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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 pay cuts in the future.

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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 physi-

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cians 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\\_3G2TO8uvclWknXFCob6L9VILgD9C315000](http://www.google.com/hostednews/ap/article/ALeqM5ip_3G2TO8uvclWknXFCob6L9VILgD9C315000).

## Higher Salt Consumption Increases Stroke and Cardiovascular Burden

**Most populations could avert millions of deaths by decreasing intake**

**H**igh sodium intake is associated with a significantly increased risk of stroke and cardiovascular disease, according to a study published on November 24, 2009 on the *British Medical Journal* website.

The majority of adult populations in the world consume greater quantities of salt than the 5 to 6 grams per day recommended internationally; some eastern European and Asian communities often exceed 12 grams. Prior research suggests that reducing salt intake can decrease blood pressure in patients both with and without hypertension, and that salt reduction has the potential to reduce the burden of cardiovascular disease.

The authors of the current study thus sought to assess the effects of

dietary salt intake on the incidence of stroke and total cardiovascular disease. They conducted a systematic review and meta-analysis of prospective studies published between 1966 and 2008. Studies chosen for analysis were original articles, assessed salt as baseline

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exposure, determined stroke or cardiovascular disease as the outcome, followed adult participants for at least 3 years, and indicated exposure as well as how many events occurred in each category of salt intake. Thirteen studies with 19 population samples were included, which totaled 177,025 people from 6 countries (United States, Finland, Japan, Netherlands, Scotland, and Taiwan). Follow-up ranged from 3.5 to 19 years. Six studies reported on both stroke and total cardiovascular disease, 4 reported stroke only, and 3 reported cardiovascular disease only. Salt

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intake was measured via 24-hour recall (4 studies), food-frequency questionnaire (4 studies), 24-hour urine excretion (4 studies), and questionnaire (1 study). Eleven studies included both men and women, and the other two included only men.

When the authors pooled their analysis, they discovered that higher salt intake was correlated with greater risk of both stroke and total cardiovascular disease. There was no association between age or gender and either of these outcomes. While longer follow-up duration increased the effect of salt on stroke risk, follow-up appeared to have no effect on cardiovascular risk. Overall, population salt intake reduction could

lead to a 23 percent reduction in risk of stroke and a 17 percent reduction in risk of cardiovascular disease, which means approximately 1.25 million deaths from stroke and 3 million deaths from cardiovascular disease could be avoided. The authors emphasize the need for public health promotion and targeted behavioral campaigns.

**Source:** Strazzullo P, D'Elia L, Kandala N-B, Cappuccio FP. 2009. Salt intake, stroke, and cardiovascular disease: meta-analysis of prospective studies. Published on November 24, 2009 on the *BMJ* website.

#### Vascular Domain Article Updates

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

- Leg Artery Disease
- Losing Weight
- Medications
- Plethysmography
- Pulse Volume Recording

## NorthPoint Domain Adds New Articles to Vascular Domain Patient Literacy Center

**N**orthPoint Domain is pleased to announce the addition of 2 new Vascular Domain Patient Literacy Center (PLC) articles. At NorthPoint Domain, we keep your PLC up to date by conducting regular reviews — 16 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 blood tests and endovenous laser treatment. These articles enhance the PLC by broadening the scope of the patient education offerings. A member of Vascular Domain's Medical Advisory Board has reviewed each article. The new article titles include:

### Tests

- **Blood Tests:** A test in which blood is removed from a patient and analyzed for abnormalities

### Treatments

- **Endovenous Laser Treatment (EVLT):** A minimally invasive treatment for varicose veins in which laser energy creates heat in a vein, causing it to shrink and eventually disappear

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 their manager.

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

## Hot Topic Highlights

*Vascular Domain recently posted the following Hot Topics to your website:*

### Strength Training Improves Post-Stroke Function

Strength training can improve upper-body function in people who have had a stroke, according to a recent study published in *Stroke*. Patients who engaged in training had stronger arm and hand muscles than those who did not. The authors found that strength training improved grip strength and upper-limb function without increasing pain or other negative effects. Patients with mild and especially moderate impairment were helped by strength training. Activities of daily living were not positively affected, however.

**Source:**

Harris JE, Eng JJ. 2009. Strength training improves upper-limb function in individuals with stroke. Published on November 25, 2009 on the *Stroke* website.

### Alternate Treatment Effective For Most Common Type of Stroke

A new study published in *Neurosurgery* suggests that stroke patients not eligible for standard intravenous (IV, given via vein puncture in the arm) medicine may benefit from minimally invasive treatment procedures within 3 hours of their first symptoms. The standard therapy for most ischemic strokes is IV tissue plasminogen activator (tPA, a drug that helps to dissolve blood clots), if less than 4.5 hours has passed. In some patients, however, tPA is not effective, or it is not recommended. After an average of 10 months of follow-up, outcomes were similar or better for patients receiving endovascular therapy as compared to patients who received tPA.

**Source:**

Hopkins LN, Mathews MS, Sharma J, et al. 2009. Safety, effectiveness, and practicality of endovascular therapy within the first 3 hours of acute ischemic stroke onset. *Neurosurgery* 65:860-865.