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Today's News for the American College of Physician Executives from Newspapers, TV, Radio and the Journals

Customized Briefing for Vance Brown

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Leading the News

CMS expands do-not-pay list.

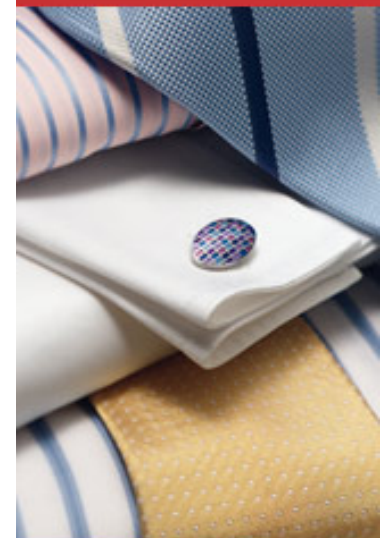
The [AP](#) (8/1, Freking) reports that the Centers for Medicare and Medicaid Services (CMS) "announced Thursday that it no longer will pay the extra-care costs associated with treating dangerous blood clots in the leg following knee or hip-replacement." Also, the program will no longer "pay extra for complications stemming from poor control of blood sugar levels." The addition of the "two preventable conditions to [the] do-not-pay list for hospitals" was "a much smaller number than [CMS] had been contemplating." Originally, CMS "had been looking at not paying hospitals for complications stemming from seven additional preventable errors," which "include[d] ventilator-associated pneumonia and Legionnaire's disease." But, the agency eventually "backed off after protests from many in the medical community."

[Modern Healthcare](#) (7/31) added that CMS "also will require hospitals to report on 13 more quality measures under the inpatient prospective payment system." According to experts, "payments to IRFs (inpatient rehabilitation facilities) will be \$5.6 billion in fiscal 2009," and "[p]ayments to nursing homes will go up by \$780 million." As a result of the new reimbursement policy, "Medicare expects to save about \$20 million a year."

CMS publishes online list of potential topics for national coverage determinations. [The Hill](#) (7/31, Young) reported, "The Centers for Medicare and Medicaid Services (CMS) has published its first-ever quarterly list of drugs, medical devices, and procedures that Medicare patients may no longer be able to access." The list, published on the agency's website, includes "the Medicare national coverage determinations, or NCDs, that can be the difference between whether a drug- or device maker sees a huge return on research and development, or a crushing bust." The agency "lists 19 potential topics for national coverage determinations in the next quarter-year." Additionally, "in an effort to improve transparency and public input, all members of the public -- whether business interests, healthcare providers, or patients -- will able to provide CMS with comments."

[Access to Healthcare](#)

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Hospitals in Atlanta use grants to provide healthcare to the homeless.

The [Atlanta Journal-Constitution](#) (7/31, Schneider) reported that "[p]roviding better access to healthcare is a key part of helping the homeless in metro Atlanta, according to a report released Tuesday by the Community Foundation for Greater Atlanta." The nonprofit pointed out that "health issues can serve as a path into homelessness," and once individuals find themselves without a home, they may be at an increased risk for "infection, poor nutrition, mental illness, addiction, and disease." To help curb these issues, the "foundation has provided grants to community agencies to help." For instance, "the Crossroads Community Ministries and Grady Memorial Hospital focus on improving discharge planning for chronically homeless clients" by placing them "in stable housing." They also "coordinate health services to prevent their returning to the hospital." Additionally, a separate project "will establish 23 recuperative care beds for homeless patients to convalesce for up to 30 days after discharge from Grady hospital."

Management and Leadership

Bloggers discuss legislation that would expand right of conscientious objection for healthcare workers.

Stephanie Simon wrote in the [Wall Street Journal's](#) (7/31) Front Lines blog that "society struggles to balance two fundamental values: Medical professionals' rights to act as their faith or conscience dictates, and patients' rights to receive prompt health care." The Bush Administration is now becoming involved in the debate, and "has weighed in with a draft regulation -- still being debated -- that comes down heavily on the side of healthcare workers." The proposal "seeks to expand and enhance the right of conscientious objection." If the law passes, "not only individuals, but institutions -- such as HMOs, hospitals and insurance companies -- could refuse to provide, pay for, or refer patients to abortion and certain contraceptive services."

In the [Washington Post's](#) (7/31) dot.comments blog, Doug Feaver quoted a [Washington Post](#) article on the issue, in which author Rob Stein pointed out that "[s]upporters of the proposal say it is 'necessary to safeguard doctors, nurses, and other health workers who, they say, are increasingly facing discrimination because of their beliefs, or are being coerced into delivering services they find repugnant.'" Still Feaver wrote, "[w]hile the debate is undoubtedly bitter, the readers who" responded to the story were "profoundly one-sided in their opposition to the proposal." Many "ask[ed] why people who have these problems would take jobs where actions they find repugnant are performed."

Law and Policy

Legislation would fund program to counter drug representative messages.

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In the [Wall Street Journal's](#) (7/31) Health Blog, Jacob Goldstein wrote that a bill scheduled "to be introduced [yesterday] in both houses of Congress" would direct the government to fund "impartial experts to visit doctors to talk about the safety, effectiveness, and cost of prescription drugs and other treatments." The experts are intended to "provide a counterweight to the industry messages on specific drugs." According to Goldstein, a draft of the legislation did not "specify

how much the feds would spend on the program, but it authorizes the government to contract with nonprofit groups, such as medical societies and schools of medicine and pharmacy, to create educational materials." Additionally, the "bill...directs officials to contract with 10 entities -- drawn from academic institutions, state or local governments, and non-profit groups -- to 'train and deploy healthcare professionals to educate physicians and other drug prescribers."

Student health insurance extension expected to pass.

[Congressional Quarterly](#) (7/31, Wyckoff) reports, "Rep. Michael N. Castle (R-Del.) said he expects a student medical insurance bill passed by the House will have no problem passing the

Senate as well. Known as 'Michelle's Law,' the bill would allow college students who fall ill to leave school without losing coverage under their parents' health insurance policies. The House passed the measure on Wednesday by voice vote."

House spending bill would increase funding for veterans' medical care.

The [AP](#) (8/1) reports that "after weeks of delays," the "House took up its first spending bill Thursday." The proposed legislation, which "awards generous increases for veterans' medical care," is expected "to pass on Friday." Among its provisions, the proposed "measure calls for increasing spending on Veterans Administration (VA) health programs by \$3.1 billion over current levels, some nine percent." The AP notes that the bill's "budget increases for veterans...come on top of major increases in recent years," many of which were necessitated by "[m]edical inflation and higher enrollments in VA medical care." In addition, the bill "contains money aimed at shortening waits to enroll in the VA system." The "increases [also] reflect" extra costs related "to the nature of ongoing military operations in Iraq and Afghanistan, which have meant devastating brain injuries, cases of post-traumatic stress disorder, and higher costs for prosthetics."

House approves pay-equity legislation.

The [AP](#) (8/1, Holland) reports that the U.S. House of Representatives, with a 247-178 vote, approved legislation Thursday "that would give women new tools to combat pay discrimination." The legislation "would treat gender discrimination involving pay in the same as race, disability, and age discrimination." The measure would also "allow for compensatory and punitive damages, ban employers from retaliating against workers who share their salary with colleagues, and force employers to prove that paying a woman less than a man is job-related and necessary." Those against the bill, like Rep. Howard McKeon (R-Calif.) say the protections offers "already found in the law," and that the "bill will invite more lawyers to file more lawsuits because it offers them a bigger payday." The bill now goes to the Senate, but the "White House has threatened to veto the bill, saying the proposal would make enforcement of current equal pay laws 'more difficult and error-prone, and invite a surge of litigation.'"

Technology

Microsoft, Google, Dossia praised for advancing PHRs.

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[Healthcare IT News](#) (7/31, Manos) reported that "Microsoft, Google, and Dossia have played a key role in advancing the use of personal health records, according to members of the American Health Information Community (AHIC)." At an AHIC meeting this week, "members of the federal advisory panel hailed these three utility service models as 'leading innovators,' responsible for a major surge in the use of" personal health records (PHRs). According to John Moore of Chilmark Research, a presenter at the meeting, while "PHRs are used to control behavioral change in patients and lower healthcare costs," some "obstacles remain -- doctors are skeptical about their accuracy, and portability is 'all over the map.'" He added, however, that "the utility service models, such as those provided by Dossia, Google Health, and Microsoft HealthVault, allow consumers to stay firmly in control of their records, and portability has been demonstrated."



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