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WHAT'S NEW

Measures to Monitor Quality of Colorectal Ca Screening Needed

> "Overall, we don't have systems that monitor whether or not people are receiving screening services appropriately."

BY JEFF EVANS

BETHESDA, MD. — Efforts to improve colorectal cancer screening should rely on evidence-based interventions to target underscreened populations and should include a full range of screening options, according to findings from a panel convened by the National Institutes of Health.

In a draft "state-of-the-science" statement issued Feb. 4, the 13-member panel also recommended investing in a variety of quality monitoring methods to ensure that colorectal cancer screening is accompanied by high rates of cancer detection and prevention.

Efforts will need to address financial and geographic barriers to screening as well as appropriate follow-up, the panel advised. In the target population of adults aged 50 and older, screening rates were 55% in 2008.

"We are convinced by evidence in the literature that efforts … to tailor strategies will be very important to test. In different communities and in different population subgroups, there need to be different strategies tested in order to get high [screening] rates," panel chairperson Donald M. Steinwachs, Ph.D., said in a press telebriefing that followed the release of the draft statement.

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"In different communities and in different population subgroups, there need to be different strategies tested in order to get high [screening] rates," said panel chair Donald M. Steinwachs, Ph.D.

Federal Budget Plan for FY 2011 Targets Medicare Waste, Fraud

> "To those who commit fraud: Stop stealing from seniors and tax payers or we'll put you behind bars."

BY MARY ELLEN SCHNEIDER

The Obama administration wants to combat waste, fraud, and abuse in the Medicare and Medicaid programs and plans to spend more than $500 million to do it.

As part of the administration's budget proposal for fiscal year 2011, the Health and Human Services department is proposing to invest $561 million in discretionary funding to fight health care fraud, a $250 million increase over FY 2010. Specifically, the department plans to expand the Health Care Fraud Prevention and Enforcement Action Team (HEAT), which brings together high-level officials at HHS and the Department of Justice to spot trends and develop new fraud prevention tools.

HHS said the new funding also will be used to minimize inappropriate payments, pinpoint potential weaknesses in program oversight, and target emerging fraud schemes. Department officials estimate that the efforts to fight fraud and abuse will save $9.9 billion over the next decade.

HHS also expects to squeeze more savings out of the Medicare and Medicaid programs by giving more scrutiny to the provider enrollment process, increasing oversight of claims, improving the data analysis within Medicare, and reducing the overutilization of prescription drugs in Medicaid.

"This budget sends a clear message to those who commit fraud: Stop stealing from seniors and tax payers or we'll put you behind bars," Kathleen Sebelius, HHS Secretary, said during a press briefing to release the HHS budget proposal.

The FY 2011 budget proposal focuses on fraud prevention, wellness, and building the public health infrastructure. The

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FDA Funding Will Also Get Boost

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budget documents note that the HHS proposal lays the "groundwork" for health reform, but the plan is a stark contrast to last year's proposal, which included a $635 billion "reserve fund" dedicated to health reform over the next decade. With the prospect for passing comprehensive health reform legislation waning, there was a much smaller emphasis on health reform in the current budget proposal.

Ms. Sebelius said that although the current budget proposal tries to increase coverage and curb costs, it would do little to affect the overall trajectory of health care costs if not accompanied by health care reform legislation. The FY 2011 budget aims to invest in wellness, health information technology, and comparative effectiveness research, but it won't significantly alter the rise in health care costs, fill coverage gap, or provide security to those with coverage, she said.

Overall, the Obama administration is seeking $911 billion in funding for HHS in FY 2011, an increase of $51 billion over the current fiscal year. The bulk of HHS's funding is tied up in mandatory obligations including Medicare and Medicaid, so the budget includes just $81 billion in discretionary program spending, an increase of $2.3 billion over last year.

The Obama administration's budget request assumes that Congress will step in to correct the Medicare physician payment formula, known as the sustainable growth rate. Currently, physicians are scheduled to face a 21% across-the-board cut to their Medicare payments on March 1, unless Congress passes legislation to avert the cut. The budget proposal assumes no growth in Medicare physician payment over the next 10 years, at a cost of $371 billion, Ms. Sebelius said.

The budget request also calls for a $290 million investment in community health centers, bringing their funding to $2.5 billion. The increase should allow the health centers to continue to serve the new patients they began caring for when the centers got an infusion of funding under the American Recovery and Reinvestment Act (stimulus bill) last year. HHS estimates that community health centers will be able to serve more than 20 million patients in FY 2011.

The budget request also calls for nearly $1 billion, an increase of about $33 million, to help shore up the health care workforce. The money will help to expand loan repayment programs for physicians, nurses, and dentists who agree to practice in medically underserved areas.

The Obama administration also proposes to spend $4 billion to fund the Food and Drug Administration, with $1.4 billion going toward medical product safety, including drugs, devices, vaccines, and the blood supply. The funding represents an increase of $101 million in FY 2011. The new money would go toward import safety, high-risk products, and partnerships for patient safety. About $40 million of that new funding is slated to go toward the generic drugs program, including new investments in postmarket drug safety and the establishment of a medical device registry. ■

Hospitalization Climbs When Outpatient Copayments Rise

BY JANE ANDERSON

When Medicare managed care plans raise outpatient copayments, outpatient visits decline, but hospitalizations increase and inpatient stays get longer, especially among chronically ill beneficiaries and those living in areas of poverty, a study showed.

Increasing cost sharing for ambulatory care among elderly patients may have adverse health consequences and could increase total spending on health care, the researchers concluded (N. Engl. J. Med. 2010;362:320-8).

"In response to increases in ambulatory copayments, the elderly cut back on outpatient visits but are more likely to need expensive hospital care," said lead author Dr. Amal Trivedi of Brown University, Providence, R.I.

"Therefore, increasing such copayments among the elderly may be an ill-advised cost-containment strategy," he said in an interview.

Dr. Trivedi and his colleagues compared the use of outpatient and inpatient care between Medicare enrollees in plans that had increased copayments for ambulatory care in a given year and enrollees in matched plans that had not. Nearly 900,000 Medicare beneficiaries were included in the study of 2001-2006 data.

The mean copayment increases were from about $7 to $14 for outpatient primary care and about $12 to $22 for outpatient specialty care, while the control plans kept copayments at about $8 for primary care and $11 for specialty care.

In the year after a plan increased copayments, it would have almost 20 fewer outpatient visits per 100 enrollees but more than two additional hospital admissions per 100 enrollees, adding about 13 additional inpatient days, compared with plans not increasing copayments.

The effect of increased copayments was significantly greater among enrollees in areas with lower average income and education. "We didn't explicitly measure health status, but the increased need for acute hospital care among these enrollees is concerning," Dr. Trivedi said.

The effect of copayment increases also was magnified among Medicare managed care enrollees with hypertension or diabetes and those with histories of acute myocardial infarction.

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PhRMA Topped Health Sector Lobbying in Third Quarter

(in millions)

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