



POLICY & PRACTICE

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Reminders Boost Screenings

Automated telephone reminders can increase colon cancer screening rates by 30%, according to a study from the Kaiser Permanente Center for Health Research. The study looked at nearly 6,000 patients who were overdue for screening. Half the patients received up to three reminder calls stressing the importance of screening. The phone calls also offered patients an in-home kit to detect blood in the stool. Within 6 months, more than 22% of people who received calls ordered and completed a stool card test, compared with only 16% of those who didn't receive the phone calls but may have been reminded of testing during a physician visit. Kaiser said it now uses the automated phone calls to remind all members who are overdue for colon cancer screening.

FDA to Share Drug-Risk Findings

The Food and Drug Administration said it will post on its Web site summaries of postmarketing safety analyses on recently approved drugs and biologics, including brief discussions of steps being taken to address identified safety issues. The new summaries will cover side effects that might not become apparent until after a medicine becomes available to a large, diverse population, including previously unidentified risks and known adverse events that occur more frequently than expected. The initial reports will contain information on drugs and biologics approved since September 2007, including several drugs for infections, hypertension, and depression, the agency said.

Immunization Programs Rewarded

The American Academy of Family Physicians has recognized 10 family medicine residency programs that have developed and implemented creative ways to increase immunization rates in their communities. The AAFP chose residencies that achieved high immunization rates within a year, that overcame barriers to improve immunization rates within a year, and that implemented new systems to increase immunization rates among medically

underserved children. The 2010 AAFP Foundation Pfizer Immunization Awards provide grants and scholarships for residents to attend the AAFP's national conference for medical students and residents.

State Expands Medicaid to Adults

Connecticut has added low-income, childless adults to its Medicaid program under the nation's new health care reform law. It's the first state to take advantage of the law's incentives to expand "permanent" coverage to such individuals, who could previously be covered only under Medicaid waivers. Connecticut said it initially will cover an estimated 45,000 childless adults who make up to 56% of the federal poverty level, or \$6,650 per year. Health care reform requires states to cover all low-income individuals in Medicaid starting in 2014, but also allows states to get federal funding to enroll them early. The law will provide federal funding for Medicaid for people earning up to 133% of the federal poverty level, or \$14,400 for an individual.

U.S. Invests in Primary Care

The Department of Health and Human Services said it will invest \$250 million to increase the number of primary care health providers and strengthen the primary care workforce. The investment, which Congress approved as part of health care reform legislation, will provide \$168 million to train more than 500 new primary care physicians by 2015. In addition, \$32 million will go toward training 600 physician assistants, \$30 million will help nursing students attend school full-time, \$15 million will support 10 nurse-managed health clinics, and \$5 million will go to states for strategies that expand their primary care workforces by up to 25% over the next decade.

First-Year Compensation Up

Guaranteed first-year compensation for primary care physicians hired by group practices has increased by more than 17% since 2006 while shrinking about 2% for specialists, according to the Medical Group Management Association. Primary care physicians reported a me-

dian first-year guaranteed compensation of \$160,000 in 2009, while specialists reported \$230,000. At multispecialty practices, pay for first-year primary care physicians increased about 14% since 2006, the MGMA said. Hospital-owned practices offered more in guaranteed first-year compensation in 2009 to both primary care and specialty care physicians, which could be driving more physicians to such practices, the MGMA said. Nearly two-thirds of established physicians and about half of new physicians accepted offers from hospital-owned practices in 2009.

Men Less Likely to Get Care

Men are much less likely than are women to seek routine medical care: Just over half of U.S. men see a doctor, nurse practitioner, or physician assistant for routine care, compared with nearly three-quarters of women, according to the Agency for Healthcare Research and Quality. Only about 35% of Hispanic men and 43% of black men made routine appointments, compared with 63% of white men, and uninsured people were only about half as likely as those with private insurance to make a routine care appointment, the agency said. About three-quarters of respondents who said they were in excellent health reported making an appointment for routine medical care, compared with only half of those who said their health was fair or poor.

Feds Issue Patient's Bill of Rights

Obama administration has spelled out details of new insurance protections in a set of regulations it's calling the Patient's Bill of Rights. The interim final rules implement elements of the Affordable Care Act, such as banning pre-existing condition exclusions for children under age 19, banning the practice of insurance rescissions, eliminating lifetime limits on coverage, and restricting annual dollar limits on insurance coverage. The regulations also address patients' right to seeing an ob.gyn. without a referral, and bar insurers from charging higher cost sharing for out of network emergency services. The provisions will apply to most health plans for plan years beginning on or after Sept. 23, 2010, according to the White House. The regulations were issued by the Departments of Health and Human Services; Labor; and Treasury in June.

—Jane Anderson

Rule Expands Visiting Rights In Hospitals

BY MARY ELLEN SCHNEIDER

A new proposal from the Department of Health and Human Services aims to expand the rights of patients to choose who visits them at the hospital.

The proposed rule, which was released last month, applies to all hospitals and critical access hospitals that participate in the Medicare and Medicaid programs. The proposal comes after President Obama issued a memorandum calling for new rules that would allow patients to pick who may and may not visit them. It also instructed HHS to ensure that hospitals are respecting patients' advance directives and giving patients' representatives the chance to be informed about and participate in care planning.

In his memo, the president said that limiting hospital visitation to family

'Your actions could spare many patients the pain of being separated from a loved one during an admission to a hospital—often one of the most anxious times in their lives.'

members can deny patients support from the people they depend on the most, whether that is a same-sex partner or a good friend. Restrictive visiting policies can also have a clinical impact, he noted.

In the proposed rule, HHS writes that physicians and other hospital staff may miss an opportunity to gain information on medical history and allergies, especially if the patient has trouble recalling or communicating the information: "We agree that restricted or limited hospital and [critical access hospital] visitation can effectively eliminate these advocates for many patients, potentially to the detriment of the patient's health and safety."

Under the proposal, patients will have the right to designate who can visit them and to revoke that permission at any time. For their part, hospitals must give all visitors the same visiting privileges afforded to family members. Hospitals also must inform patients on these rights and explain under what circumstances visitation rights may be restricted for medical reasons. The proposal bars hospitals from restricting visitation based on race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.

HHS officials plan to publish a final regulation by late fall. In the meantime, HHS Secretary Kathleen Sebelius wrote to the leaders of major hospital associations, calling on hospitals not to wait to begin implementing these changes in their visitation policies. "Your actions could spare many patients the pain of being separated from a loved one during an admission to a hospital—often one of the most anxious times in their lives," she wrote. ■

Recess Appointment Makes Berwick CMS Chief

President Obama announced the recess appointment of Dr. Donald Berwick to be the Administrator of the Centers for Medicare and Medicaid Services (CMS), bypassing what looked like a lengthy fight to have the nominee confirmed by the Senate.

In making the appointment, the President said in a statement, "It's unfortunate that at a time when our nation is facing enormous challenges, many in Congress have decided to delay critical nominations for political purposes."

White House spokesman Dan Pfeiffer wrote that the move was necessary because, "Many Republicans in Congress have made it clear in recent weeks that they were going to stall the nomination as long as they could, solely to score political points."

Dr. Berwick, a pediatrician who is a nationally known leader in health care quality, is supported by many health care and consumer groups, Mr. Pfeiffer noted. Dr. Berwick is president and CEO of the Cambridge, Mass.-based

Institute for Healthcare Improvement.

The American Hospital Association (AHA) and others leaped to support Dr. Berwick.

"Don has dedicated his career to engaging hospitals, doctors, nurses and other health care providers to improve patient care," AHA President Rich Umbdenstock said in a statement. "A physician and innovator in health care quality, his knowledge of the health care system makes him the right choice."

—Alicia Ault