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CMS Publishes New Physician Payment Rule Effective January 1, 2010

Controversy surrounds new rule that cuts payment to Medicare physicians by 21.2 percent but increases payment to primary care physicians

The Centers for Medicare & Medicaid Services (CMS) has released their final rule on physician payments for 2010. The rule, published in the November 25, 2009 issue of the *Federal Register*, will result in a 21.2 percent cut for Medicare physicians and a payment increase of between 5 and 8 percent for family practitioners and general internists.

Nearly every year, the sustainable growth rate (SGR) formula — based on whether expenditures exceed the target — and how it affects physician payment is a hotly debated topic among healthcare professionals and Congress. Proposed payment cuts are often met with protests as well as follow-up discussions in the Senate and the House of Representatives. The Obama

administration supports the dismantling of the current formula and physician fee schedule, and CMS is currently revising its definition of services that contribute to payment cuts. They propose to remove physician-administered drugs from the calculation of the Medicare physician pay formula,

which would not affect payments in 2010, but has the potential to reduce payment cuts in the future.

In the meantime, the current rule — slightly less than the 21.5 percent payment reduction predicted by CMS earlier this year — will go into effect on January 1, 2010, and the SGR estimate for

2010 is a reduction of 8.8 percent. Special interest groups have spoken out, defending their point of view. While physicians who treat seniors and baby boomers have expressed concern over the

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care of these populations, as well as their own reduced payments, primary care physicians have had more favorable reactions.

On November 19, 2009, in anticipation of the pending CMS rule, the predominantly Democratic House of Representatives voted to add more than \$200 billion to the federal deficit to protect physicians from these cuts. Republicans called this move a political payoff, thus starting a firestorm that some pundits say is a microcosm of the current controversy surrounding healthcare reform. The comment period for the rule lasts until 5 pm on December 29, 2009.

Sources:

Department of Health and Human Services: Centers for Medicare & Medicaid Services. 2009. 42 CFR Parts 410, 411, 414 et al. *Federal Register* 74(226): 61,737-62,206.

Arvantes J. 2009. AAFP, Other Groups Respond to Attempts to Overturn CMS Rule. American Academy of Family Physicians. Accessed on December 4, 2009 at <http://www.aafp.org/online/en/home/publications/news/news-now/inside-aafp/20091117acc-cms-rule.html>.

Werner E. 2009. House moves to protect doctors from Medicare cuts. Associated Press. Accessed on December 4, 2009 at http://www.google.com/hosted-news/ap/article/ALeqM5ip_3G2TO8uvc1WknXFCob6L9VILgD9C315000.

Cardiology Domain Article Updates

The following Patient Literacy Center articles were recently updated and reviewed by the Cardiology Domain Medical Advisory Board. The updated articles have been added to the websites of subscribers to the Cardiology Domain Patient Literacy Center. For information about becoming a Patient Literacy Center Subscriber, contact your Client Manager at (800) 603-1420.

- Acute Myocardial Infarction
- Angina Pectoris, Unstable

Cholesterol Treatment Has Improved for Women

High-risk women remain undertreated

Cholesterol treatment in women has improved substantially since the original Lipid Treatment Assessment Project (L-TAP) 10 years ago, when only 39 percent of women attained their low-density lipoprotein cholesterol (LDL-C) goal, according to a study published recently in the *American Heart Journal*. In spite of this progress, the authors note that high-risk women remain undertreated.

Lipid treatment guidelines have established LDL-C goals and acknowledged that low high-density lipoprotein cholesterol (HDL-C) levels indicate increased cardiovascular disease (CVD) risk. Differences between women and men have been documented for both diagnostic testing and treatment in cardiology, and previous studies have found that the minority of women reach their LDL-C goals, even when they have similar access to care as men. L-TAP found that only 39 percent of women and 37 percent of men reached

National Cholesterol Education Program Adult Treatment Panel targets. With the current study, the authors sought to evaluate LDL-C success rates according to current guidelines as well as HDL-C levels according to gender.

The authors drew on data from L-TAP 2, which followed a total of 9,955 patients (4,513 of whom were women) from 9 countries between September 2006 and April 2007. Criteria for inclusion included age of 20 years or older with dyslipidemia, and on stable

lipid-lowering therapy for at least 3 months. Patients were assigned to a low-risk group (one CVD risk factor or less), moderate-risk (2 or more CVD risk factors), and high-risk/coronary heart disease

(CHD) (patients with coronary or other atherosclerotic vascular disease, or diabetes). The authors also tested the optional LDL-C treatment level of less than 70 milligrams per deciliter (mg/dL) for very high-risk patients (those with CHD and 2 or more risk factors).

The findings of this analysis suggest that prevention is not being adequately performed in women who present a similar risk of CVD in comparison with men.

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Women had a significantly lower overall LDL-C success rate than men, 71.5 percent compared to 73.7 percent, due entirely to the difference in the high-risk/CHD group (LDL-C goal of less than 100 mg/dL, 62.6 percent compared to 70.6 percent). Among CHD patients with 2 or more additional risk factors, only 26.7 percent of women and 31.5 percent of men attained the optional LDL-C goal. HDL-C was less than 50 mg/dL in 32.2 percent of women and less than 40 mg/dL in 26.8 percent of men, including 38.2 percent of women and 29.8 percent of men in the high-risk/CHD group (50 mg/dL for women and 40 mg/dL for men were defined as low levels). Predictors of low HDL-C in women included diabetes, smoking, waist circumference, and hypertension.

The authors write that the current study “shows a clear treatment gap in LDL-C success rate between genders. This gap was particularly evident in high-risk/CHD women. In addition, higher-risk women also presented a greater prevalence of low HDL-C than men. The findings of this analysis suggest that prevention is not being adequately performed in women who present a similar risk of CVD in comparison with men.”

Source: Santos RD, Waters DD, Tarasenko L, et al. 2009. Low- and high-density lipoprotein cholesterol goal attainment in dyslipidemic women: the Lipid Treatment Assessment Project (L-TAP) 2. *American Heart Journal* 158(5):860-866.

NorthPoint Domain Adds New Articles to Cardiology Domain Patient Literacy Center

NorthPoint Domain is pleased to announce the addition of seven new Cardiology Domain Patient Literacy Center (PLC) articles. At NorthPoint Domain, we keep your PLC up to date by conducting regular reviews — 15 in the past few months — and creating new articles. As with all of our patient education articles, these new articles provide step-by-step explanations of conditions and treatments. These articles enhance the PLC by broadening the scope of the patient education offerings. A member of Cardiology Domain's Medical Advisory Board has reviewed each article. The new article titles include:

Conditions

- **Coronary Artery Disease:** Coronary artery disease is the blockage of the coronary arteries, affecting about 16 million people in the United States
- **Endocarditis:** An infection of the heart valves and inner lining of the heart
- **Sudden Cardiac Death:** Occurs when the heart of a person of apparent adequate health stops beating

Treatments

- **Cardioversion:** Cardioversion is a treatment in which synchronized, low-voltage electrical shocks are delivered to the heart to correct arrhythmias
- **Carotid Stenting:** A stroke prevention treatment in which a metal-mesh tube is placed inside a carotid artery to keep the artery open
- **Left Ventricular Assist Device:** An implanted pump device that supports a weakened left ventricle, supplementing its pumping ability and improving blood flow
- **Maze Procedure:** A treatment for atrial fibrillation in which surgeons create scar tissue that block the electrical signals responsible for the arrhythmia

Clients may order an updated prescription pad with the new content without charge by contacting their Client Manager by January 15, 2010. Clients may request one pad for each physician. Clients who do not request new pads by the deadline will receive the updated version when they next order a

batch of replacement pads. To contact your Client Manager, please call (800) 603-1420 or email your manager.

The PLC continues to grow. If you have any requests for new topics for Cardiology Domain, please send an email with your suggestions to robertf@npdinc.com. All topic suggestions are subject to a review and selection process by the Cardiology Domain Medical Advisory Board prior to inclusion.

Hot Topic Highlights

Cardiology Domain recently posted the following Hot Topics to your website:

Smoking Doubles the Risk of Death in Heart Patients

The results from a study published recently on the *Circulation* website give smokers with cardiovascular disease another reason to quit — especially smokers who have already been diagnosed with cardiovascular disease. The study of 12,152 people found that current smokers were 3.56 times more likely to die of cancer, 2.26 times more likely to die of cardiovascular causes such as heart attack and stroke, and 2.58 times more likely to die of any cause compared to former smokers or nonsmokers.

Source:

Berger JS, Bhatt DL, Steinhubl SR, et al. 2009. Smoking, clopidogrel, and mortality in patients with established cardiovascular disease. *Circulation* 120:2337-2344.

Plavix Effective for Both Men and Women

A study published in a recent issue of the *Journal of the American College of Cardiology* found that the anti-clotting medication clopidogrel (trade name Plavix) is safe and effective in both men and women in preventing cardiovascular events, such as heart attack and stroke. The analysis of 79,613 people found that, overall, clopidogrel reduced the risk of cardiovascular events by 14 percent without significant differences between men and women.

Source:

Berger JS, Bhatt DL, Cannon CP, et al. 2009. The relative efficacy and safety of clopidogrel in women and men: a sex-specific collaborative meta-analysis. *Journal of the American College of Cardiology* 54:1935-1945.