Board Certification Exams Lack Genetics Content

BY JEFF EVANS

BETHESDA, MD. — Few board certification examinations require physicians to understand concepts related to genetic testing and counseling or how to take or interpret family history, according to an analysis of the content outlines of such exams for 43 medical specialties.

"The lack of genetics and genomics knowledge by our current physicians is based in part on the competing priorities among the certifying specialty boards. … Few physicians are expected to know the practical applications of genetics to become certified; thus, the curriculum does not make genetics content a priority," Carrie A. Zabel said at the annual meeting of the National Coalition for Health Professional Education in Genetics.

In an analysis of the exam outlines for 24 specialties certified by the American Board of Medical Specialties and 19 subspecialties certified by the American Board of Internal Medicine (ABIM), Ms. Zabel and her colleague at the Mayo Clinic in Rochester, Minn., Dr. Paul V. Targonski, found that 11 did not mention genetics or genomics in their exam content outline, or no outline was available.

Fifteen exam outlines referred only to syndromes that were specific to the practice of a particular specialty and for which an underlying genetic etiology was known. These outlines did not otherwise specify basic genetics knowledge within their content, said Ms. Zabel, a certified genetics counselor at the Mayo Clinic.

A total of seven content outlines made reference to having an understanding of basic genetics. Another 10 content outlines provided a detailed listing of specific genetics content and concepts.

The 10 exam outlines that listed specific content mentioned family history in only two cases—the exams for the American Board of Medical Genetics and the American Board of Obstetrics and Gynecology. This "may be due to a lack of evidence of the utility of family history," said Ms. Zabel, who had no relevant financial disclosures to make.

Even though 8 of the 10 detailed content outlines included genetic testing, only 4 also mentioned genetic counseling, "which is more than just services provided by a genetic counselor. It's the informed consent process and the discussion of the implications of results," Ms. Zabel said. "I think this is potentially doing a disservice to those patients."

The study was supported by the George M. Eisenberg Foundation for Charities. ■

Spending on Alternative Medicine Tops $33 Billion

BY HEIDI SPLETE

Approximately 38% of American adults use some type of complementary and alternative medicine, and they spent nearly $34 billion on CAM products and practitioners over the past 12 months, based on data from the 2007 National Health Interview Survey presented in a telebriefing.

Researchers reviewed interviews with 23,393 adults aged 18 years and older who were included in the National Health Interview Survey. The survey is conducted annually by the Centers for Disease Control and Prevention. Lead author Richard L. Nahin, Ph.D., is acting director of the Division of Extramural Research at the National Institutes of Health's National Center for Complementary and Alternative Medicine.

Overall, approximately 65% ($22 billion) of American adults' spending on CAM went toward self-care, while approximately 35% ($11.9 billion) was spent on visits to CAM practitioners, Dr. Nahin and his colleagues reported.

Of the money spent on self-care, nearly 44% ($14.8 billion) went to nonvitamin, nonmineral products. Another $4.1 billion was spent on classes such as yoga and tai chi, $2.9 billion was spent on homeopathic medicine, and $200 million was spent on relaxation techniques.

The money spent on CAM products was approximately one-third of the $47.6 billion American adults spent on pharmaceutical drugs in 2007, the researchers noted. The money spent on CAM provider visits was approximately one-quarter of the $49.6 billion spent on conventional physician services.

The NHIS data show that U.S. adults make more than 300 million visits (slightly fewer than a decade earlier) to CAM providers, and that "at least 20% of persons visiting practitioners of acupuncture, homeopathy, naturopathy, massage, and hypnosis therapy paid $75 or more per visit," the researchers wrote.

The results were limited by the reliance on self-reports from the survey respondents, and by estimates of each respondent's annual CAM spending based on the most recent purchase, which may not have been typical of a respondent's CAM use, the researchers said.

Expenditures on CAM, "although a small fraction of total health care spending in the United States, constitute a substantial part of out-of-pocket health care costs and are comparable to out-of-pocket costs for conventional physician services and prescription drug use," the researchers said. ■

View the complete report at www.cdc.gov/NCHS/data/nhsr/nhsr018.pdf.

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Contractors Get Good Marks

Physicians and other health care providers largely are satisfied with the performance of the Medicare fee-for-service contractors that process and pay the more than $300 billion in claims each year, according to an annual satisfaction survey. On a scale of 1 (low) to 6 (high), 32,000 randomly selected providers rated contractors at 4.54 in 2009, up very slightly from last year's average of 4.51, according to the Centers for Medicare and Medicaid Services. More than four of five providers scored contractors between 4 and 6, the CMS said.

OIG: Hospice Claims Fall Short

Most hospice claims for Medicare beneficiaries in nursing facilities did not meet at least one Medicare coverage requirement, according to a report from the Health and Human Services Department Office of Inspector General. Nearly two-thirds of claims did not meet plan of care requirements, while one-third failed to include hospice election statements or included inadequate election statements, the OIG report said. Meanwhile, hospices provided fewer services than outlined in plans of care in 31% of cases, and failed to meet terminal illness certification requirements in 4% of claims, the report said. The report recommended that the CMS educate hospices about the coverage requirements, provide them with tools and guidance to help them meet those requirements, and strengthen hospice claim monitoring. Medicare hospice spending has risen from $3.6 billion in 2001 to $9.2 billion in 2006.

Trial Lawyer Malpractice Ads Soar

Television ads soliciting plaintiffs for medical malpractice lawsuits have soared 1,400% in the last 4 years, and trial lawyer spending on those ads rose nearly as much—from $3.8 million in 2004 to $62 million last year, according to the U.S. Chamber of Commerce. This year, a total of 166,000 ads are expected to air, the report said. Media markets in New York, Boston, and Baltimore saw the most activity in 2008, according to the report. "Lawsuits are ultimately a business driven by the plaintiffs' bar, and when you see the marketing of medical malpractice lawsuits exploding like this, it tells you that these lawsuits are a growing sector," Lisa Rickard, president of the U.S. Chamber Institute for Legal Reform, said in a statement.

Most Doctors Provide Charity Care

Almost 6 in 10 physicians reported providing charity care—defined as either free or reduced-cost care—to patients in 2008, according to the 2008 Health Tracking Physician Survey from the Center for Studying Health System Change. On average, physicians who provided charity care reported 9.5 hours of such care in the month preceding the survey. That amounts to slightly more than 4% of their time spent in all medically related activities, according to the report. The survey also found that 44% of physicians reported receiving some form of performance-adjusted salary, such as an adjustment based on their own productivity. About one-quarter said they received a fixed salary, while 20% received a share of practice revenue.

Doubts on Effectiveness Research

Although comparative effectiveness research may give doctors and patients better information about what treatments work best, it's not clear that it will result in better health or less spending, according to the RAND Corp. Its study concluded that new incentives will be needed to change patient and provider behavior. However, because federal law prohibits using the results of federally funded comparative effectiveness research to guide payment policies, it will be hard to develop incentives for driving down health spending, the study said. In the near term, any reduction in spending created from such research would be offset by the costs associated with generating, coordinating, and disseminating the findings. "While increasing research aimed at determining the most effective treatments for a wide array of diseases should have benefits, there is not enough evidence at this point to predict exactly what the result might be for the cost of the nation's health care system," Elizabeth McGlynn of RAND said in a statement.

Medical Home Reduced ED Use

A pilot patient-centered medical home program at Seattle's Group Health Cooperative resulted in significantly fewer emergency department visits and hospitalizations among medical home patients when compared with results from two clinics serving as controls, according to a study published in the American Journal of Managed Care. In addition, medical home patients reported higher satisfaction in most areas, and providers and staff members working within the medical home model reported much less professional burnout. Medical home patients had more e-mail, phone, and specialist visits, but at 12 months there were no significant differences in overall costs compared with controls. In addition, overall care of medical home patients improved slightly more than care in the controls on composite quality measures.

—Jane Anderson