coordination protocols” and led to delays in providing those medications to sick patients, the two lawmakers said.

NIH Approves New Stem Cell Lines

Officials at the National Institutes of Health have approved 13 additional human embryonic stem cell lines eligible for federal funding, the first since the Obama administration liberalized the government’s stem cell policy last July. Children’s Hospital Boston developed 11 of the approved stem cell lines. The other two are from Rockefeller University, New York. Approved lines are listed on the NIH Human Embryonic Stem Cell Registry and may be used in NIH-funded research. Under the new policy, researchers can use stem cells derived from embryos that were created through in-vitro fertilization for reproductive purposes and then donated for research. More lines are under review, and NIH is expected to continue to expand its list. The human stem cell research guidelines are available online at <http://stemcells.nih.gov/policy/2009guidelines.htm>.

Drug Promotion Levels Off

After double-digit growth earlier in the decade, promotional spending for pharmaceuticals leveled off in 2008, according to a new study by the Congressional Budget Office. That year, drug makers spent \$20 billion (or about 11% of total U.S. sales) on promotional activities. The companies spent \$12 billion on detailing physicians and other health care providers, \$3.4 billion on sponsoring professional meetings, and \$400 million on journal ads. The remainder of the spending was on direct-to-consumer ads. Much of the consumer spending

was for television ads (at \$1.6 billion), whereas print ads cost the industry \$900 million. Manufacturers spent only \$93 million in 2008 to advertise online, to sponsor links in search engines, and to host product- or disease-specific Web sites. Just 10 drugs accounted for 30% of all direct-to-consumer spending. Looking at classes of drugs, the CBO found that most consumer-directed spending promoted—in order—erectile dysfunction drugs, bone resorption inhibitors, nonbarbiturate sleep aids, autoimmune treatments, statins, serotonin norepinephrine reuptake inhibitor antidepressants, antiplatelet agents, drugs for seizure disorders, atypical antipsychotics, and central nervous system stimulants. The agency also found these drug classes to be the ones on which manufacturers spent the most money for promotion to physicians.

Firm Discloses Payments to Doctors

The drug giant GlaxoSmithKline paid \$14.6 million to U.S. physicians between April 1 and June 30, 2009, according to a list of payments published by the company. The list includes the names of about 3,700 U.S. physicians and other health care professionals who received speaking or consulting fees. The average payment was \$3,909, according to the company. The disclosure is part of a growing industry effort to increase transparency. GlaxoSmithKline also said it will begin publishing payments made to researchers starting in 2011.

—Mary Ellen Schneider

U.S. Lags Behind Others in Medical Home, Health IT

BY JANE ANDERSON

The United States lags behind other countries in terms of adoption of health information technology, providing financial incentives for quality, and improving overall access to care, according to findings from a survey of primary care physicians in 11 countries.

These deficits in primary care, health information technology (HIT), and access have led to lesser quality of care in the United States in several areas compared with other countries, Commonwealth Fund President Karen Davis, Ph.D., said in announcing the results of her organization’s International Health Policy Survey.

The survey, results of which were published online in the journal *Health Affairs* (2009;28:w1171-83), found that 58% of U.S. primary care physicians said their patients often have difficulty paying for medications and care, compared with 5%-37% of patients in the other countries studied.

In addition, 71% of U.S. physicians reported that their practices do not have provisions for

after-hours care, forcing patients to seek care in emergency departments, the survey’s findings showed. Of the other countries studied, at least half of physicians in all but two countries

The concept of the patient-centered medical home originated in the United States, but ‘we found such efforts are spreading faster in other countries.’

(Norway and Canada) said they have provisions for after-hours care.

U.S. physicians also were far less likely than were their international peers to use HIT—only 46% of U.S. doctors use electronic medical records, compared with 99% of physicians in the Netherlands and 97% of physicians in New Zealand and Norway, according to survey findings.

On the payment front, insurance restrictions on medications and treatment for patients pose major time concerns for 48% of physicians in the United States,

the survey found. While 42% of physicians in Italy and 34% of physicians in Germany reported similar problems, fewer than 20% of physicians in other countries said insurance restrictions posed a major time concern.

Americans’ access to specialists is superior compared with almost all the other countries; only the United Kingdom, where 22% of primary care physicians reported that their patients often experience long waits to see specialists, scored higher. In comparison, 28% of U.S. physicians reported long waits.

In other countries, notably Italy and Canada, up to three-fourths of primary care physicians reported waiting times for their patients to access specialists.

Many of the areas in which the United States lags behind other countries would be addressed by health reform legislation currently being considered by Congress, said Commonwealth Fund Senior

Vice President Cathy Schoen, lead author of the study. She noted that other countries have strong national policies to support primary care and HIT.

“These findings are particularly notable when you look at how much countries are spending per person,” said Ms. Schoen. “The [United States] is by far the most expensive country in this survey, and the gap has been growing without a return in value.”

Meanwhile, other countries are jumping ahead in implementing the patient-centered medical home approach, she said.

“The concept ... originated in the United States, but we found that such efforts are spreading faster in other countries,” Ms. Schoen said.

All but two other countries that participated in the survey provide a greater percentage of physicians with financial incentives for providing needed chronic or preventive care services or implementing other aspects of the medical home model, the survey showed.

For the study, Commonwealth Fund authors surveyed

more than 10,000 primary care physicians in Australia, Canada, France, Germany, Italy, the Netherlands, New Zealand, Norway, Sweden, the U.K., and the U.S. Data were collected from February through July 2009. ■

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