



POLICY & PRACTICE

**CAN'T GET ENOUGH POLICY & PRACTICE?
CHECK OUT OUR NEW PODCAST EACH MONDAY.**
egmnblog.wordpress.com

Hospitals OK Cuts for Reform

The American Hospital Association and two other hospital organizations have agreed to accept \$155 billion in reimbursement cuts for hospitals over the next 10 years as part of health care reform. In a deal negotiated by Senate lawmakers and announced by Vice President Joe Biden, hospitals would see reductions in their Medicare and Medicaid fees, in addition to \$50 billion in cuts in programs that help pay for care to the uninsured. Some of the cuts would take effect only if reform reduces the uninsured population. The AHA suggested that the deal was as far as hospitals could go: Reimbursement couldn't be cut further "without damaging hospitals' ability to care for their communities." Two groups that did not take part in the negotiations, representing public hospitals and children's hospitals, warned that cuts, if not carefully crafted, could hurt institutions caring for large numbers of Medicaid patients.

FDA Seeks Tobacco Comments

The Food and Drug Administration wants public input on how to implement its new authority to regulate tobacco products. In a Federal Register notice, the FDA said it will rely on the public comments when implementing the new Family Smoking Prevention and Tobacco Control Act and when establishing the FDA Center for Tobacco Products. The agency said it's particularly interested in suggestions for reducing tobacco use and protecting public health, but that remarks on any aspect of its new regulatory authority are welcome. Comments will be accepted at www.regulations.gov until Sept. 29, and all will be posted online.

Malpractice Payments Are Down

Medical malpractice payments reached record lows in 2008, according to an analysis by the consumer-advocacy group Public Citizen. For the third straight year, 2008 saw the lowest number of malpractice payments since the National Practitioner Data Bank began tracking such data in 1990, the group said. Last year, 11,037 payments were made, which Public Citizen said was nearly one-third lower than the historical average. The monetary value of payments was either the lowest or second-lowest since 1990, depending on how inflation was calculated, and the cost of malpractice payments to patients fell to 0.2% of overall health costs, the group said. The total cost of all malpractice insurance premiums fell to much less than 1% of the total \$2.1 trillion in annual health costs in 2006 (the most recent year for which full data were available). David Arkush, director of Public Citizen's Congress Watch division, said in a statement that the data show that many victims of medical malpractice receive no compensation for their injuries.

Tool Tracks Environmental Health

The Centers for Disease Control and Prevention has launched an online tool

so health professionals, scientists, and—for the first time—the public can track environmental exposures to pollutants and chronic health conditions together. The Environmental Public Health Tracking Network combines nationwide data on air and water pollution and conditions such as asthma, cancer, childhood lead poisoning, and heart disease. The CDC

said the network should reveal links between environmental and health conditions. The tracking tool is located at www.cdc.gov/ephracking.

FTC Wants to Stop 'Pay-for-Delay'

A new law to eliminate deals in which pharmaceutical companies work with their competitors to keep low-cost generic drugs off the market could save consumers and the federal government \$3.5 billion a year over the next decade, according to Federal Trade Commission Chairman Jon Leibowitz. In a speech, Mr. Leibowitz said that stopping these

"pay-for-delay" deals is one of the FTC's top priorities, although a series of recent court rulings has allowed some of the arrangements to continue. For instance, the U.S. Supreme Court recently declined to hear a case brought by consumers and health plans challenging a \$398 million payment by drug maker Bayer AG to Barr Laboratories Inc. to settle the companies' patent dispute over a generic version of the antibiotic Cipro (ciprofloxacin). "The FTC is continuing to bring cases to protect consumers from these anticompetitive settlements ... but waiting for a potential judicial solution is

This year, 1 in 5 Americans will have PHN pain after shingles¹

FOR RELIEF OF PAIN ASSOCIATED WITH PHN

A Custom Fit for Their Body

Important Safety Information

LIDODERM® (lidocaine patch 5%) is indicated for relief of pain associated with post-herpetic neuralgia (PHN). Apply only to **intact skin**.

LIDODERM is contraindicated in patients with a history of sensitivity to local anesthetics (amide type) or any product component.

Even a *used* LIDODERM patch contains a large amount of lidocaine (at least 665 mg). The potential exists for a small child or a pet to suffer serious adverse effects from chewing or ingesting a new or used LIDODERM patch, although the risk with this formulation has not been evaluated. It is important to **store and dispose of LIDODERM out of the reach of children, pets, and others**.

Excessive dosing, such as applying LIDODERM to larger areas or for longer than the recommended wearing time, could result in increased absorption of lidocaine and high blood concentrations leading to serious adverse effects.

Avoid contact of LIDODERM with the eye. If contact occurs, immediately wash the eye with water or saline and protect it until sensation returns.

Patients with severe hepatic disease are at greater risk of developing toxic blood concentrations of lidocaine, because of their inability to metabolize lidocaine normally. LIDODERM should be used with caution in patients receiving Class I antiarrhythmic drugs (such as tocainide and mexiletine) since the toxic effects are additive and potentially synergistic. LIDODERM should also be used with caution in pregnant (including labor and delivery) or nursing mothers.

Allergic reactions, although rare, can occur.

During or immediately after LIDODERM treatment, the skin at the site of application may develop blisters, bruising, burning sensation, depigmentation, dermatitis, discoloration, edema, erythema, exfoliation, irritation, papules, petechia, pruritus, vesicles, or may be the locus of abnormal sensation. These reactions are generally

a time-consuming and expensive prescription, so the agency strongly supports legislation to eliminate pay-for-delay deals," Mr. Leibowitz said.

Many Young Adults Uninsured

Approximately 5 million adults aged 19-23 years in the United States, or 24% of that age group, had no health insurance in 2006 for the entire year, and 30% of them said they didn't think it was worth the cost, according to the Agency for Healthcare Research and Quality. The AHRQ found that 46% of uninsured young adults worked full-time

and 26% worked part-time. Only 19% of those who were uninsured throughout 2006 were full-time students, the agency said. In addition, 19- to 23-year-olds who were uninsured for the entire year were only about half as likely as those who had insurance part of the year to have a usual source of care, such as a family doctor—just 36% of the wholly uninsured reported a usual source of care. In fact, about two-thirds of the young adults who went without insurance for the whole year never saw a doctor at all, the AHRQ found.

—Jane Anderson

Internal Medicine News

Thanks For
Making Us

#1

Source: The Nielsen Company, Focus® Medical/Surgical December 2008 Readership Summary; Internal Medicine Specialties Section, Tables 501-503 Projected Average Issue Readers.



A first-line therapy, alone or with oral analgesics^{2,3}

- The **first and only** lidocaine-based topical medication for the treatment of PHN pain. Apply only to **intact skin**
 - More than a decade of use
- Customized application for your patients with PHN pain
 - Patches can be cut to custom fit the areas of pain
 - Patients can wear up to 3 patches simultaneously for 12 hours, followed by 12 hours off⁴

mild and transient, resolving spontaneously within a few minutes to hours. Other reactions may include dizziness, headache, and nausea.

When LIDODERM is used concomitantly with local anesthetic products, the amount absorbed from all formulations must be considered.

Immediately discard used patches or remaining unused portions of cut patches in household trash in a manner that prevents accidental application or ingestion by children, pets, or others.

Before prescribing LIDODERM, please refer to the accompanying brief summary of full Prescribing Information.

References: 1. Cluff RS, Rowbotham MC. Pain caused by herpes zoster infection. *Neural Clin.* 1998;16(4): 813-832. 2. Dworkin RH, O'Connor AB, Backonja M, et al. Pharmacologic management of neuropathic pain: evidence-based recommendations. *Pain.* 2007;132(3):237-251. 3. Dubinsky RM, Kabbani H, El-Chami Z, Boutwell C, Ali H. Practice parameter: treatment of postherpetic neuralgia. An evidence-based report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology.* 2004;63(6):959-965. 4. Lidoderm Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals Inc; 2008.

10
YEARS
OF USE

Lidoderm[®]
LIDOCAINE PATCH 5%
A Custom Fit for PHN Pain