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CLINICAL IMPLICATIONS OF AUTOPHAGY

ReachMD now presents this week's top stories from the pages of American Medical News, The Nation's Leading Newspaper For A Physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM 160. I am Dr. Mark Chyna and I am Sue Byrd. On this week's program, a new administration brings expectations of health reform. Publicly traded health plans are losing members and profits, but say they will not cut premiums and Washington becomes the second state to allow physician-assisted suicide. Now with a top story from American Medical News, here is Dr. Mark Chyna.

DR. MARK CHYNA:

The American Medical Association is asking President-Elect Barack Obama in Congress to expand health coverage and pursue other reforms such as fostering primary care. Dr. Joseph Heyman is the AMA's Board of Trustees Chair. He says many aspects of Obama's proposals are in line with AMA policies.

DR. JOSEPH HEYMAN:

The American Medical Association is very excited about the fact that we have a new administration and that it is very interested and seemingly dedicated to make certain that we have a healthcare plan that will ensure all of the countries' citizens. The American Medical Association has a plan for ensuring everybody. It is a plan that shares many features with the Obama plan. For example, the American Medical Association plan talks about subsidies that are income related, so that low income people receive help in being able to purchase private health insurance. The Obama plan has that as well. The American Medical Association plan would allow patients to choose among health plan. The Obama plan has that and we would change some of the insurance regulations so that patients would find affordable insurance even if they had preexisting conditions and from a 30,000 foot level, the Obama plan has a very similar goal. So we think that there is a lot to work with here and we are very excited about the opportunity to do so.

DR. MARK CHYNA:

Obama supports improving the employer-sponsored health insurance system. He pledged to make health insurance less expensive by creating a new national insurance market and he vowed to cover more of the uninsured with Medicaid and the State Children's Health Insurance Program. Obama has given no indication that the troubled economic status will force him to cut back on his health system

reforms estimated to cost at least 65 billion dollars a year, but funding might be hard to find. The next Congress will inherit a 10-trillion-dollar debt and is not addressed physician's Medicare pay cut in 2010.

SUE BYRD:

Publicly traded health plans saw profits fall in the third quarter. They say they are struggling with rising costs, declining investment returns, and following membership. The membership drop is a result of job losses and the troubled economy, but health plan say they will not cut premiums to keep members. Susanne Madden is president and CEO of the Verdine Group, a healthcare consulting group.

SUSANNE MADDEN:

Well, I think there is certainly an endpoint to it that we see looming, you know, where, insurance companies are pretty much pricing themselves out of the market now. You know with declining membership which are pretty much, say, across the board with the Q3 reports that came in, we are seeing that most insurance companies are losing membership or that membership is transferring into plans that aren't quite as traditional and by that I mean, they are not the regular commercial plans, just lot more self funded insurance running through these plans. I think, Etna is the only one in Q3 that has managed to keep their membership numbers up.

SUE BYRD:

Health plans stock prices are tumbling, which some analyst say, could lead some plans to put themselves up for sale. Plans are also struggling with reduced investment income and rising medical cost.

DR. MARK CHYNA:

From this week's Government and Medicine Section, Medicare has issued a final rule for 2009. Physicians will receive 1.1% increase instead of the drastic cuts that had been planned. Medicare also said that 2 bonus program could boost physicians' income next year. Those who participate in the physician quality reporting initiative will receive a 2% bonus on their Medicare payments and the program will award a separate 2% bonus to physicians who prescribe medications electronically, but physicians are worried that other policies could reduce doctors' pay. Lisa Goldstein is a government affairs representative with the Medical Group Management Association.

LISA GOLDSTEIN:

Well, in January, CMS has included a provision that's part of the Medicare physician schedule that has established as an effective date for Medicare provider enrollment application. That effective date will be the later of the date of filing of an application when a contractor is subsequently able to process and convey billing privileges to it or the date that the provider began furnishing services at the new practice locations.

DR. MARK CHYNA:

Medicare had planned to ban computer-generated faxes to order Medicare drug prescriptions, but opposition from doctors led the agency to postpone that mandate.

SUE BYRD:

A government report says that Medicare has failed to ensure the confidentiality of electronic health information. The report said Medicare has an effective plan for receiving, tracking, and resolving complaints, but that system does little to stop breaches before they occur. Dr. Deborah Peel is Founder and Chair of Patient Privacy Rights, a consumer advocacy organization.

DR. DEBORAH C. PEEL:

The problem is that regular people don't know that their data has been misused. They have no way of knowing what's going on and so expecting complaints from outside, doesn't make any sense. Let me just say it another way. You know, for example, what our coalition or bipartisan coalition that represents 7 million Americans from across the political spectrum from the American Conservative Union to the ACLU, from the multi-racial activists to the gun owners of America, have asked congress to make sure that every time our personal health information is used or disclosed, we have a record of it.

SUE BYRD:

Medicare disagreed with the report's conclusion. Legal experts recommend that physicians adopt privacy measures in line with state and federal standards.

DR. MARK CHYNA:

From the American medical news professional issue section, the immediate past president of the AMA, Dr. Ronald Davis, died of cancer earlier this month. The 52-year-old preventive medicine physician from East Lansing Michigan was a long-time advocate of healthy lifestyles and ending disparities in healthcare. His colleagues placed his effort to cut tobacco use and to reduce racial inequality in medicine. Dr. Nancy Nielsen is the AMA's current president.

DR. NANCY H. NIELSEN:

Ron Davis was an incredible person in terms of outreach to others. He always had a population-based view public health view. So, I think he used his disease as an opportunity to teach other people about what to do in this circumstance, what genetic testing to get, and basically how to take care of yourself and how to get through what was an obviously very difficult bout, was a very difficult disease.

DR. MARK CHYNA:

Dr. Davis was the Director of the Office on Smoking and Health at the Centers for Disease Control and Prevention from 1987 to 1991. He was the Founding Editor of the General Tobacco Control and Co-Chair of the Commission to End Healthcare Disparities and he was Director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System in Detroit. Dr. Davis disclosed his illness in February. He posted regular updates to the onlinecarepages.com and remained involved with the AMA.

SUE BYRD:

Washington has become the second state to allow physician-assisted suicide after neighboring Oregon. A Washington ballot initiative was approved with 58% of the vote. The law makes physician-assisted suicide available to patients, who have been judged terminally ill by two doctors. Physicians must tell patients about options such as hospice and palliative care. The patients believe to have psychiatric disorders, impairing judgment, must be referred for counseling. The measure was approved over the opposition of the Washington State Medical Association and American Medical Association.

DR. MARK CHYNA:

In this week's business section, at least 15 states have passed laws requiring health insurers to spend a certain percentage of the premiums they collect on healthcare. Other states are considering similar legislation. The advocacy group Families USA found that some insurers were spending as little as 60% of their premiums on healthcare. Dr. John Schneider is a health economist and consultant based in Morristown, New Jersey.

DR. JOHN SCHNEIDER:

Well, 1 option is the regulating the medical loss ratio, which basically means the state determines how much of the healthcare insurance premium dollar has to go to actually medical care as opposed to administrative expenses or process for the health insurance company and there are a bunch of other ways and those would be mandated benefits, things like that, where other states says that the health insurance plan has to cover certain things.

DR. MARK CHYNA:

Insurers complain that spending on information technology and disease management benefits members, but is not counted as a medical expense and insurers tell investors that they are reducing spending on healthcare to maximize profits. Investors and analysts look at healthcare spending to determine insurers profitability.

SUE BYRD:

An Atlanta Real Estate Developer is offering a unique perk to lure buyers to its multi-million dollar condominium. Two years of medical services in the comfort of their new homes. The program is costing the developer 15,000 dollars per year for each unit. It's unclear whether other developers might follow suite. Morris Davis is Assistant Professor of Real Estate and Urban Land Economics at the University of Wisconsin School of Business in Madison and a former economist with the Federal Reserve Board.

MORRIS DAVIS:

I am not sure I would call it a gimmick; I think it's a strategy to try to sell condos. I am not sure why this developer would choose to bundle medical services with condos costing anywhere between 2 million dollars and 10 million dollars, presumably anyone with enough wealth to afford that price condo, arguably had access to pretty good healthcare. So, I don't understand why this developer chose that strategy to sell condos.

SUE BYRD:

The medical services the developer is offering are not covered by insurance.

DR. MARK CHYNA:

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This week in health and science, a recent study in a British Medical Journal found that women who smoked were 4 times more likely to have an abdominal aortic aneurysm repair or rupture than women who had stopped. Abdominal aortic aneurysms are more common in men than in women, but may be more deadly for woman possibly rupturing at smaller diameters. Only a small number of people who have an abdominal aortic aneurysm make it to the hospital alive and only about half of those survive. So, it's important to identify people at risk before their arteries rupture. Dr. David Neschis, is a Vascular Surgeon and Associate Professor of Surgery at the University of Maryland School of Medicine.

DR. DAVID NESCHIS:

Duplex ultrasound of the abdomen is universally available and inexpensive. It is essentially risk free and should be applied fairly liberally in patients at risk. The patient that are clearly at risk include men over 60 who have ever smoked and in particular, they also have a family history of aneurysm that puts them at extremely high risk. Most studies up to now, have not focused, in my opinion, enough on women largely because men have 4 times more likely chance of having an abdominal aortic aneurysm; however, we know that size for size women have a high risk of rupture and poor outcomes and so, I believe certainly older women, smokers, those with family histories, should also be considered for screening.

DR. MARK CHYNA:

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The agency for healthcare research and quality recommends against routine screening in women, but does recommend one-time screening for men ages 65-75 who have ever smoked.

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