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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 Repre-

sentatives. 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 pay 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

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physicians who treat seniors and baby boomers have expressed concern over the 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/hostednews/ap/article/ALeqM5ip_3G2TO8uvc1WknXFCob6L9VILgD9C315000.

Expectations Lead Overactive Bladder Patients to Abandon Medications

Authors recommend that physicians provide patients with realistic expectations

A study published on the *BJU International* website found that the most important factors for patients who consider discontinuing overactive bladder (OAB) medications are treatment efficacy and side effects.

OAB is defined as urgency with or without urgency incontinence, usually with increased daytime frequency and nocturia. Considered first-line treatment for OAB in the United States, antimuscarinic agents include darifenacin, oxybutynin, folifenacin, tolterodine, fesoterodine, and trospium. These medications have proven effective at improving OAB symptoms, health-related quality of life, and are generally well tolerated. A significant challenge for the successful management of OAB, however, is persistence. Research has shown that persistence rates among OAB

patients are poor, although the reasons for this are unclear. With the current study, the authors sought to investigate patient-reported reasons for discontinuing antimuscarinic OAB medications.

Using surveys beginning in January 2005, the authors identified 5,392 people who had been prescribed antimuscarinic medications for OAB in the previous 12 months, 1,322 of whom (24.5 percent) reported discontinuing them. The authors grouped patients who reported discontinuing OAB medication using latent class analysis, which revealed two classes. The first class included 89 percent of respondents who discontinued OAB medications, who cited unmet treatment expectations and/or tolerability issues. Many respondents switched to a new antimuscarinic medication.

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The second class, which included the remaining 11 percent of respondents who discontinued OAB medications, did so because of a general aversion to taking medication.

“Clinicians might be able to enhance adherence to prescription medications for OAB in many patients by determining their beliefs about OAB medications, and promoting realistic expectations about treatment efficacy and side-effects,” the authors write. “Clinicians might need to consider recommending nonpharmacological treatments for OAB for

those patients who have a strong aversion to taking medication. Future studies are necessary to address these possibilities, along with other strategies, such as combining antimuscarinic treatment and cognitive-behavioural intervention,” they conclude.

Source: Benner JS, Nichol MB, Rovner ES, et al. 2009. Patient-reported reasons for discontinuing overactive bladder medication. *BJU International* 10.1111/j.1464-410X.2009.09036.

NorthPoint Domain Adds New Articles to Urology Domain Patient Literacy Center

NorthPoint Domain is pleased to announce the addition of two new Urology Domain Patient Literacy Center (PLC) articles. At NorthPoint Domain, we keep your PLC up to date by conducting regular reviews — 11 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 each treatment. These articles enhance the PLC by broadening the scope of the patient education offerings. A member of Urology Domain’s Medical Advisory Board has reviewed each article. The new article titles include:

Treatments

- **Robotic Prostatectomy:** Robotic prostatectomy is a minimally invasive technique for removing the prostate in cases of localized prostate cancer
- **Photoselective Vaporization of the Prostate (PVP):** PVP is a minimally invasive procedure that alleviates urinary symptoms caused by benign prostatic hyperplasia by vaporizing excess prostate tissue with laser energy

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 Urology 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 Urology Domain Medical Advisory Board prior to inclusion.

Hot Topic Highlights

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

Depression May Increase Risk of Incontinence in Older Women

Older women who experience major depression may be at increased risk for urinary incontinence, according to a study published in the *American Journal of Obstetrics and Gynecology*. Women who entered the study with major depression were 46 percent more likely to develop incontinence compared to women who entered the study without depression. Women who entered the study with incontinence, however, were not more likely to develop depression than women who entered the study without the condition.

Source:

Melville JL, Fan M-Y, Rau H, et al. 2009. Major depression and urinary incontinence in women: temporal associations in an epidemiologic sample. *American Journal of Obstetrics & Gynecology* 201:490.e1-e7.

Low-dose Antibiotic May Prevent Urinary Tract Infection in Children

Children who are prone to urinary tract infections may benefit from taking an antibiotic medication every day as a prevention tool, according to a study published recently in *The New England Journal of Medicine*. Long-term, daily antibiotic therapy reduced the number of infections in these children, as compared to children not given the antibiotic despite varying age, sex, history, and presence of other conditions. Patients taking the antibiotic also had fewer infections that caused fever.

Source:

Craig JC, Simpson JM, Williams GJ, et al. 2009. Antibiotic prophylaxis and recurrent urinary tract infection in children. *The New England Journal of Medicine* 361:1748-1759.