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Combination Lipid Therapy... What Works?

ReachMD XM157 now presents this week's top stories from the pages of American Medical News, the nations leading newspaper for physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM157, I am Dr. Mark Chyna, and I am Sue Berg.

MS. SUE BERG:

On this weeks programs FTC delays enforcement of Identity Theft Red Flag Rules, palliative care programs are on the rise and the American Academy of Family Physicians meeting includes lectures by patients. Now with a top story from American Medical News, here is Dr. Mark Chyna.

DR. MARK CHYNA:

The federal trade commissions says, it will delay enforcement of new regulations to combat identity theft so that it may give physicians and the healthcare industry time to comply. The so called red flag rules had to take effect in November, required physicians and group practices and others to establish a written program for preventing and identifying identity theft. The regulations pertain mainly the financial institutions that provide credit, but the FTC says they would also apply to most physicians in practices, who do not always collect payment at the time services are rendered. Authorities say that doctors might want to seek legal counsel to find out whether the regulations applied to them and what they need to do to comply. Jeril Dalas is vice-chair of the American Health Lawyers Associations health information technology practice group. The trade organization held a conference recently to discuss the regulation.

JERIL DALAS:

The first means to do so is using the red flags that are mentioned in the recent FTC Red Flag Rules, ironically those have been extended, the enforcement has been extended to May 1, 2009, but the program that the FTC in vision sets forth several red flags, which should be taken in to account when the creditor in this case a physician is looking to prevent identity theft.

DR. MARK CHYNA:

The American Medical Association and other medical associations are challenging the FTC's rule. They say physician should not be considered creditors.

MS. SUE BERG:

Beginning in January, Medicare will pay a 2% bonus to physicians, who use electronic prescriptions, the bonuses will decrease in future years, and starting in 2012 physicians, who have not adopted electronic prescriptions will be docked 1% of their Medicare pay. These penalties will increase in subsequent years. Only 6% of physicians now write electronic prescriptions. One problem is the Drug Enforcement Administrations ban on electronic prescribing of controlled substances that forces physicians to maintain 2 separate systems. The DEA has proposed lifting the ban, but has not done so yet. Medicare has also made it hard for vendors to incorporate formularies into their programs and small pharmacies have resisted investing in the equipment to process electronic prescriptions. The centers for Medicare and Medicaid services hosted a recent conference in Boston to jump-start its e-prescribing push. The American Medical Association the conference sponsor joined with other event sponsors to release a new publication of clinicians guide to electronic prescribing. The guide offers practical advice for physicians who want to adopt the technology into their practices. As well as a list of incentives offered in various states. However, a new AMA e-prescribing framework said any Medicare penalty must not take effect until at least 2 years are CMS finalizes e-prescribing standards for physicians.

DR. MARK CHYNA:

From this week government and medicine section, West Virginia is offering a novel medicaid program that uses incentives to boost enroll these personal responsibility for their health care. Medicare enrollees, who agreed to follow doctors orders and wellness plan and to show up on time for appointments receive extra benefits these include quit smoking programs and membership in Weight Watchers. Shannon Landra, this is spokeswoman for the West Virginia Bureau for medical services in Charleston.

SHANNON LANDRA:

Now in health choices is our effort to improve medicaid members health here in West Virginia. We are trying to do that by getting our members too engaged in the healthcare system and in their own health in way that is wellness driven and not crisis driven. In order to enroll and enhance plans members have to go for a checkup and choose the sign of member agreement to enroll in the

enhancement benefit package. Part of that is developing a health improvement plan with their primary care physician at the medical home. We are doing this because we think it is very important for these young members who are in the target population for mountain health choices to develop healthy habits, which include regular check up and preventative care with their primary care providers and their medical homes at an early age.

DR. MARK CHYNA:

Enrollment in the enhanced plan has so far been low possibly because word of the opportunity has not reached many patients. If the West Virginia program is successful it could persuade other states to launch similar programs. The West Virginia program is controversial because it automatically bounces non-participating beneficiaries into the basic plan. Dr. Fernando Indacochea is president of the West Virginia Chapter of the American Academy of Pediatrics. He says these patients encounter more restrictions than in traditional medicaid.

DR. FERNANDO INDACOCHEA:

There are a number of limitations the first one I think the most important one is the limits on prescriptions. The number of prescriptions that the child can receive any given month. The limit at this point will be 4. So if the child has not enrolled in the expanded plan, you know will not be allowed to receive more than 4 prescriptions per month and the number of kids with chronic illnesses will easily surpass that. Some of these kids have 2 or more chronic illnesses and sometimes they have acute illnesses that you have to deal with.

DR. MARK CHYNA:

West Virginia is working with researchers at West Virginia University to assess the programs effectiveness.

MS. SUE BERG:

From the American Medical News professional issues section a Minnesota Appeals Court has ruled that non-disciplinary settlements between doctors and licensing boards cannot be used as evidence in medical liability cases. Like many states Minnesota excludes the use of settlements in civil actions, but the plain tiff in this case argued that an agreement for corrective action should be considered because it was imposed by the board. The case stem from a patient's complaint filed against podiatrist Roy Buckmaster after complications arose following 2 surgeries he performed. Dr. Buckmaster and the Minnesota Board of Podiatric Medicine agreed to resolve the matter through a corrective action. In these situations, a doctor typically consents to certain practice improvements to resolve a complaint without disciplinary action. The patient later filed a negligence case and attached the corrective action to support her claim. The Minnesota court ruled that corrective actions constitute a settlement. The court said that discouraging settlements would undermine licensing boards over side authority. David Schultz is Dr. Buckmasters attorney. He says the ruling could set a precedent for other states.

DAVID SCHULTZ:

In Minnesota, I think it sets a very clear precedent and agreement between a licensing board and a doctor or other health care provider to resolve a complaint that has been made with relevant board. It is per se a settlement agreement and as such it is not admissible at trial and it certainly cannot be used for any kind of admission of wrongdoing or liability or anything wrong with care.

MS. SUE BERG:

The patient's attorney says there are no plans to appeal to the state supreme court.

DR. MARK CHYNA:

The number of hospitals with palliative care programs is more than double since 2000 according to a study in the journal palliative medicine. It says that more than half of the facilities have more than 50 beds, but the prevalence of hospital based palliative care varies widely by state only for a Montana and New Hampshire have palliative care programs in more than 80% of hospitals. Dr. Shaun Morrison is a co-author of the study and is the Director of the National Palliative Care Research Center.

DR. SHAUN MORRISON:

I think there has been 3 key reasons for the growth of palliative care programs in US hospitals over I would say the past 5 years. The first is it they are clearly responding to the needs of seriously ill patients and their families. We have unfortunately a relative data that demonstrate a seriously ill patients receive inadequate management of pain and their other distressing symptoms have unmet personal care needs and their families face an array of medical services with nobody coordinating care and I think what palliative care has done is stepped into this aggressively treated patients symptoms so that they are comfortable.

DR. MARK CHYNA:

Palliative care programs provide comprehensive care for the physical, psychological, social and spiritual challenges facing seriously ill patients and their families. While hospice care is reserved for patient's with fewer than 6 months to live. Palliative care can be offered to patient's as soon as they are diagnosed with life threatening illnesses. The American Medical Association strongly supports palliative medicine training and education and appropriate reimbursement for such care. The center to advance palliative care and the National Palliative Care Research Center would like states to increase funding for palliative care training and make medicaid reimbursement to hospitals contingent on implementing palliative care programs.

MS. SUE BERG:

In this weeks business section, the Pennsylvania insurance commissioners office is <____> over whether or not to approve the proposed high mark and independent blue cross merger in Pennsylvania. Commissioner Joel Arroyo is expected to make his decision by the end of January. Between now and then Pennsylvania legislatives will have their chance to weigh in one final time. Commissioner Arroyo will review public and law maker comments as he considers the merger of the two large nonprofit health plans. Independence and high mark want to combine to create a blues plan with an estimated 8 million members. The combined company would be the third largest blues plan in the country by membership. Medical societies including the AMA and Pennsylvania Medical Society have spoken out against the merger. They say it should not go through unless high mark and independence can demonstrate a clear benefit to members, purchasers, and health care professionals. They also worry that the merger could have a negative impact on potential competition.

DR. MARK CHYNA:

Medical tourism isn't just about going to foreign countries for medical care, patients are now also turning to domestic medical tourism. Hospitals in the US are offering big discounts to patients willing to pay cash. Experts say that a good location and cost savings are important, but a destination success will depend on establishing a nation wide reputation for excellence.

MS. SUE BERG:

This week in health and science, the American academy of family physician scientific assembly included talks by patients about their medical experiences. A part of a new program called face the disease, the lectures were paired with clinical insights by experts in the field. Dr. Bradley Fox is chair of the AAFP subcommittee for scientific programming and family physician in Erie, Pennsylvania.

DR. BRADLEY FOX:

When we started putting together the 2008 assembly, we realized that we need a different education model. We get educate it from experts in the field. We get educate it from experts in the family medicine. We self-educate by reading and learning on line, but we never seem to really get the patient's perspective. We always get the expert perspective or the medical perspective and we thought what would be a better way to learn and actually hear about the process from the patient.

MS. SUE BERG:

The patients who spoke at the meeting generally praised physicians, but they also offered suggestions. One urged physicians and other health care professionals to see the patient's as human being and to get patients more engaged in the treatment process. Others imploraed physicians not to forget about patients families when they are addressing specific health issues. Patients who spoke at the conference included actress Paddy Duke, who is diagnosed with bipolar disorder, actress Sally Field who has osteoporosis, and Gray Fandoroney Koppel wife of journalist Ted Koppel who spoke about chronic obstructive pulmonary disease.

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