

POLICY & PRACTICE

Evaluating Disease Treatments

The Agency for Healthcare Research and Quality plans to spend \$15 million this year to evaluate interventions and prescription drugs used by Medicare beneficiaries. AHRQ will consider interventions aimed at ischemic heart disease, cancer, chronic obstructive pulmonary disease and asthma, stroke, hypertension, arthritis and non-traumatic joint disorders, diabetes, dementia, peptic ulcer, and depression and mood disorders. AHRQ research will focus on the evidence of outcomes, and comparative clinical effectiveness and appro-

priateness. The results of these studies will be made available to Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP), as well as to private health plans, prescription drug plans, health care providers, and the public.

Carotid Stent Training Guidelines

A coalition of specialists, including interventional cardiologists, vascular surgeons, and vascular medicine physicians has released a clinical competence statement for determining when physicians are qualified to perform carotid artery stenting.

The standards call for physicians to be proficient in other types of stenting, and then to perform a minimum of 30 diagnostic angiograms and 25 carotid stenting procedures under supervision before doing a carotid stenting alone. They also call for physicians to be skilled in risk assessment, diagnosis, and alternative therapies for the patients involved, and to report and analyze their outcomes. The document notes that physicians of many different subspecialties will seek the training; one issue in developing the guidelines had been whether to restrict training only to certain specialties. The statement is available at the Web site of the Society for Cardiovas-

cular Angiography and Interventions, at www.scai.org.

Tenet Reaches Settlement

Tenet Healthcare Corp. recently announced an agreement to end a lawsuit with cardiac care patients from its Redding (Calif.) Medical Center. The patients had alleged that physicians had performed unnecessary cardiac catheterizations and bypass surgeries at the hospital prior to November 2002. Under the agreement, Tenet will establish a fund of \$395 million to be allocated among more than 750 plaintiffs who had filed civil lawsuits. The settlement does not end litigation against the physicians at the facility. In August 2003, Tenet agreed to pay \$54 million to settle federal and California government investigations of practices at the Redding facility. "We believe this settlement is the fair and honorable way to conclude this very sad chapter," Tenet president and CEO Trevor Fetter said in a statement. "It would likely have taken multiple trials and many years to assess liability in these cases. By settling all the cases at once, we put this matter behind both the plaintiffs and us, and we bring closure to this unfortunate event."

Computer Entries Lead to Errors

Automation isn't necessarily a foolproof way to improve patient safety and reduce medical errors, according to a report from the United States Pharmacopeia (USP). Computer entry errors were the fourth leading cause of medication errors according to MEDMARX, USP's national medication error reporting system. These errors have steadily increased and represent about 12% of all MEDMARX records from 1999 through 2003. Performance deficits—wherein an otherwise qualified physician makes a mistake—were the most frequently reported cause of errors. Distractions were the leading contributing factor, accounting for almost 57% of errors associated with computer entry. The report provided an analysis of 235,159 medication errors voluntarily reported by 570 hospitals and health care facilities nationwide.

Portable Health Plans

Patients can take their health insurance coverage with them when they change or lose a job, under the final regulations that implement the last piece of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). According to a statement by the Health and Human Services Department, it is important that American workers, who often change jobs several times in the course of their lives be able to respond to the modern workplace without having to fear for their health insurance. The regulations allow greater portability and availability of group health coverage during a time of job transition, setting limits on preexisting condition exclusions that could be imposed, and requiring group health plans and insurance issuers to offer "special enrollment" to certain patients who lose eligibility for other group health coverage or health insurance, or to otherwise eligible new dependents. The regulation goes into effect for plan years starting on or after July 1.

—Mary Ellen Schneider

A woman dances with her son

because of brain surgery that reduced her epileptic seizures

performed by a neurosurgeon who was able to pinpoint the foci of the seizure

due to breakthroughs in the mapping of the human brain

advanced by physicians, mathematicians and computer engineers around the world

inspired by new discoveries in imaging technologies

reported in medical and scientific publications.

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