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Bill Addresses Gestational Diabetes

Two House lawmakers have introduced a bill that would foster prevention activities and research on gestational diabetes. The legislation, backed by Reps. Eliot Engel (D-N.Y.) and Michael Burgess (R-Tex.), who is an obstetrician, would create a Centers for Disease Control and Prevention research advisory committee and provide funding for community-based education and prevention. The bill also would improve state and federal collection of data on gestational diabetes cases in an effort to develop better prevention methods. Gestational diabetes occurs in 2%-5% of pregnant women, according to federal government statistics. "This bill will improve detection and lead to more effective preventive measures that will reduce clinical costs for the patients as well as the states," said Rep. Burgess.

Some Clinics Skip Screening

Local public health departments that lack the resources to hire health educators are less likely to conduct diabetes screening or obesity prevention programs, indicating that residents in poor areas lack access to those services, a study shows. However, local health departments in areas with high diabetes prevalence are more likely to offer diabetes screening, the study revealed. Health departments that conducted chronic disease surveillance also offered diabetes screening more frequently, according to the report by researchers at the CDC. Published in the American Journal of Public Health, the study showed that about half of public health clinics offer diabetes screening, half offer obesity prevention, and one-third offer both.

Drug Suspected in 1,354 Deaths

Type 2 diabetes drug rosiglitazone (Avandia) accounted for 1,354 patient deaths in 2009, more than any other prescription drug, according to a report from the Institute for Safe Medication Practices. However, the institute blamed publicity about the drug's cardiovascular safety risks in part for the large number of fatalities reported to the FDA. "The manufacturer, GlaxoSmithKline, told us earlier that it believed many of the adverse drug event reports for rosiglitazone were associated with possible lawsuits against the company," the report said. The institute excluded reports it knew were associated with legal claims but said it couldn't rule out the bad publicity as the reason for increased reporting of cardiovascular events and deaths associated with rosiglitazone in 2009.

FDA to Share Drug-Risk Findings

The Food and Drug Administration said it will post on its Web site summaries of postmarketing safety analyses on recently approved drugs and biologics, including brief discussions of steps being taken to address identified safety issues. The new summaries will cover side effects that might not become apparent until after a medicine becomes available to a large, diverse population, including previously unidentified risks and known adverse events that occur more frequently than expected.

State Expands Medicaid to Adults

Connecticut has added low-income, childless adults to its Medicaid program under the nation's new health care reform law. It's the first state to take advantage of the law's incentives to expand "permanent" coverage to such individuals, which could previously be covered only under Medicaid waivers. Connecticut said it initially will cover childless adults who make up to 56% of the federal poverty level, or $6,650 per year, estimated to be about 45,000 extra people. Health care reform requires states to cover all low-income individuals in Medicaid starting in 2014, but also allows states to get federal funding to enroll them early.

Men Less Likely to Get Care

Men are much less likely than women to seek routine medical care: Just over half of U.S. men see a doctor, nurse practitioner, or physician assistant for routine care, compared with nearly three-quarters of women, according to the Agency for Healthcare Research and Quality. Only about 35% of Hispanic men and 43% of black men made routine appointments, compared with 63% of white men, and uninsured people were only about half as likely as those with private insurance to make a routine care appointment, the agency said.

—Jane Anderson

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EHR Requirements Relaxed in Final Rule on Meaningful Use

BY MARY ELLEN SCHNEIDER

The Health and Human Services department has released the much-anticipated requirements for how physicians and hospitals can qualify for tens of thousands of dollars in incentive payments to adopt and use electronic health records.

The final rule on the meaningful use of electronic health records (EHRs) eases many of the requirements that officials in HHS had outlined in a January proposal. Physician organizations had objected to that proposal, saying that it asked doctors, especially those in small practices, to do too much too quickly. Physicians were also critical of the all-or-nothing framework, which required them to meet all 25 objectives for meaningful use or lose out on incentive payments.

Federal officials aimed to address those concerns in the final rule by requiring physicians to first meet a core set of 15 requirements and then meet any 5 of 10 additional requirements. The core set includes requirements such as recording patient demographics and vital signs in the EHR, maintaining an up-to-date problem list and an active list of medications and allergies, and transmitting permissible prescriptions electronically.

"We very much want well-intentioned providers to become meaningful users," Dr. David Blumenthal, National Coordinator for Health Information Technology at HHS, said during a press briefing to announce the final rule.

HHS officials also relaxed some of the thresholds related to the requirements. For example, under the proposed rule, physicians would have had to generate and transmit 75% of their permissible prescriptions electronically to meet the e-prescribing requirement. Under the final rule, the threshold has been lowered to more than 40% of permissible prescriptions, Dr. Blumenthal said.

The final rule also creates an easier path for physicians to meet meaningful use requirements on electronic reporting of quality data. Under the final rule, physicians will need to report data on blood pressure, tobacco status, and adult weight screening, and follow-up in 2011 and 2012, in order to qualify. Alternatives are available if those measures do not apply to their practices. Physicians will also have to choose three other quality measures to report on through their EHRs.

The final rule outlines the steps physicians must take in 2011 and 2012 to quality for the maximum incentive payments through the Medicare and Medicaid programs. The incentives were mandated by the Health Information Technology for Economic and Clinical Health Act (HITECH), a part of 2009's American Recovery Act.

Starting in 2011, physicians who demonstrate meaningful use of certified EHRs can receive payments of up to $18,000 from Medicare. Those bonuses continue for 5 years, with physicians eligible to earn up to $44,000 in total incentives. Physicians can still receive bonuses if they begin their meaningful use of the technology later, but they must start before 2013 to get all the available incentives. A similar program is in place under the Medicaid program, with physicians eligible to receive up to $64,000 over 6 years for the adoption and use of certified EHRs. ■

Technical Requirements For EHRs Released

Further to the 'meaningul use' rule for electronic health records, HHS has published regulations last month that will allow for temporary certification of electronic health records—the first step in helping physicians and other providers get the software and hardware required to be eligible for bonus payments under federal health programs.

According to the Office of the National Coordinator for Health Information Technology (ONC), the rule "establishes processes that organizations will need to follow in order to be authorized by the National Coordinator to test and certify [electronic health record] technology."

"We hope that all [health information technology] stakeholders view this rule as the federal government's commitment to reduce uncertainty in the health IT marketplace and advance the successful implementation of EHR incentive programs," said Dr. Blumenthal in a statement.

Certification means that the EHR package has been tested and includes the required capabilities to meet the meaningful use standards issued by ONC. Hospitals and physicians will have the assurance that the certified EHRs can help them improve the quality of care and qualify for bonus payments under Medicare or Medicaid.

"By purchasing certified EHR technology, hospitals and eligible professionals and hospitals will be able to make EHR purchasing decisions knowing that the technology will allow them to become meaningful users of electronic health records, qualify for the payment incentives, and begin to use EHRs in a way that will improve quality and efficiency in our health care system," Dr. Blumenthal said.

The July rule was for a temporary certification program. A final rule on permanent certification of EHRs will be issued in the fall.

—Alicia Ault