

AMA Morning Rounds

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Leading the News

CMS releases 2010 Medicare Advantage payment rates.

As anticipated in yesterday's news media, [CQ HealthBeat](#) (4/7) reports, CMS has released its "2010 [payment rates](#) for private health plans that include reductions from a phase-out of certain costs relating to teaching hospitals and from differences in illness coding practices between health plans and traditional Medicare." The new rates "reflect an upward adjustment for growing Medicare outlays that health plans say is artificially low because it assumes deep cuts in payments to doctors that are almost certain not to occur." The CMS [policy document](#) "also describes changes in the standard Medicare prescription drug benefit."

According to the [AP](#) (4/7, Murphy), although the CMS document increased "a rate used to figure Medicare Advantage (MA) reimbursement to insurers," many analysts "expect overall payment rates to fall next year." America's Health Insurance Plans (AHIP) estimates that MA "payments could fall nearly five percent next year as a result of the changes." AHIP spokesperson Robert Zirkelbach "said the cut could lead to higher premiums and benefits reductions for the more than 10-million" MA enrollees; while Wachovia Securities analyst Matt Perry "said the reimbursement likely will fall between 4 percent and 5 percent next year." In any event, analysts say the "lower reimbursement could hurt earnings for private insurers," especially those that "have large portions of MA business."

Similarly, the [Wall Street Journal](#) (4/7, Fuhrmans, Zhang) points out that although the CMS cuts "are slightly less severe than the five-percent reduction the federal agency signaled in February," the rate plan still raises "concerns about what has been a critical source of profit growth for many health insurers." Essentially, CMS said it would "raise the baseline rate for the private plans by 0.81 percent, slightly more than the 0.5 percent it proposed in February, but significantly less than the roughly four percent insurers have seen in recent years." [Reuters](#) (4/7, Richwine) reports similar details.

[Dow Jones Newswire](#) (4/7, Yoest) adds, CMS also "announced that a proposed 3.74-percent reduction to MA plans based on discrepancies in coding between the plans and traditional government-run Medicare would be lowered to a 3.41 percent reduction. It will be put in place in 2010, rather than over three years as some lawmakers have recently proposed."

[Bloomberg News](#) (4/7, Marcus) adds that the 2010 rate also "reflects the 21 percent cut in Medicare fees paid to physicians that is supposed to take effect in 2010," CMS said. "The cut in doctor payments is required by a formula Congress set a decade ago to hold down spending." Notably, President Obama, during the 2008 election campaign, said MA "plans are overpaid by as much as \$15 billion a year, and he pledged to rein them in, saying that the government is paying for a service it provides cheaper on its own. Companies get on average 14 percent more than the government spends on the traditional Medicare program, according to the Medicare Payment

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I'm more
than a
surgeon.

Advisory Commission." Still, in [announcing](#) the new rates, CMS said, "Our intent here is not to hurt providers, beneficiaries or plans, but to update the rates in a way that is consistent with longstanding practice."

From the AMA

New AMA resource a one-stop shop for ePrescribing information. An [online learning center](#) recently launched by the AMA can help physicians and practice managers make informed decisions about electronic prescribing, also known as ePrescribing. With vast educational content and interactive tools, this convenient resource allows users to assess ePrescribing technology at their own pace in an impartial environment. Aspects of the learning center include complete and unbiased coverage of ePrescribing system vendor pricing and features, calculators to estimate potential time savings and determine Medicare ePrescribing incentive payments, the latest information on federal and state programs offering ePrescribing incentives, and readiness and planning tools to help physicians map out an implementation plan.

Government and Medicine

Public health plan seen as more cost-effective, inclusive but detrimental to insurance industry.

The [AP](#) (4/7, Alonso-Zaldivar) reports, "A public health insurance option for middle class families could help cover the uninsured but it may well put private insurers out of business," asserts a [study](#) released yesterday by the Lewin Group. The study found "that if such a plan were open to all employers and individuals, and if it paid doctors and hospitals the same as Medicare, the government plan would quickly grow to 131-million members, while enrollment in private insurance plans would plummet." The researchers estimated that "by paying Medicare rates the government plan would be able to set premiums well below what private plans charge." For example, "monthly premiums for family coverage would be \$761 in the government plan, compared with an average of \$970 in private plans." Investigators also "found that the public plan would help reduce the number of uninsured by about 24-million to 28-million people."

NYTimes: Despite impending "political fight," public health plan should be tried. A [New York Times](#) (4/7, A28) editorial reviews challenges President Obama faces in his call "for sweeping healthcare reform," namely a "tough political fight." The Times points out that "one of the most contentious issues is whether to include a new public plan option to compete with private insurance plans," which many Republicans deride "as 'government-run healthcare' and a step toward 'socialized medicine.'" Notably, a public plan "might do a better job of slowing the growth of healthcare costs"; and it could "probably force doctors and hospitals to accept lower reimbursements than they negotiate with private insurers, allowing the public plan to charge lower premiums." However, the "insurance industry and leading Republicans decry that as unfair competition"; and hospitals and doctors "worry about being underpaid." Still, a public plan, opines the Times "is neither the cornerstone of healthcare reform nor the death knell of private insurance." Thus, it "should be tried," at least "as one element of comprehensive reform."

Experts consider health reform's effects on physicians.

In the [National Journal](#) (4/6) Health Care blog, Marilyn Werber Serafini asked, "Will healthcare reform squeeze doctors?" She noted that "medical providers are increasingly nervous about proposals that Democrats and Republicans are pushing as a source of savings for healthcare reform," but asks if "these proposals" are "an unfair hardship on doctors and hospitals" and whether "the result be rationed care." Serafini also considers whether physicians would "be forced to abandon their small practices and become hospital employees."

American Medical Association president Nancy H. Nielsen [responded](#), "Concepts such as bundled payments and accountable care organizations are promising ideas...but there needs to be more meat on the bones of these concepts before they are widely implemented. Pilot testing, demonstration projects and inclusion of healthcare professionals in the decision-making process will help ensure that changes in the delivery and payment systems are properly implemented and accepted by those in the trenches providing patient care."

Health Coverage and Access

Drugmakers seen as increasing accessibility to discount drugs.

The [Washington Post](#) (4/7, HE2) reports, "In this tough economy, a few drug companies are broadening their programs that

help people struggling to pay for prescription drugs." The Post noted that Merck "increased the income eligibility of its assistance plan to 400 percent of the federal poverty level," while Abbott "launched a program to help pay for its injectable autoimmune disease drug, Humira [adalimumab]," and Together Rx Access "recently eased the income rules for its discount drug card," which is sponsored by Pfizer and Novartis.

Medicare to cover use of PET scans to diagnose most solid-tumor cancers.

[Modern Healthcare](#) (4/7, Rhea) reports that the Centers for Medicare & Medicaid Services (CMS) issued a "national coverage determination memo" that said "use of PET scans to diagnose and determine initial treatment for most solid-tumor cancers will be automatically covered under Medicare." The agency's decision is based on "data collected through the Coverage with Evidence Development program's National Oncologic PET Registry observational study." Acting CMS Administrator Charlene Frizzera noted that the program "allowed us to cover an emerging technology, learn more about its usage in clinical practice, and adjust our coverage policies accordingly." Under the new policy, patients will have "automatic coverage of PET scans when used as an initial diagnostic tool to determine tumor size, whether lesions are benign or cancerous and whether a cancer has metastasized." In addition, "coverage will...be expanded to include use of PET scans in subsequent treatment-strategy evaluation for 11 cancers, including ovarian, cervical and myeloma cancers."

Public Health

More women opting for preventive bilateral mastectomy.

On the front page of its Health section, the [Washington Post](#) (4/7, HE1, Saslow) reports that "a growing number of women threatened by cancer...have opted for a preventive bilateral mastectomy," not only "among women with cancer in only one breast, but also for" those "with no cancer at all." Their choices have "been driven in part by the availability of tests that can identify mutations of the BRCA1 and BRCA2 genes," and are "related to more-sophisticated surgical options" such as "breast reconstruction from a woman's own tissue." But, "statistics to help women...make the decision can be complicated for an anxious patient to understand." For instance, "a woman who has no cancer but has a BRCA mutation has a 65 to 80 percent risk of developing breast cancer in her lifetime," Lillie Shockney, of Johns Hopkins Breast Center, explained. And "after a preventive double mastectomy," the "risk falls to five percent." Furthermore, "many women who have chosen bilateral mastectomy describe it as the lifting of a great burden," but, "others have some regrets about the surgery, saying the psychological effects have been worse than they expected."

Data indicate infant mortality rate remains high in US.

In the [New York Times](#) (4/7, D7) Vital Statistics column, Nicholas Bakalar writes that despite slight declines in "infant mortality...in the United States," there are 28,000 deaths among "children under the age of one" each year. Recent data from the Centers for Disease Control and Prevention show that "the main reason for the high rate is preterm delivery, and there was a 10 percent increase in such births from 2000 to 2006." And, overall, "the United States had a higher rate than 28 countries" in "2004, the latest year for which worldwide data are available." That figure is up from "only 11 countries" in 1960. Data also indicate that "there are large differences by race and ethnicity," with "non-Hispanic black, American Indian, Alaska Native, and Puerto Rican women" among those with "the highest rates of infant mortality."

Research suggests cockroach allergies may be major asthma trigger among urban-dwelling children.

The [New York Times](#) (4/7, D5, Ely) reports, "Asthma is the most common chronic disease of childhood, one that strikes the poor disproportionately," and nearly "one-third of children living in inner-city public housing have allergic asthma." Yet, Boston University researchers found that "for inner-city children...the major cause of asthma is not dust mites, not dog

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The advertisement features a dark blue background with white and yellow text. At the top, the logo for the Corporate Angel Network (CAN) is displayed, consisting of the letters 'CAN' in a stylized font with an arrow pointing to the right, and the full name 'CORPORATE ANGEL NETWORK' underneath. Below the logo, the text reads: "Donate an empty seat on your corporate aircraft to give a cancer patient a lift to life-saving cancer treatment at no cost or inconvenience to you." The phone number "(914) 328.1313" is listed in yellow. At the bottom, there is a photograph of three people (two men and one woman) standing in front of an airplane. The website address "corpangelnetwork.org" is printed at the very bottom of the ad.

dander, not outdoor air pollen. It's allergies to cockroaches." The team reached that conclusion after visiting Detroit homes "with an old-time data-collection instrument: the vacuum cleaner." Lead investigator Dr. Daniel G. Remick explained, "We collected house dust...added water, let them mix overnight, and spun the junk out of them, until we had extract." Then, they were able to see that the "extract was filled with proteins from *Blattella germanica*...whose exoskeletons and droppings become airborne after death." The team exposed the "dust bunny particles" to mice twice, first to make sure they "were immunologically primed." But, "when exposed to the same particles a second time by inhaling them, the systems on alert went to attack. Mice that had been breathing easily had difficulty exhaling, and their respiration slowed." In short, "they were having asthma attacks."

Research suggests abdominal adiposity, obesity may be linked to restless legs syndrome.

[USA Today](#) (4/7, Marcus) reports that Harvard scientists are saying that "carrying too much weight appears to be associated with a common sleep problem" -- restless legs syndrome (RLS). Data indicate that some five to "ten percent of adults have restless legs syndrome," a "neurological condition characterized by burning and creeping feelings in the legs and an uncontrollable urge to move them to get relief," with symptoms typically become worse "at night, sleep experts say." Intriguingly, "other data show sleep disrupts hormones and metabolism, which can lead to weight gain."

Although the scientific community has not identified the underlying cause of the condition, there is also research which implicates low dopamine activity, according to [Reuters](#) (4/7). "Dopamine is produced by the body and transmits signals between nerve cells," [HealthDay](#) (4/6, Reinberg) added. "Some studies suggest that obese people have lower dopamine receptor levels in the brain. Since decreased dopamine is believed to play a role in RLS, there could be a link between obesity and lower dopamine levels," lead investigator Xiang Gao, MD, PhD, postulated. As for the current study, investigators "collected data on almost 89,000 men and women who took part in either the Health Professionals Follow-Up Study or the Nurses' Health Study II. Among these people, 6.4 percent of women and 4.1 percent of men reported having RLS."

The team found that "prevalence of the sleep disorder rose progressively with increasing body mass index and abdominal adiposity," [MedPage Today](#) (4/6, Phend) reported. Specifically, the "odds of restless leg syndrome at a body mass index of 30 versus less than 23 kg/m² were 1.41 for women and 1.48 for men." Furthermore, "a higher BMI from ages 18 to 21 had a similar effect on restless leg syndrome prevalence in middle age," which "suggested that obesity is a risk factor for the development of restless leg syndrome, although the observational data could not prove the causal link, the researchers said." What's more, the team "acknowledged that they were unable to rule out confounding by iron deficiency, which is a well-known restless leg syndrome risk factor but was not available for the analysis."

[WebMD](#) (4/6, Boyles) quoted Dr. Gao as saying, "We need more research to determine if obesity really is a cause of restless legs syndrome," adding that "both obesity and RLS are very common in the US, and obesity may turn out to be a modifiable risk factor."

Researchers say DNA test may outperform Pap smear in preventing death from cervical cancer.

On the front page of its Science Times section, the [New York Times](#) (4/7, McNeil) reports, "A new DNA test for the virus that causes cervical cancer," human papillomavirus, or HPV, "does so much better than current methods that some gynecologists hope it will eventually replace the Pap smear in wealthy countries and cruder tests in poor ones," according to a study appearing in the *New England Journal of Medicine*. The "eight-year study of 130,000 women in India" was "financed by the Bill and Melinda Gates Foundation." A control group received "typical rural clinic care: advice to go to a hospital if they wanted screening." Meanwhile, a second group "got Pap smears, the third got flashlight vinegar visualization, and the fourth got a DNA test." The study showed "that a single screening with the DNA test beats all other methods at preventing advanced cancer and death." Still, "whether the new test is adopted will depend on many factors, including hesitation by gynecologists to abandon Pap smears, which have been remarkably effective."

Columnist discusses treatment options for patients with prostate cancer.

In the second of a two-part series on prostate cancer, in the [Wall Street Journal](#) (4/7) Health Journal column, Melinda Beck discusses treatment options. She notes that "there's little consensus on how or even whether to treat prostate cancer" among physicians. Surgery is "thought to offer the best chance for long-term survival," and "removing the prostate and examining it in a lab is the only way to know for sure how much cancer was there and how likely it is to return." Meanwhile, "external-beam radiation therapy, or EBRT, requires no incisions, no hospitalization and no anesthesia." This option,

however, "can be inconvenient: Patients generally undergo 40 or more treatments over six to eight weeks." Another option "is focal ablation, in which doctors destroy the individual tumor while leaving the rest of the gland intact." Finally, "at least 50 percent of men diagnosed with prostate cancer in the US have a low-grade form...that experts say doesn't need immediate treatment and may never." Still, "less than 10 percent opt to put treatment off and just monitor their cancer," in part "because it can be psychologically difficult to live with untreated cancer."

Study suggests stroke patients who practice tai chi may improve balance.

In the [New York Times](#) (4/7, D6) Vital Statistics column, Eric Nagourney reported, "Stroke patients who practice tai chi may improve their balance -- reducing the risk of falls," according to a study published in the journal *Neurorehabilitation and Neural Repair*. For the study, Stephanie S. Y. Au-Yeung, of Hong Kong Polytechnic University, and colleagues, examined "136 people who had a stroke six months or more earlier." Participants were "divided...into two groups" one that "did general exercise," and another that performed "a modified version of tai chi" over 12 weeks. Members of the "tai chi group met once a week for an hour, and were asked to practice at home about three hours a week." The researchers found that "while the exercise group showed little improvement in balance, the tai chi group made significant gains when they were tested on weight-shifting, reaching, and how well they could maintain their stability on a platform that moved like a bus." But, "some patients lapsed in their practice after the training was over."

One-fifth of four-year-olds may be obese, data indicate.

The [AP](#) (4/7, Tanner) reports, "A striking new study says almost one in five American four-year-olds is obese, and the rate is alarmingly higher among American Indian children." Researchers at Ohio State University, alongside Temple University investigators, "were surprised to see differences by race at so early an age." After looking at national "data on 8,550 preschoolers born in 2001," the team found that nearly "13 percent of Asian children were obese, along with 16 percent of whites, almost 21 percent of blacks, 22 percent of Hispanics, and 31 percent of American Indians." That translates to "more than half a million" obese four-year-olds. Although the team "did not examine reasons for the disparities...others offered several theories." Dr. Glenn Flores, of the University of Texas Southwestern Medical Center, "cited higher rates of diabetes in American Indians, and also Hispanics, which scientists believe may be due to genetic differences." Dr. Flores added that "other factors that can increase obesity risks" include "poverty, less educated parents, and diets high in fat and calories." Ohio's [Columbus Dispatch](#) (4/6, Crane) also covered the story.

Pharma and Device Update

Procedure to remove Sprint Fidelis leads may be dangerous if not performed by skilled physicians, experts say.

On the front of its Business Day section, the [New York Times](#) (4/7, B1, Meier) reports that the Sprint Fidelis, a defibrillator lead, was pulled from the market by Medtronic after "five patients who had the cables died," but during "the next few years, thousands of those patients may face risky surgical procedures to remove and replace the electrical cable." Thus far, "four patients have died during extractions." Some "experts fear that the toll could quickly rise if such procedures are not performed by skilled doctors at medical centers that have performed many of the operations." Sprint Fidelis maker "Medtronic has given patients some guidance about extractions, like telling them to seek a hospital experienced in the procedure if they decide to have a Sprint Fidelis removed," but "has declined to indicate which medical centers have such experience." The company said that "whether the Sprint Fidelis is broken or is still working, it should be extracted only as a last resort."

FDA requests more information on proposed use of Symbicort for younger children.

The [AP](#) (4/6) reported, "Drugmaker AstraZeneca PLC faces a delay in marketing its asthma treatment Symbicort [budesonide and formoterol fumarate dehydrate] for young children" after the FDA on Monday "requested more information about the drug." AstraZeneca in February applied to sell the drug "for children aged six to 11." The FDA "said the company had not provided adequate data to establish the appropriate dosage for the drug's two components -- budesonide and formoterol -- in the younger group," and AstraZeneca "said it was evaluating the letter...and would provide a response to the agency 'in due course.'" Separately, "AstraZeneca said that Swedish competition authorities had approved its sale of a portfolio of over-the-counter products to GlaxoSmithKline," where "AstraZeneca will receive around \$220 million to offload analgesics Alvedon [paracetamol] and Reliv, Nezeril/Nasin for decongestion, Minifom for gastrointestinal disorder and

Duroferon for treatment of iron deficiency."

Amylin denies possible cancer risks associated with Byetta.

The [AP](#) (4/6, Perrone) reported, "Amylin Pharmaceuticals is trying to shore up the safety image of its best-selling diabetes franchise, even as analysts speculate that tumor concerns could delay a new version of the drug" Byetta [exenatide]. Amylin executives "said Monday they haven't seen any risks of cancerous tumors with Byetta, and only minimal evidence with the long-acting version, exenatide LAR, which will be submitted for FDA approval in coming months." However, Wall Street analysts "cautioned investors that exenatide LAR could be held up by additional thyroid studies requested by the FDA." Amylin Vice President Dr. Orville Kolterman "said the FDA has not requested any additional data about thyroid tumors and the company expects to submit its application in the first half of the year."

Practice Management

Researchers testing whether attaching patients' photographs to files may help some physicians feel more connected.

The [New York Times](#) (4/7, D5) reports, "When Dr. Yehonatan N. Turner began his residency in radiology, he was frustrated that the CT scans he analyzed revealed nothing about the patients behind them." In an effort "to make things personal," he attached "a photograph of the actual patient to each file," and in doing so, Dr. Turner's idea "turned into an unusual medical study." According to "preliminary findings, presented in Chicago last December at a conference of the Radiological Society of North America...when a digital photograph was attached to a patient's file, radiologists provided longer, more meticulous reports." They also indicated that "they felt more connected to the patients." The study included "more than 300 files of patients who had agreed to have their pictures taken." The authors stated that "they hope it becomes a standard procedure - not just for radiologists, but also for pathologists and other doctors who rarely have contact with patients."

Health IT seen as major priority of HHS, Obama.

[USA Today](#) (4/7, Hall) reports that "the government has set a goal for every American to have an electronic health record by 2014." Gov. Kathleen Sebelius, "the White House nominee for Health and Human Services secretary, calls the move to computerization 'one of the linchpins' of overhauling the nation's healthcare system. Obama casts it as a factor in the nation's economic recovery, saying going paperless would 'save billions of dollars and thousands of jobs.'" Opponents, however, say "the costly transformation could waste money if the doctors and hospitals buy systems that can't be connected to share information." USA Today notes that "as part of the \$800 billion economic stimulus package, Congress approved \$19.5 billion to jump-start healthcare's digital revolution by providing incentives to doctors and hospitals that take Medicare and Medicaid patients -- which 90 percent do."

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