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The Benefit of Gitazones after PCI

ReachMD XM 157 now presents this week's top stories from the pages of American Medical News, the nation's leading newspaper for physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM 157 I am Dr. Mark Chyna and I am Sue Berg.

SUE BERG:

On this week's program fewer Americans were uninsured last year, but employer sponsored coverage fell.

Stem cell researchers say human egg donors should be paid.

Now, with the top story from American Medical News here is Dr. Mark Chyna.

Dr. CHYNA:

Census Bureau estimates indicate that the number of uninsured people in the United States dropped by more than one million last year. Census figures also revealed the drop in employer sponsored coverage last year. The main reason was increased involvement in government sponsored health plans. There were more Medicaid and state children's health insurance program enrollees thanks in part to state eligibility expansions. There were also more people with Medicare and military coverage. Dr. Robert Doherty is Senior Vice President for Governmental Affairs and Public Policy at the American College of Physicians. He says the news is a mixed blessing for physicians.

Dr. DOHERTY:

I think it's a small positive sign that with some progress anytime you have fewer people uninsured that's somewhat good news, but there is still a staggering number of people without health insurance coverage, the Census Bureau says 45.7 million in 2007 so I don't think that in anyway it eliminates or reduces the need for Congress and the next President to take major action to expand health insurance coverage to everybody.

Dr. CHYNA:

Hispanics also experienced a higher level of coverage. Dr. Leighton Ku is a Professor of Health Policy at George Washington University.

Dr. KU:

It remains the case that the percentage of Hispanics who are uninsured is substantially higher than among other racial ethnic groups, so for example the proportion of Hispanics who were uninsured even with some improvement in recent times, remains around 32% whereas in comparison for white man-Hispanic population it's around 10% or for African-American population, it's around 20%.

Dr. CHYNA:

The drop in employer sponsored coverage began a decade ago. Dr. Doherty says that has put pressure on the public sector to take additional people on. Also, the number of people buying health insurance on their own fell last year. The 2007 census estimates likely didn't capture the economic downturn that began late last year. States often cut back when there is a recession or downturn in the economy. Policy experts say legislatures may be tempted to balance their budgets by cutting Medicaid pay to physicians.

SUE BERG:

It's been 2 years since the human papilloma virus vaccine was approved with great fanfare, but now physicians are dealing with growing concerns about the vaccine's efficacy and safety. The vaccine called Gardasil is given in a 3-shot series. It protects against 4 types of papilloma virus. The CDC recommends that girls aged 11 to 12 should receive it as routine care. It can also be given to females' age 9 to 26. Millions of doses have been distributed, but concern has been growing. Dr. Mark Goldstein is Chief of the Division of Adolescent and Young Adult Medicine at Massachusetts General Hospital.

Dr. GOLDSTEIN:

The concerns about the HPV vaccine voiced by my patients are the side effects first of all, they are concerned about longer terms side effects that include information from reports that they received over the newscast, these side effects could include what they believe are Guillain-Barre syndrome and mortality; however, if someone reviews the information from the Centre for Disease Control, these major side effects are really no more common from this vaccine compared to other vaccines.

SUE BERG:

The CDC and the FDA issued a joint statement this summer saying that the vaccine is safe and effective, but a recent editorial in the New England Journal of Medicine stressed that many questions still need to be answered about the long-term effects of the vaccine and many say it would be unethical to withhold the vaccine from those who want it. Another HPV vaccine should also be available soon. Glaxo Smith Kline had phase III data on it's vaccine called Cervarix should be released later this year.

Dr. CHYNA:

From this week's Government and Medicine section, by the end of the month written Medicaid prescriptions must includes safety features to prevent unauthorized copying, modification, or counterfeiting. The regulations do not apply to electronic, faxed, or telephone prescriptions and they do not apply to drugs paid for by private Medicaid insurers. Dr. Peter Basch is an internist and co-chair of the

Physicians' Electronic Health Record Coalition which represents physicians organizations. He says doctors who use electronic medical records should print prescriptions.

Dr. BASCH:

One would think that once one is fully electronic that all prescriptions could be sent electronically and we have been fully wired for almost 10 years and find that almost 40% of our prescriptions still get printed. There are a couple of circumstances; one controlled substances, secondly the patients not knowing their choice of pharmacy at the moment a prescription is written and I should clarify this. A lot of times patients know in their own mind a pharmacy they want, but they can't describe it well enough to find it in any prescribing directory.

Dr. CHYNA:

On recommended security feature is thin lines of text that blur if they are photocopied. Another is to print asterisks before and after the number of pills to prevent anyone from changing the number.

SUE BERG:

Medical equipment fraud appears to be a much bigger problem than Medicare officials had expected. Medicare hired a contractor to review claims from 2006 for signs of improper payments, but an audit ordered by the Health and Human Services Inspector General found that the contractor missed many cases in which Medicare wrongly paid for equipment. The contractor's review determined that the error rate was 7.5%, but the Inspector General found it was nearly 29%. Medicare says that the contractor was not told to dig deep into physician records to hunt for improper payments. The Inspector General looked at all documentation auditors contacted beneficiaries in cases of suspicious payments. Not all of the improper payments involved fraud. Some were flagged because physicians had not supplied enough information to prove that equipment was medically necessary. Tyler Wilson is President and CEO of the American Association for Home Care which represents suppliers. He says the Federal Government has not done enough to prevent medical equipment fraud.

TYLER WILSON:

In mid July, Congress signed into law over the President's veto the Medicare improvements for Patients and Providers Act of 2008. It was a large bill, but part of it dealt with Medicare reform and specifically with respect to pricing for durable medical equipment which you listeners may know as oxygen equipment or wheelchairs or home infusion services, hospital beds, sleep apnea, CPAP machines. So the legislation dealt with pricing for that equipment. Unrelated to that is the question of fraud and abuse within the Medicare system as a whole, but certainly a part of that fraud goes back to durable medical equipment. It has been sort of misconstrued in the press and elsewhere that the Medicare improvements in Patients and Providers Act of 2008 somehow lessened the protections against fraud and abuse in Medicare and this is the misimpression that I am trying to correct today. There were actually a couple of provisions in that act that strengthened the tools that Medicare has to reduce the fraud and abuse.

SUE BERG:

Congress recently postponed the competitive bidding program that Medicare says would have helped to prevent fraud.

Dr. CHYNA:

From the American Medical News Professional Issue section some stem cell researchers say women who donate oocytes for research should be paid. Critics say large payments could encourage women to take risks they would otherwise avoid. California and Massachusetts outlaw egg donor compensation beyond reimbursement for expenses and the National Academies of Science has adopted similar guidelines. Fertility clinics are now paying egg donors more than 4000 dollars according to a survey published last year, but clinical research subjects are usually compensated only for the risks and discomfort associated with egg donation. The biggest risk is ovarian hyperstimulation syndrome. Symptoms include nausea and vomiting, bloating, hemoconcentration, breathing difficulties, and kidney failure in rare cases. Dr. Samuel Wood is CEO of Stemagen, a private embryonic stem cell research firm in La Jolla, California. He says limits on compensation make it hard to find women willing to undergo the time consuming and often painful process of egg donation.

Dr. WOOD:

When subjects are involved in biomedical research, particularly those that do involve some risk, and egg donation does, I think its incumbent upon us to compensate those subjects for the risk involved in the research, particularly when the outcome in terms of benefit directly to them is uncertain.

Dr. CHYNA:

California has turned down grant applications for therapeutic cloning because of the shortage of eggs.

SUE BERG:

The University of Central Florida's new college of medicine is offering full scholarships and expenses for its entire inaugural class which begins next year. Students will get 20,000 dollars for tuition and 20,000 dollars for expenses each year. The offer has attracted thousands of hopefuls for 40 slots. Last year the overall academic credentials of medical school applicants were the highest on record, but scores are just part of the requirement for UCF applicants. The school's 7 million dollars in scholarship funds came from the local physician practices, law firms, women's groups, banks, and individuals. Applications will be accepted until December 1.

Dr. CHYNA:

In this week's business section, health plans are trying to assure investors that its earnings won't tumble because of new rules for their Medicare plans. Medicare is requiring health plans to move many of their private fee for service Medicare Advantage enrollees into networks within 3 years. Congress is also considering eliminating the disparity between payments under traditional Medicare and the higher payments under Medicare Advantage. The Federal Government pays 20% more for Medicare Advantage private fee for service than it does for traditional Medicare. Dr. Robert Berenson is a Senior Fellow at the Urban Institute, a policy research group.

Dr. ROBERT BERENSON:

Well, I assume either administration whether it's Republican or Democratic is going to have to address huge budget deficits and will have to relook at the entire Medicare Advantage program. I personally don't think that private fee for service can do very good in that kind of a review because that model offers no real advantage over the traditional Medicare program.

Dr. CHYNA:

Dr. Berenson says that the changes were the result of a 2008 compromise in Congress in protecting Medicare Advantage. Companies such as Humana which gets nearly half its revenue from Medicare Advantage say they can easily move members into existing PPO plans, but some analysts say that won't completely mitigate the hit insurers might take. They say employers have chosen Medicare Advantage for their retirees because any physician who takes Medicare is a part of its network, but the new rule requires plans to have actual contracts with the doctors for medicare plans.

SUE BERG:

This week in Health and Science. Patients infected with West Nile virus rarely contracts serious central nervous system diseases and long-term prognosis is generally good says a study in the annals of internal medicine. The study is the first large comprehensive analysis of patients infected by West Nile virus. The researchers followed more than 150 patients for 4 years recording the physical and mental effects of the disease. Preexisting health conditions such as peripheral vascular disease, chronic pulmonary disease and diabetes were detrimental to patient recoveries. However, in most cases both physical and mental functions seemed to return to normal in about a year. The researchers are now conducting a study to identify the genetic profiles of people who have become very sick from the disease. West Nile virus is endemic in the United States. It spread rapidly across the country after it was identified on the East Coast in 1999. Cases of human infections have now been reported in all states except Hawaii, Alaska, and Oregon. The total count of West Nile cases for this year is projected to be well below reports from last year.

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