## POLICY & PRACTICE

### Dozing Doctors Endure

Residents and medical students are still suffering from fatigue, despite the shorter work hours established in 2003 by the Accreditation Council for Graduate Medical Education. In a survey of 1,126 medical students and 1,010 residents, the American Medical Association found that 44% of residents and 39% of medical students said they've experienced sleep deprivation about once a week or more often during their most recently completed rotation. The ACGME work limit is 80 hours per week, but 11%-12% of the respondents said their workweek exceeded those hours on their most recent rotation. Nearly half of the respondents thought that sleep deprivation or fatigue may have had a negative impact on the quality of patient care they delivered.

### More Options Versus Saving Costs

Elderly patients aren't willing to sacrifice physician/hospital choice to save on out-of-pocket costs, the Center for Studying Health System Change reported. In a 2003 survey of 36,000 adults, including 6,700 aged 65 years and older, only 45% of the seniors were willing to trade broad provider choice to save money, compared with 70% of people aged 18-34 years. "The findings suggest that Medicare managed-care plans will face a tough sell in convincing seniors to switch from fee-for-service Medicare where they have unfettered choice of doctors and hospitals to private plans that limit provider choice but offer cost savings," said HSC president Paul B. Ginsburg, Ph.D. Given these concerns, it's clear that Medicare Advantage Plans will need to offer broad provider networks to attract more seniors.

### Medicare Drug Benefit Explained

The Centers for Medicare and Medicaid Services is requiring all health plans serving Medicare patients to include all drugs in six categories on their formularies starting in 2006, when the Part D drug benefit begins. The agency noted that in earlier guidance on the Medicare drug plan, it stated that "a majority" of drugs in these categories—antidepressants, antipsychotics, anticonvulsants, anticancer drugs, immunosuppressants, and HIV/AIDS drugs—would have to be on plan formularies and that beneficiaries should have uninterrupted access to drugs in those classes. But in training sessions and in answering user calls, "CMS has consistently explained that this meant that access to 'all or substantially all' drugs in these categories needed to be addressed by plan formularies," the agency said. "This is because the factors described in our formulary guidance indicated that interruption of therapy in these categories could cause significant negative outcomes to beneficiaries in a short timeframe."

### Underinsured Statistics

A little insurance isn't necessarily better than none, according to a study from the Commonwealth Fund. Drawing from a survey of 3,293 adults, the study found that 16 million adults were underinsured in 2003, meaning their insurance did not adequately protect them against catastrophic health care expenses. Underinsured adults are almost as likely as the uninsured to go without needed medical care and to incur medical debt. For example, more than half of the underinsured (54%) went without needed care during the year, failed to fill a prescription, or failed to visit a physician for a medical problem. "An increase in the numbers of underinsured could undermine effective care, health, and financial security—making it harder to distinguish the uninsured from the insured," according to the report. The study appeared as a Web-exclusive article in Health Affairs, June 14, 2005.

### The Ongoing OxyContin Wars

The federal Drug Enforcement Administration's efforts to stop illegal use of the prescription painkiller OxyContin have "cast a chill over the doctor-patient candor necessary for successful treatment," Ronald T. Libby, Ph.D., a political science professor at the University of North Florida in Jacksonville, wrote in a policy analysis for the Cato Institute, a libertarian think tank. The DEA's campaign includes elevating OxyContin to the status of other schedule II substances and using "aggressive undercover investigation, asset forfeiture, and informers," he noted. "By demonizing physicians as drug dealers and exaggerating the health risks of pain management, the federal government has made physicians scapegoats for the failed drug war," Dr. Libby wrote. When asked for comment, a DEA spokeswoman referred to a recent statement by DEA Administrator Karen Tandy. "We employ a balanced approach that recognizes both the unquestioned need for responsible pain medication, and the possibility … of criminal drug trafficking," Ms. Tandy said, noting that physicians "are an extremely small part of the problem."

### Weight Loss Surgery Coverage

The American Society for Bariatric Surgery (ASBS) is asking Medicare to provide coverage for bariatric surgery in an effort to improve access for Medicare beneficiaries. Medicare currently covers gastric bypass surgery if it is medically appropriate and if the surgery is used to correct an illness that caused the obesity or was aggravated by it. ASBS is asking Medicare to expand its coverage to include laparoscopic procedures. In addition, the group would like to see coverage made more uniform around the country since Medicare coverage decisions for weight-loss surgery are generally decided regionally. "The current coverage policy has become outdated as new surgical procedures have become available and as evidence mounts as to their safety and effectiveness," ASBS President Harvey Sugerman, M.D., said in a statement.

**—Jennifer Silverman**

# AMA Delegates Approve Policies on Fair Prescribing

BY JENNIFER SILVERMAN
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CHICAGO — A pharmacist's philosophy shouldn't get in the way of prescribing needed drugs to patients. That was one of conclusions that physicians reached while addressing controversial topics at the annual meeting of the American Medical Association's House of Delegates.

American Pharmaceutical Association (APhA) policy recognizes an individual pharmacist's right to exercise conscientious refusal to fill prescriptions. In committee debate and in full congress, physicians at the House of Delegates meeting expressed concern that pharmacists were exercising this provision to impede access to certain medications, including emergency contraceptives and psychotropic agents.

"What happens between the doctor and the patient is between doctor and patient," Mary Frank, M.D., president of the American Academy of Family Physicians, told this newspaper. "What they decide has to have priority over the pharmacist's objections."

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Although the delegates didn't outwardly oppose the use of conscience clauses, they did call for legislation that would require individual pharmacists or pharmacy chains to either fill legally valid prescriptions or refer patients to an alternative dispensing pharmacy.

AMA Trustee Peter W. Carmel, M.D., promised that the AMA would work with the pharmacists' associations and state legislators "so that neither patients' health nor the patient-physician relationship is harmed by pharmacists' refusal to fill prescribed medications."

The House also agreed that the AMA should lobby for state legislation that would allow physicians to dispense medication to their own patients if no pharmacist within a 30-mile radius is able and willing to dispense the medication. The APhA did not respond to requests for comment from this newspaper.

In other business, delegates addressed the challenges physicians face in balancing the increasing value of imaging tests with payers' efforts to restrict reimbursement.

Several resolutions were approved that directed the AMA to oppose any attempts to restrict such reimbursement based on physician specialty.

Some payers propose to reimburse only radiologists for imaging, a practice that other specialists believe is unfair, Bruce Scott, M.D., an otolaryngologist, said.

"The ob.gyns. are going to want to bill for ultrasound, and the cardiologists want to bill for their interpretation of slides," he told this newspaper, adding that the bottom line is physicians should have the right to bill for a service they provide and are qualified to perform.

Balance billing was another topic addressed and measures were approved asking that the AMA prepare legislation that would allow physicians to balance bill regardless of the payer.

In the wake of pay for performance initiatives, "which are nothing but third party managers taking over," balance billing would place patients back in control, enabling them to negotiate their own bills with their individual physicians, Jay Gregory, M.D., of the Oklahoma delegation, said during committee debate.

To address the Medicare physician fee schedule, delegates recommended that saving under Medicare Part A that could be attributed to better Part B care (for example, fewer inpatient complications, shorter lengths of stay, and fewer hospital readmissions) should be "credited" and flow to the Part B physician payment pool.

On another contentious issue—malpractice—delegates called on the AMA to explore federal legislation that would correct inadequate state medical liability laws while preserving state medical liability reforms that have proven effective.

The House of Delegates also commented on the aftermath of the Terry Schiavo case, voting to oppose legislation that would "presume to prescribe a patient's preferences for artificial hydration and nutrition in situations where the patient lacks decision-making capacity and an advance directive or living will."

A number of resolutions called on schools to develop children's health programs, such as sun-protection policies in elementary schools.

Most delegates were in agreement with this resolution, although some concerns were raised that this might place undo burdens on teachers. Parents should be the adults in charge of applying sunscreen to their children, Peter Lavine, M.D., delegate to the Medical Society of the District of Columbia, said in committee proceedings.

Delegates rejected a provision to impose taxes on sugar-sweetened soft drinks. Instead, they approved policy urging public schools to promote the consumption and availability of nutritious beverages.

Reducing television watching would do more to curtail obesity in children than taxing soft drinks, Holly Wyatt, M.D., delegate to the Young Physicians Section for the Endocrine Society, said during committee debate.

Addressing general policies on obesity, the AMA urged physicians to incorporate body mass index BMI and waist circumference as a component measurement in routine adult examinations and BMI percentiles in children.

In addition, the resolution called on the AMA to develop a school health advocacy agenda that includes funding for physical activity programs. ■