Policy & Practice

Steady Surgery Growth

Nearly 5 million skin surgery procedures were performed in the United States this year, with minimally invasive procedures fueling the steady growth since 2001, according to a survey from the American Society for Dermatologic Surgery (ASDS). The 4.8 million procedures in 2005 represent a 20% increase over 2003 and a 32% increase from 2001, ASDS said. Since 2003, some of the largest increases in minimally invasive procedures have been in dermal filler injections, laser and light treatment, nonablative skin rejuvenation, resurfacing, and botulinum toxin injections. "In-office, minimally invasive treatments are driving the growth of skin surgery, primarily because the procedures are very safe and require minimal recovery time," ASDS President Rhoda Narins, M.D., said in a statement. "As a result, more and more patients are willing to undergo convenient outpatient surgery for both medically necessary and cosmetic purposes." The survey is based random sample of 1,200 ASDS members. The data were then projected to reflect the procedures done by the entire membership for a single complete year.

Alternative Medicine Centers

The National Center for Complementary and Alternative Medicine (NCCAM) is funding five new research centers to study complementary and alternative approaches to HIV/AIDS, arthritis, asthma, and pain. Three of the new centers will focus on therapies used in traditional Chinese medicine, such as acupuncture and Chinese herbal mixtures. The other centers will study millimeter wave therapy—a type of energy medicine—and botanical therapies used by traditional healers in Africa. For example, NCCAM has awarded more than $1 million in first-year funding to the Center for Mechanisms Underlying Millimeter Wave Therapy at Temple University in Philadelphia. Researchers there will examine the mechanisms of action of millimeter wave therapy for a variety of diseases and conditions, and will look at the therapy's use in animal models of pruritis and chronic neuropathic pain. NCCAM is part of the National Institutes of Health.

The Research Pipeline

Drug researchers are currently developing 446 medicines aimed at the diseases that disproportionately affect women in the United States, according to a report from the Pharmaceutical Research and Manufacturers of America (PhRMA). Forty-seven medicines are in the pipeline for autoimmune disorders, including 13 that are being developed for the treatment of psoriasis. These medicines are either in clinical trials or awaiting approval by the Food and Drug Administration. PhRMA estimates that autoimmune diseases collectively affect 23.5 million Americans, most of them women.

HHS Mulls Investigation

The Department of Health and Human Services' Office of Inspector General is looking into the circumstances surrounding the resignation of former FDA Commissioner Lester M. Crawford, D.V.M., Ph.D., to determine if an investigation should be opened, an OIG spokeswoman said. In a response to a query from Rep. Maurice Hinchey (D-N.Y.), HHS Inspector General Daniel R. Levinson said that the OIG is doing an initial review of the facts, not an investigation in any regulatory sense, according to the spokeswoman. "After reviewing the facts, the OIG will determine if an investigation is formally launched," she said. "Dr. Crawford's departure, a mere 2 months after confirmation to his position, raises significant questions," Rep. Hinchey and several fellow members of Congress wrote in their request. Dr. Crawford had resigned his position after a 30-year career with the agency.

Humana Settles Class Action Suit

Humana and representatives of more than 700,000 physicians settled a nationwide class action suit that had been pending in U.S. District Court for the Southern District of Florida for more than 6 years. The original lawsuit alleged a conspiracy between Humana and other HMOs against physicians, "to manipulate software to cheat the doctor out of getting paid money due for services rendered," Archie Lamb, lead co-counsel for the physicians, said in an interview. Pursuant to the settlement, Humana has agreed to pay $40 million to physicians, as well as modify its software system to make it more fair and efficient for physicians—changes worth more than $75 million. "Humana should be commended for joining the growing list of health insurance companies that have settled with the nation's physicians," Mr. Lamb said. Those companies include Aetna, Cigna, Prudential, and HealthNet.

Resident Work Hours

Resident work-hour restrictions have improved residents' satisfaction with their personal lives but not with their work, according to a study published online in the September issue of the Journal of Reproductive Medicine. Researchers surveyed a total of 10 current and 25 graduated ob.gyn. residents at a Cleveland medical center that implemented resident work hour changes a full year before the requirement went into effect in 2003. Current and former residents reported that their sleep while not on call did not change with the reforms, suggesting that residents were spending the extra 6 hours each week on other outside activities. In addition, residents reported sleeping an average of 1 hour less (from 3 to 2 hours) while on call. "While employers clearly have no control over employees' amount of sleep outside work, residents should be informed of the evidence of how fatigue affects performance and should be encouraged to obtain enough sleep when not on duty," the authors wrote.

—Mary Ellen Schneider

New Medicare Part D Benefit Will Provoke Many Patient Questions

San Diego — Physicians will face many questions about the new Medicare Part D benefit as patients decide whether to enroll and which plan to select in the voluntary prescription drug program, Elizabeth Carder-Thompson said at the annual meeting of the American Health Lawyers Association.

CMS has begun posting informational resources on its Web site, and additional materials will become available. The best resource at this time is the "Outreach Toolkit," available by download or on CD-ROM, said Ms. Carder-Thompson, a lawyer with Reed Smith LLP.

"The Outreach Toolkit doesn't answer all the questions we want answered, but it's a good start," she said.

Enrollment for Part D began on Nov. 15, 2005, and patients must enroll by May 15, 2006, or face a financial penalty when they do. The new coverage goes into effect Jan. 1, 2006, and the interim discount drug card program ends at that time. This means Medicare beneficiaries will need to make fairly complicated choices within a short time. There will be at least two Part D prescription drug plans available in each geographic area, and possibly several subplans.

A Kaiser Family Foundation survey, conducted March/April 2005, found that seniors are more likely to turn to their doctor (49%) or pharmacist (33%) for help in making these decisions, rather than to Medicare information sources (23%). About two-thirds (68%) of those surveyed said they did not have a good understanding of the new benefit.

In October, Part D started sending marketing materials. CMS distributed its "Medicare and You," handbook to all beneficiaries via mail, with a description of the new benefit. A "Plan Comparison Web Tool" and "Medicare Personal Plan Finder" are posted at www.medicare.gov, and there have been special mailings for low income beneficiaries.

According to Robert J. Hill, also of Reed Smith LLP, the CMS marketing guidelines on Part D include a great deal of material that will affect physicians. For example, enrollment cannot be taken at the point of care, such as a physician's office. If physicians offer their patients information on any Part D plan then they must offer information on all available Part D plans.

Once Part D becomes effective, doctors will face a different set of concerns, Ms. Carder-Thompson said. When a plan doesn't cover a prescribed drug, physicians will need to provide supporting statements in order to get an exception, but many details are not clear at this time.

—Elaine Zablocki