AMA Adopts Fair Prescribing, Imaging Resolutions

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CHICAGO — A pharmacist's philosophy shouldn't get in the way of prescribing needed drugs to patients. That was one of the conclusions that physicians reached while addressing controversial topics at the annual meeting of the American Medical Association's House of Delegates.

American Pharmaceutical Association (APhA) policy recognizes an individual pharmacist's right to exercise conscientious refusal to fill prescriptions. In committee debate and in full congress, physicians at the House of Delegates meeting expressed concern that pharmacists were exercising this provision to impede access to certain medications, including emergency contraceptives and psychotropic agents.

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"What happens between the doctor and the patient is between doctor and patient," Mary Frank, M.D., president of the American Academy of Family Physicians, told this newspaper. "What they decide has to have priority over the pharmacist's objections."

Although the delegates didn't outwardly oppose the use of conscience clauses, they did call for legislation that would require individual pharmacists or pharmacy chains to either fill legally valid prescriptions or refer patients to an alternative dispensing pharmacy.

AMA Trustee Peter W. Carmel, M.D., promised that the AMA would work with the pharmacists' associations and state legislators "so that neither patients' health nor the patient-physician relationship is harmed by pharmacists' refusal to fill prescribed medications."

The House also agreed that the AMA should lobby for state legislation that would allow physicians to dispense medication to their own patients if no pharmacist within a 30-mile radius is able and willing to dispense the medication. The APhA did not respond to requests for comment from this newspaper.

In other business, delegates addressed the challenges physicians face in balancing the increasing value of imaging tests with payers' efforts to restrict reimbursement. Several resolutions were approved that directed the AMA to oppose any attempts to restrict such reimbursement based on physician specialty.

Some payers propose to reimburse only radiologists for imaging, a practice that other specialists believe is unfair, Bruce Scott, M.D., an otolaryngologist, told this newspaper. The bottom line is physicians should have the right to bill for a service they provide and are qualified to perform, he said.

Balance billing was another topic addressed and measures were approved asking that the AMA prepare legislation that would allow physicians to balance bill regardless of the payer. In the wake of pay-for-performance initiatives, "which are nothing but third-party managers taking over," balance billing would place patients back in control, enabling them to negotiate their own bills with their individual physicians, Jay Gregory, M.D., of the Oklahoma delegation, said during committee debate.

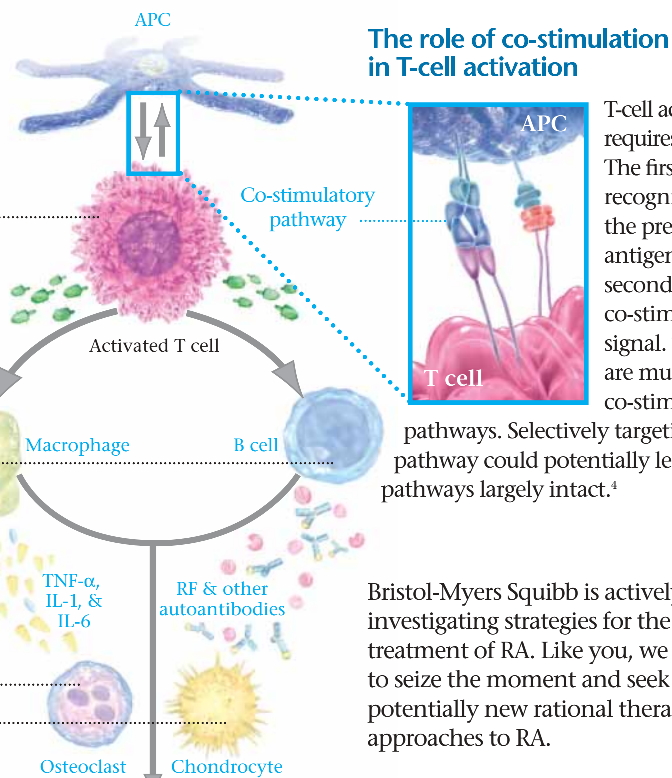
To address the Medicare physician fee schedule, delegates recommended that savings under Medicare Part A that could be attributed to better Part B care (for example, fewer inpatient complications, shorter lengths of stay, and fewer hospital readmissions) should be "credited" and flow to the Part B physician payment pool.

On another contentious issue—malpractice—delegates called on the AMA to explore federal legislation that would correct inadequate state medical liability laws while preserving state medical liability reforms that have proven effective.

Addressing general policies on obesity, the AMA urged physicians to incorporate body mass index (BMI) and waist circumference as a component measurement in routine adult examinations and BMI percentiles in children. In addition, the resolution called on the AMA to develop a school health advocacy agenda that includes funding for physical activity programs. ■

Rheumatoid arthritis (RA) is a complex autoimmune disease that involves many cell types and multiple signaling mechanisms.[1-3]

1. Activated T cells orchestrate RA immunopathology including destructive downstream events.[1]
2. Activated T cells initiate and perpetuate RA immunopathology by triggering macrophages and B cells. These cells release cytokines like TNF-α, autoantibodies, and other inflammatory mediators.[1]
3. The downstream cascade initiated by T cells continues as chondrocytes, osteoclasts, and fibroblast-like cells are activated.[1]
4. These downstream cells directly cause joint damage and inflammation.[1]



The role of co-stimulation in T-cell activation

T-cell activation requires 2 signals. The first signal is recognition of the presented antigen; the second is a co-stimulatory signal. There are multiple co-stimulatory pathways. Selectively targeting one pathway could potentially leave other pathways largely intact.[4]

Bristol-Myers Squibb is actively investigating strategies for the treatment of RA. Like you, we want to seize the moment and seek potentially new rational therapeutic approaches to RA.

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