POLICY & PRACTICE

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Fighting for Arthritis Funding

More than 3,500 people have signed on to a petition started by the Arthritis Foundation to maintain federal funding for arthritis research. The online petition urges members of Congress to fund the National Institutes of Health at $35 billion in fiscal year 2012, the minimum amount needed to maintain current research and account for inflation, according to the Arthritis Foundation. While 10-year debt negotiations get underway, Congress is considering smaller spending bills for fiscal year 2012. The petition is available at www.arthritis.org/petition.php.

Sex Differences in Knee OA

The Society for Women's Health Research is funding a pilot study looking into whether there are biological differences that account for women being disproportionately affected by knee osteoarthritis. The Centers for Disease Control and Prevention reported last year that the prevalence of knee osteoarthritis in 2005 was 1.2 per 100 in women and 0.4 per 100 in men. To explore the etiology of the disease in the two sexes, the researchers will study tissue samples from patients who have undergone total knee arthroplasty. Dr. Mary O'Connor, chair of the department of orthopedic surgery at the Mayo Clinic in Jacksonville, Fla., will lead the study and be joined by colleagues at Florida State University in Tallahassee, Emory University and the Georgia Institute of Technology in Atlanta, and the University of Calgary in Alberta.

Senators: Stop the Imaging Cuts

A bipartisan group of senators has called on President Obama to reject any further cuts to medical imaging payments under Medicare, saying the cuts already in place are harming both patients and the developers of these technologies. "As a result of these cuts, physicians are holding onto their old equipment longer, which means fewer patients have access to the newest technologies that are better at finding early-stage disease and guiding life-saving treatment," they wrote. Instead of cutting imaging payments, the group said, Medicare should implement clinical decision-support systems that will help doctors determine when imaging is necessary. The senators signing the letter were John Kerry (D-Mass.), David Vitter (R-La.), Scott Brown (R-Mass.), Ron Wyden (D-Ore.), Herb Kohl (D-Wis.), Lamar Alexander (R-Tenn.), and Maria Cantwell (D-Wash.).

Opioid Deaths Increasing

U.S. policy makers need to implement steps such as educational programs for physicians to curb an onslaught of deaths resulting from overdoses of prescription opioids, according to an analysis published in the British Medical Journal (2011;343:d5142 [doi: 10.1136/bmj.d5142]). Such deaths tripled in the United States from 1999 to 2007, reaching more than 14,400 a year. Other countries, such as the United Kingdom, are also seeing such increases, the researchers reported. To curb deaths from the prescription drugs, policy makers should consider new physician-education programs and creation of electronic prescription systems that will prevent people from obtaining opioids from multiple doctors or pharmacies, the authors suggested. In addition, they said that drug companies should end commissions for sales of prescription opioid drugs.

Physicians Seek Solid Data

Physicians should be able to review and challenge data on their individual performances before that information is released to the public, the American Medical Association and more than 80 other medical groups said in a letter. The organizations were commenting on a proposed federal rule allowing access to Medicare claims data for entities creating reports for patients on providers' care quality and efficiency. "Physicians and other providers must have the opportunity for prior review and comment, along with the right to appeal, with regard to any data or its use that is part of the public review process," the groups said. "This is necessary to give an accurate and complete picture of what is otherwise only a snapshot, and possibly skewed or outdated view of the patient care provided by physicians and other professionals and providers." In addition, the CMS needs a campaign to educate the public about the data and its limitations, the groups said in their letter.

Insurance Costs Vary Widely

Health insurance costs vary widely by state, with the average monthly, per-person price tag ranging from $136 in Alabama and $157 in California to more than $400 in Vermont and Massachusetts, according to an analysis by the Kaiser Family Foundation. Nationally, each insured person – including children and adults – pays an average of $215 a month for health insurance. Reasons for varying premiums include cost-of-living differences, health care costs, average age of state residents, plans' effectiveness at controlling costs, the benefits offered by plans, and patient cost-sharing required, the report said. Since people in low-premium states might have to pay higher copayments and deductibles, the monthly prices don't necessarily reflect value, the analysts added.

–Mary Ellen Schneider

When Hospitals Hire Docs, Costs Go Up

BY MARY ELLEN SCHNEIDER

AN ANALYSIS FROM THE CENTER FOR STUDYING HEALTH SYSTEM CHANGE

Hospital employment of physicians continues to rise rapidly around the country, but the trend could drive up costs at least in the short term, according to a report from the Center for Studying Health System Change.

Physicians who are employed by hospitals are often paid based on their productivity, which offers an incentive to increase the volume of services. And in some cases, physicians are under pressure from their hospitals to order more expensive tests, according to the report.

The researchers from the Center for Studying Health System Change based their analysis on interviews with nearly 550 physicians, hospital executives, health plan officials, and others, in 12 nationally representative metropolitan communities (Findings From HSC 2011 August [Issue Brief No. 13]). The communities are Boston; Cleveland; Greenville, S.C.; Indianapolis; Lansing, Mich.; Little Rock, Ark.; Miami; northern New Jersey, Orange County, Calif.; Phoenix; Seattle; and Syracuse, N.Y.

In one area, at least two cardiologists said they declined job offers from a local hospital because they believed the pressure to drive up volume would be stronger there than in their independent cardiology practice, according to the report.

"The acceleration in hospital employment of physicians risks raising costs and not improving quality of care unless payment reforms shift provider incentives away from volume toward higher quality and efficiency," said Dr. Ann S. O'Malley, a senior health researcher at the Center for Studying Health System Change and a coauthor of the study.

The trend toward hospitals employing more physicians can also drive up costs for the health system because hospitals are able to charge hospital facility fees for office visits and procedures, even when those services are administered in a physician's office. That means that Medicare – and in some cases private insurers – are paying significantly more for the same services simply because the physician is employed by the hospital.

Hospital employment of physicians may improve quality through better integration of care and communication between physicians. The problem, the researchers noted, is that integration and communication can be slow to improve just because physicians get their paychecks from the hospital. Interview respondents from the 12 communities said that integration across all of a patient's medical needs requires more time and effort.

The research was funded by the Robert Wood Johnson Foundation and the National Institute for Health Care Reform. ■

Survey Shows Recession Has Limited Health Care Access

BY FRANCES CORREA

FROM THE COMMONWEALTH FUND

Three out of five adults who lost a job with health benefits in the past 2 years became uninsured, and many of those people and their families went without basic medical care, according to survey assessing the recession's impact.

Conducted by the Commonwealth Foundation, the analysis found that 72% of the 43 million adults who lost jobs during 2008-2010 have failed to fill a prescription or they skipped a recommended test, treatment, or follow-up. The same group also said that, due to high costs, they did not go see a doctor when they had a medical issue.

Many reported that medical bills forced them to spend all their savings (32%), go without paying for necessities like food, heat, or rent (27%), take on credit card debt (14%), or take out a loan or home mortgage (9%). The findings were based on the Commonwealth Fund 2010 Biennial Health Insurance Survey of 4,005 adults aged 19-64 years.

Dr. Yul Ejnes, a general internist at Coastal Medical in Cranston, R.I., said that the findings are consistent with what he has witnessed in own practice. Dr. Ejnes said he often reduces his fees and sometimes even waives fees for regular patients who lose their jobs.

Although the Consolidated Omnibus Budget Reconciliation Act, or COBRA, allows laid-off workers to keep their coverage for up to 18 months, few people enrolled during 2008-2010 because of high premium costs. "Once you are unemployed and uninsured, it's nearly impossible to afford COBRA or buy an individual policy," noted Sara R. Collins, Ph.D., vice president for Affordable Health Insurance at the Commonwealth Fund and coauthor of the report. She added that provisions of the Affordable Care Act will transform access to care.

"When it is fully implemented in 2014, the Affordable Care Act will usher in a new era for the unemployed, who will have a variety of options for comprehensive and affordable health insurance," Dr. Collins said. Until then, the report recommended extending jobless benefits and reestablishing COBRA subsidies to help uninsured Americans keep their coverage. ■