

POLICY & PRACTICE

Regulating Imaging Services

The Medicare Payment Advisory Commission will vote this month on a series of proposals including one to require all diagnostic imaging providers to meet standards for imaging equipment, nonphysician staff, the images produced, and patient safety protocols. In addition, MedPAC is also considering whether to call for the development of standards for physicians who bill Medicare for interpreting imaging studies. This month MedPAC will also decide whether to expand the definition of physician ownership to include

ownership interests in an entity that derives a substantial portion of its revenue from a provider of designated health services like an imaging center. The proposal came under fire from cardiology groups such as the American College of Cardiology and the American Society of Echocardiography. MedPAC should engage in an examination of the factors that are causing a growth in imaging services and try to assess if this is medically necessary growth, Suma Thomas, M.D., a cardiologist at Barnes Jewish Hospital, St. Louis, told MedPAC members in December.

Lessons From Clinton

A group of interventional cardiologists and cardiovascular researchers is looking to former President Bill Clinton to put the spotlight on their campaign for heart attack eradication. The Association for Eradication of Heart Attack (AEHA) sent an open letter to Mr. Clinton last year asking him to lend his support to their efforts. The group is pushing for the National SHAPE (Screening for Heart Attack Prevention and Education) Program, which helps physicians identify patients, like the former president, who would be susceptible to a heart attack. The program also encourages all men 45 and older and women

55 and older to undergo a comprehensive vascular structure and function assessment test. If Mr. Clinton had undergone this type of screening, his disease would likely have been discovered and treated without the need to rush open heart surgery, according to AEHA.

Quality Measures

The Centers for Medicare and Medicaid Services is proposing new standardized quality measures for the care given in physicians' offices. The goal is to measure improvement of care for coronary artery disease, heart failure, diabetes, hypertension, osteoarthritis, asthma, behavioral health, prenatal care, and preventive care. CMS submitted its proposed standardized measures to the National Quality Forum for review and comment. The agency anticipates that the approved measures will be incorporated into ongoing quality improvement efforts and demonstrations that will be underway early this year. "By collecting this information, we will be able to use these ambulatory care measures to pay providers for improving the quality of care," said CMS Administrator Mark McClellan, M.D.

A National Diabetes Plan

The federal government recently unveiled a step-by-step guide to activities and resources for people with diabetes. The plan includes steps for individuals, businesses, government agencies, and others. For example, individuals are encouraged to reduce fat consumption, take the stairs instead of the elevator, and get screened for diabetes. The government strategies include developing evidence-based strategies to prevent, detect, and treat the disease. "This action plan provides specific steps that everyone can take to fight diabetes," Health and Human Services Tommy G. Thompson said in a statement. "The most effective way to bring this problem under control is for government, business, health care providers, schools, communities and the media, as well as people with diabetes and their families to work together."

Impact of Drug Advertisements

It's a good source for informing and educating patients about prescription drugs, but direct-to-consumer advertising also has its disadvantages, the Food and Drug Administration concluded from the results of three surveys. Two of the surveys focused on patients, but a third questioned 250 primary care physicians and 250 specialists. Among them, 41% said direct-to-consumer advertising exposure had its benefits, increasing patient awareness about conditions and treatments. But another 41% thought exposure to the advertisement resulted in patient confusion about the effectiveness of the drug. Primary care physicians (38%) were more likely than were specialists (27%) to rate direct-to-consumer advertising as having a somewhat or very negative effect on their patients and practice. Nearly half of all physicians reported feeling "at least a little pressure" to prescribe these drugs, although both patients and physicians thought the ads overstated the efficacy of the drugs, and did not present a fair balance of benefit and risk information.

—Mary Ellen Schneider

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