

FPs Face Challenges a Year Later

Katrina from page 1

more people around, so there's more people on Medicare trying to get in to see you because they lost their physician. People don't mind traveling 15 minutes from Hancock County to get to Gulfport. I wouldn't say [payment] has dropped, but it hasn't gotten any better. It stunk before and still stinks."

Immediately after the hurricane, Dr. Del Castillo said that he saw a lot of indigent patients who could only pay in cash. But since then, his patient population has returned to a private payer or government payer population.

Despite the devastation wrought by the storm, "I think the Gulf Coast rallied a lot quicker than I expected. To be honest, I thought it'd be a lot worse. If you see the destruction here, FEMA, the Red Cross—I think they did pretty well. We had FEMA emergency tents—like a MASH unit—out in front of hospital the next day."

Especially helpful, he said, were the antibiotics donated by pharmaceutical companies, including "cases of Levaquin [levofloxacin]. We had a lot of skin infections post Katrina."

Dr. Ben Kitchings, a family physician down the road in Long Beach, Miss., said his practice is still located in the church he moved it to after the storm. "Our old building was around 3,000 square feet, and we're in 500 square feet now," a circumstance he finds challenging, along with the struggle to make ends meet.

"So many people are without jobs, without homes, without transportation, and still without money—so we have to treat them without charging them." Still, his practice has managed to retain its two long-term employees, plus two part-time staffers.

Dr. Kitchings agreed that the lack of specialists at has left him no choice but to move patients to other hospitals, "which creates problems for families."

The psychological aftermath is worse now than a year ago, said Dr. Kitchings, who added that he sees a great deal more anxiety and depression than immediately after the storm. "The reality of it all has set in, and they're realizing they have no job, no place to live. ... The psychiatrist population has dwindled. I prescribe antidepressants, anti-anxiety medications, and counsel as best I can."

Some aspects of life on the Gulf Coast have improved in the last year, said Dr. Kitchings. "The biggest improvement is that ... we no longer have mountains of debris. Another thing is that lots of trees have leafed out, and not everything is so bleak. We used to have clothing and sheets hanging out of trees; most of that's been cleared out. But the beachfront is still tough looking.

"People's generosity is overwhelming. I haven't seen anything like it in my lifetime—the outpouring of compassion, the willingness to come from all over the United States to work. ... One day a lady called and said she had some college students from Ohio who wanted to help, so they

came and cleaned up. That's been repeated thousands of times around the coast."

Residency Programs Struggle

Dr. Richard Streiffer, chairman of the department of family and community medicine at Tulane University in New Orleans, said that "nothing is better than it was a year ago, really. ... I'm still not sure if the country really gets exactly what's gone on here and how profound the changes have been. We continue to hear virtually every day of additional physicians who are leaving [New Orleans]—both at Tulane, the med schools, as well as in the community."

With 80% of the city flooded, many physicians lost their homes and offices. In addition, only half the city's population returned. Thus many physicians chose to reestablish elsewhere. New Orleans has only 3 of the original 11 hospitals it

had before the hurricane, he said.

"The charity hospital system is not open at all," Dr. Streiffer said. "There are no hospital beds." At the same time, the state has no mechanism for public funds for indigent care to go to any hospital or providers other than those who practiced in the charity hospital system. "So all the private hospitals are taking a very large financial hit. They're all losing money." In addition, there's a shortage of hospital staff, which limits the number of new beds a hospital can open. And lack of housing and infrastructure make it hard to recruit nurses and doctors.

Dr. Streiffer said the state and federal governments need to work faster in addressing the medical community's problems in the area. "I think there's been a lot of frustration with how slow some needed things have taken. For example, there was no mechanism to relocate residents from Charity Hospital to community hospitals and still have the money follow those residents so that medical schools could continue to pay their salaries. That took months and months of difficult work. So the residencies were at risk of all falling apart."

Family physicians who lost their practices and their offices "did one of two things. Number one, they either left and haven't come back to the city. ... Or they have joined bigger groups. For example, Ochsner [Clinic Foundation], which is a big multispecialty closed-staff group here, has absorbed a number of docs who were in private practice, solo practice. There are a few who are rebuilding their own practice, but there are an awful lot of people here who didn't have insurance for the flood and have just gone on.

"I don't think someone can just come down here, hang up a shingle, and expect to be successful," Dr. Streiffer said. He suggests any physician considering a move to the city join a large practice group connected with a hospital or with a state or federally supported center.

However, "we are definitely going to need more primary care physicians, without question, once the primary care infrastructure is rebuilt," he said. ■

'I'm still not sure if the country really gets exactly what's gone on here and how profound the changes have been.'

POLICY & PRACTICE

Fix the SGR, Delay Imaging Cuts

Rep. Michael Burgess (R-Tex.), an ob.gyn., has introduced legislation (H.R. 5866) that would put an end to physician fee cuts under Medicare by halting application of the sustainable growth rate by Jan. 1, 2007. Each year, the SGR has contributed to a decrease in payments; in 2007, that cut is slated to be 5.1%. Rep. Burgess is proposing to tie physician fees to one factor only: the Medicare Economic Index minus 1%. According to Rep. Burgess, this places "more value on actual cost inputs." The bill also would establish a system of quality measures to give patients more information about Medicare providers, delay by 1 year proposed cuts in imaging services reimbursement, and require the Institute of Medicine to study whether imaging saves money. The American Medical Association called the Medicare Physician Payment Reform Bill and Quality Improvement Act of 2006 an "important step toward replacing the flawed Medicare physician payment formula." Rep. Burgess' bill is the third in the House to delay or repeal the cuts in imaging fees; a similar bill was recently introduced by Sen. Gordon Smith (R-Ore.) and Sen. Jay Rockefeller (D-W.Va.).

Senate Bill to Boost Drug Safety

After months of public discourse, Sen. Edward Kennedy (D-Mass.) and Sen. Mike Enzi (R-Wyo.) have introduced a bill that aims to increase assurances that drugs are safe before they reach the marketplace, or at least have a plan in place to more closely monitor when they need to be withdrawn. The Enhancing Drug Safety and Innovation Act would require pharmaceutical manufacturers to be more proactive about safety problems. Companies would have to establish risk evaluation and management strategies that will be agreed upon by the manufacturer and the Food and Drug Administration before the product is approved. The companies would have to submit adverse event reports every 15 days, quarterly, and annually. If a company knowingly does not comply with the agreed-upon strategy, the FDA can impose monetary penalties. The senators also proposed that manufacturers make clinical trial results public. Fuller disclosure "will help patients and their health care providers make better informed decisions about treatment," Sen. Kennedy said in a statement. Finally, the bill would overhaul the FDA's process for vetting outside advisory panel members, with a goal of minimizing conflicts of interest and then ensuring that they are fully disclosed.

Gulf War Research

New federally funded research will test the hypothesis that veterans with Gulf War Illness have metabolic, structural, or functional changes in their basal ganglia that are not accounted for by posttraumatic stress disorder, depression, or alcoholism. This is among 24 projects that were funded by the federal government starting in fiscal year 2005 to examine the

health of veterans of the Gulf War. The Department of Veterans Affairs is required to report to Congress each year on the status of research into the health consequences of military service in the Persian Gulf region from Aug. 2, 1990, to July 31, 1991. From fiscal year 1992 through 2005, the federal government has sponsored 300 research projects on Gulf War veterans' illnesses, according to the report, available at www.research.va.gov/resources/pubs/pubs_individual.cfm?Category=Gulf%20War%20Reports.

Genetic Testing

Officials at the Centers for Medicare and Medicaid Services should establish a genetic testing specialty under the Clinical Laboratory Improvement Amendments (CLIA) of 1998, according to a coalition of 14 women's health groups. In a letter to CMS Administrator Mark McClellan, the groups urged him to move forward with a Notice of Intent of proposed rulemaking issued in 2000 on the development of a genetic testing specialty. The science is outpacing the current regulations, the groups wrote. Currently there are about 1,000 tests for genetic diseases available clinically and several hundred more under development. Signatories to the letter include the Association for Reproductive Health Professionals, the Reproductive Health Technologies Project, and the Society for Women's Health Research.

HIV Vaccine Grants

The Bill and Melinda Gates Foundation has awarded \$287 million to researchers in an effort to accelerate development of an HIV vaccine. The sum will fund 16 grants to more than 165 investigators from around the world. "Some of the vaccine concepts that will be pursued have been talked about for years, but have never been adequately studied," Dr. Nicholas Hellmann, acting director of the Gates Foundation's HIV, TB, and Reproductive Health program, said in a statement. "If successful, they could lead to entirely new paradigms for HIV vaccine development."

Payment for Part B Drugs

The federal government spent about \$10 billion last year on drugs covered under Medicare Part B, with one rheumatoid arthritis treatment accounting for about 5% of the spending, according to the Centers for Medicare and Medicaid Services. Dr. Herb B. Kuhn, director of the Center for Medicare Management at CMS, presented information from a preliminary estimate of allowed charges under Part B to the House Ways and Means subcommittee on health. Infliximab (Remicade) made up about 5% of the total allowed charges under Medicare Part B in 2005, while intravenous immune globulin accounted for about 1.6%. About half the money paid last year for Part B drugs went to oncologists, 5% to urologists, and 4% to rheumatologists, according to Mr. Kuhn's written testimony.

—From staff reports