POLICY & PRACTICE

WANT MORE HEALTH REFORM NEWS? SUBSCRIBE TO OUR PODCAST — SEARCH 'POLICY & PRACTICE' IN THE ITUNES STORE

Telemedicine for Stroke Care

A flagship hospital with an established stroke care program can legally set up telemedicine equipment in local community hospitals for stroke consultations, with the goal of reducing the transfer of patients with neuro-emergencies, according to an opinion issued by the U.S. Health and Human Services Department's Office of Inspector General. The opinion, which redacted the name of the requesting hospital, said that the collaboration would not violate federal antikickback laws. "For legal reasons, community hospitals frequently transfer suspected stroke patients to comprehensive stroke centers" even though the patients may not be in critical condition, according to background information in the opinion. The telemedicine consultation could reduce such unnecessary transfers. Under the agreement, the flagship hospital would provide the telemedicine equipment and 24-hour physician staffing, while the local hospitals will have to have at least one CT scanner and the ability to transmit imaging studies. Both hospitals would be allowed to use each other's trademarks for certain marketing activities, according to the opinion.

Specialty Work Intensity Equal

When neurologists are compared with physicians in several other specialties including primary care, their work intensity is relatively equal, according to a study published in the journal Medical Care and funded by the American Academy of Neurology (AAN). Researchers evaluated a sample of 45 family physicians, 20 general internists, 22 neurologists, and 21 surgeons located in Kansas, Kentucky, Maryland, Ohio, and Virginia. The physicians' responses to questionnaires were then measured via several statistical formulas. "The findings of this and other studies suggest that the instruments can be utilized in further investigation of clinical work intensity and that currently accepted assumptions of grossly differing work intensity among medical specialists may be flawed. These possibly incorrect assumptions have contributed to the development of current inequalities in relative value unit (RVU) distribution for procedures and evaluation and management (E/M) services," said study author Dr. Jerzy P. Szaflarski in a statement on the AAN's website.

Stroke Rate Rises in Young

Risk of hospitalization due to ischemic stroke among children and young adults rose by nearly 37% between 1995 and 2008, according to a study published in Annals of Neurology. Researchers at the Centers for Disease Control and Prevention analyzed a nationwide hospital discharge databank, and broke down the data based on sex and three age groups. Results showed that "the prevalence of hospitalizations of acute ischemic stroke increased among all age and [sex] groups except females aged 5 to 14 years." Hospitalization risk among boys and men between 5 and 44 had the highest increase, by roughly 50%. The authors indicated that the rate of common risk factors for stroke, such as hypertension and diabetes, has been on the rise in this age group. "Our results from national surveillance data accentuate the need for public health initiatives to reduce risk factors for stroke among adolescents and young adults," they wrote.

More Medicare-Fraud Charges

The U.S. Department of Justice has charged 91 doctors, nurses, and other health professionals with Medicare fraud amounting to $295 million in false billing in eight cities. In Miami, a doctor, a nurse, and 43 other defendants were charged with a total of $159 million in false charges for home health care, mental health services, occupational and physical therapy, durable medical equipment, and HIV infusions. Some of those defendants are charged with coercing poor people to pose as Medicare beneficiaries at a community mental health care center. The indictments constitute the highest amount of false Medicare billings in a single takedown in the history of the Medicare Fraud Strike Force, HHS Secretary Kathleen Sebelius said in announcing the indictments with Attorney General Eric Holder. Secretary Sebelius added that "our efforts to stop criminals don't end here, because the Affordable Care Act gives us new tools to prevent Medicare fraud before it is committed," according to an HHS statement.

Patients Think Newer Is Better

Patients are more likely to choose newer drugs over older when they're not provided information about the products' safety and effectiveness, according to a study published in Archives of Internal Medicine. The researchers gave participants a choice between two fictitious drugs for heartburn and two for high cholesterol. More people chose a drug described as older if they were also told the newer drug many not be as safe and effective. But for the heartburn drug, most people who were not given that warning chose the newer drug. In their Internet survey, the researchers also found that 39% of respondents believed that the Food and Drug Administration approves only "extremely effective" drugs, and 25% believed that the FDA approves only drugs without serious side effects.

–Naseem S. Miller

IMPLEMENTING HEALTH REFORM:

The Prevention and Public Health Fund

One controversial element of the Affordable Care Act is creation of the Prevention and Public Health Fund, which sets aside about $15 billion to finance public health programs over the next decade. Under the program, the Health and Human Services department awards grants for projects that prevent illness or promote health. For example, since 2010, HHS has awarded more than $42 million to California organizations for programs like training more primary care residents, building laboratory capacity, and reducing tobacco use.

Program supporters say investment in prevention will ultimately save money via early detection of diseases and better management of costly chronic conditions. Opponents have deemed it a "slush fund" and want to eliminate it. In April, the House approved legislation that would dismantle the fund, but the Senate has not taken action on the bill. The fund could also be targeted by the Joint Select Committee on Deficit Reduction, which is tasked with cutting $1.5 trillion from the federal budget this fall.

Dr. Georges C. Benjamin, executive director of the American Public Health Association (APHA), offers his views on why the fund is essential to public health and how it may fare in the current political environment.

CLINICAL NEUROLOGY NEWS: Why do you think the Prevention Fund has been caught up in politics?

DR. BENJAMIN: I think the fund has been grossly misunderstood. For years, public health has been the most underinvested part of our health system. We've had "yo-yo" funding with a patchwork of funding streams. The Prevention Fund's goal was to build on our existing funding sources and, for the first time, create a stable, reliable funding stream, which would allow the system to mature and reach its potential. People who want to demonize the fund have said things that don't represent its intent. The money is being used to build a sustainable public health system and really begin to transform the health system.

CNN: The APHA supported the creation of the Prevention Fund. Why is this type of investment important?

DR. BENJAMIN: I spent most of my early years in emergency medicine, so I've seen first hand the effects of preventable disease. At APHA, we felt this was the best opportunity to tackle diseases that we should try to reduce from moral, ethical, and humanistic perspectives. But from a pure fiscal perspective, this is also our best chance to address some of our health care costs. If we don't do this now, it's going to be years before we can actually begin to get our hands around it, to have a major national restructuring of the way we deliver health care services.

CNN: Can prevention efforts like this really save money?

DR. BENJAMIN: It depends. Just as in clinical care, there are things that save money and there are things are expensive but have enormous value. And then there are some things that can either cost or save money depending on the situation. We know that screening for high blood pressure is cheap. We know that identifying early who has high blood sugar and high cholesterol is cheap. We believe that ultimately these people, whose conditions have been identified and controlled early, will live longer and healthier and save the system money. For instance, every patient with diabetes that

The Fund's goal was to replace 'yo-yo,' patchwork funding with a stable, reliable funding stream for the first time.

DR. BENJAMIN

does not progress to diabetic retinopathy represents huge savings for the health system. But what often doesn't get captured in our economic analyses are the others savings outside of health care. For example, if a child doesn't get exposed to lead because of a good public health program and they don't suffer the complications from lead exposure, there are savings to the health system but also savings to other sectors. In that case, we don't count the savings from special-education programs. We don't count the potential savings to the juvenile justice system. When folks say prevention it doesn't save money, they are usually looking only in the health bucket. ■

DR. BENJAMIN is currently a distinguished fellow in public health at Hunter College of the City University of New York. He will return to his role as executive director of the American Public Health Association in 2012. Previously he served as the Secretary of the Maryland Department of Health and Mental Hygiene, where he oversaw the expansion of the state's Medicaid program.

INDEX OF ADVERTISERS