

MedPAC Calls for Setting Standards on Imaging

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WASHINGTON — A federal advisory panel wants to raise the bar on quality and use of imaging services.

In a series of recommendations, the Medicare Payment Advisory Commission called for national standards for physicians who bill Medicare for interpreting diagnostic imaging services, and for any provider who bills Medicare for performing such services. MedPAC advises Congress on Medicare payment issues.

There is evidence of variations in the quality of physician interpretations and reports, MedPAC analyst Ariel Winter said at a recent commission meeting. "Ensuring that only qualified physicians are paid for interpreting imaging studies should improve diagnostic accuracy and treatment," he said.

Standards for physicians would be based on education, training, and experience required to properly interpret studies. Private organizations would be charged with administering the standards, Mr. Winter said.

Several MedPAC commissioners questioned whether Medicare should get involved in the business of credentialing or accrediting physicians for interpreting imaging studies. Whether in cardiology or another specialty, Medicare would be taking on responsibilities that previously fell to licensing boards, specialty society certification, or other private sector organizations, said MedPAC commissioner Sheila Burke, R.N., of the Smithsonian Institution. "It is a new area and it's not entirely clear to me that Medicare may be the right place for that to occur."

Mr. Winter acknowledged that some providers might not be able to meet these standards, or incur costs to meet them. Measuring physicians' use of imaging services should be part of MedPAC's broader effort to profile fee-for-service physicians on their use of all services, Mr. Winter said. Radiologists can influence which tests physicians order, but physi-

cians are important to the analysis on imaging because "they determine whether a test is appropriate," he said.

Under the MedPAC recommendations, CMS could develop measures of imaging volume for a patient seen by a physician, and could compare these measures to peer benchmarks or clinical guidelines, Mr. Winter said. The agency could then provide this information to the physician in confidence. "The goal is to encourage physicians who order significantly more tests than their peers to reconsider their practice patterns," Mr. Winter said.

On other recommendations related to imaging, the panel voted that the Department of Health and Human Services improve Medicare's coding edits that detect unbundled diagnostic imaging services, and reduce the technical component payment for multiple imaging services performed on contiguous body parts. Better coding will help Medicare pay more accurately for imaging services and help to control rapid spending growth, Mr. Winter said. Providers who bill for unbundled or multiple imaging procedures would have a decrease in Medicare payments, though it's not anticipated that this would affect their willingness and ability to provide quality care to beneficiaries, he said.

MedPAC also proposed to strengthen the rules in the Ethics in Patient Referral Act (Stark law), which restrict physicians' investment in the imaging centers to which they refer Medicare or Medicaid patients. The restrictions already apply to radiology and other imaging services, but it's unclear whether nuclear medicine is a radiology service, Mr. Winter said.

The panel ultimately voted to include nuclear medicine and positron emission tomography procedures as designated health services under the Stark law. Investment in facilities that provide nuclear medicine services is associated with higher use, creating financial incentives to order additional services and to refer patients to facilities in which the physician is an investor, Mr. Winter said. ■

POLICY & PRACTICE

Lupus Research Grants

With funding at the National Institutes of Health expected to be tight, officials at the Lupus Research Institute (LRI) are taking matters into their own hands. LRI is raising its individual novel research grant awards from \$225,000 to \$300,000 this year. The group is seeking proposals for projects that deal with less-investigated aspects of lupus along with applications from investigators working in the lupus area for the first time. LRI is also reaching out to specialties, such as cardiology, nephrology, neurology, and dermatology, to urge investigators to get involved in lupus research. "With the LRI's increased funding level, we expect the program to attract an even larger number of promising applications," Mark Shlomchik, M.D., novel research cochairman and a professor at Yale University, New Haven, said in a statement. "By appealing to researchers in other specialties, the LRI will spur novel approaches and collaborations not previously applied to the lupus field." The 2005 grant application deadline is June 30, 2005. For more information on the program, visit www.lupusresearchinstitute.org.

Psoriasis Advocacy

A newly formed advocacy group is calling on Congress to increase federal research for psoriasis and psoriatic arthritis. "Psoriasis Cure Now!" aims to educate lawmakers, opinion leaders, and the general public about the need for more research and the importance of patient access to the full range of treatments for the disease. Michael Paranzino, a psoriasis patient for more than 20 years, launched the group. "Congress will be disturbed to learn that for a full decade, 6.5 million of its constituents with psoriasis and psoriatic arthritis have been shortchanged in federally funded research," Mr. Paranzino said in a statement. "It is unconscionable that psoriasis research has languished throughout the biggest increase in biomedical research funding in world history." Psoriasis research at the National Institute of Arthritis and Musculoskeletal and Skin Diseases has declined from \$4.7 million in 1995 to \$4.1 million in 2004, even as funding for other diseases has increased, according to the group. The group launched a Web-based petition to Congress that is available online at www.psoriacurenow.org.

NIAMS Seeks Scientific Director

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has started searching for its next scientific director for its intramural research program. The NIAMS program is responsible for conducting clinical and laboratory research in arthritis and musculoskeletal and skin diseases. Researchers in the program also conduct basic research in biochemistry, immunology, pathology, histochemistry, chemistry, molecular biology, structural biology, and pharmacology. The

scientific director is the principal adviser to the director of NIAMS and is responsible for program planning, budget and policy formulation, and resource allocation in the intramural program. According to NIAMS, the ideal candidate will have "demonstrated scientific leadership and research experience in both a basic and clinical research program of national and international standing in an area relevant to arthritis and other rheumatic diseases, musculoskeletal diseases, and/or skin diseases." Applicants must have an MD and/or a PhD degree or equivalent degree, in a biomedical or related field. The deadline for applications is April 29, 2005. For information on how to apply visit www.nih.gov/niams.

Get Sick, Go Bankrupt

It doesn't pay to get sick: Medical problems contributed to about half of all bankruptcies involving 700,000 households in 2001, according to a study that was published as a Web-exclusive article by the journal Health Affairs. More than 2 million people are directly affected by medical bankruptcies annually. "When medical debts and lost income from illnesses leave families facing a mountain of bills, bankruptcy is their last chance to stop the collection calls and try to put their lives back on track," said study coauthor Elizabeth Warren, the Leo Gottlieb Professor of Law at Harvard University, Boston. Most who have been bankrupted by medical problems had health insurance. Among those with private insurance, one-third had lost coverage at least temporarily by the time they filed for bankruptcy. The researchers obtained their information by surveying 1,771 bankruptcy filers and reviewing their court records.

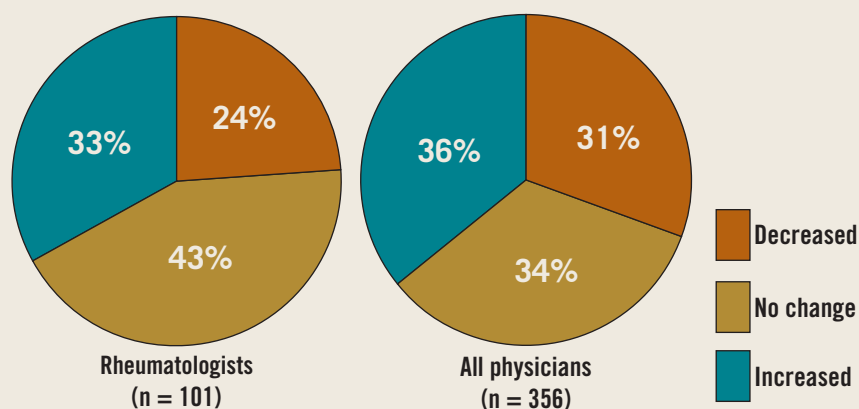
New HHS Chief and Medicaid

Medicaid reform will be high on the agenda for new Health and Human Services Secretary Mike Leavitt. "Medicaid is not meeting its potential," Mr. Leavitt, former governor of Utah and former head of the Environmental Protection Agency, said at a health care congress sponsored by the Wall Street Journal and CNBC. "It's rigid, inflexible; inefficient; and, worse yet, not financially sustainable. We need to have a serious conversation about Medicaid." Among the ideas he's considering are negotiating reductions in the prices Medicaid pays for prescription drugs and closing loopholes relating to coverage for long-term care. He also wants to stop states from manipulating Medicaid rules to increase their federal matching funds. President Bush in the meantime focused on medical liability reform and health savings accounts in his State of the Union address, asking Congress to move forward on tax credits to help low-income workers buy insurance, and on establishing community health centers in impoverished counties.

—Mary Ellen Schneider

DATA WATCH

Rheumatologists Less Likely Than Other Physicians to Report Reduced Revenue



Note: Based on a national survey of physicians in private practice conducted Sept. 22 to Oct. 27, 2004.

Sources: Harris Interactive, American Express