Pharmacy Benefit News

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Specialty Spotlight

"The Doc Fix"

On April 14, 2015, Congress approved a bill to repair the formula used to reimburse Medicare physicians. With bipartisan support, the bill would replace a 1990's formula that linked payments to Medicare physicians with economic growth. Why did this overhaul occur you may ask? The reason is that Medicare expenditures began exceeding economic growth, and consequently, physicians experienced a 4.8% reduction in their reimbursements in 2002. In response, Congress kept deferring the scheduled cuts every year since then – but this system was highly inefficient. The new bill features a system to reward Medicare physicians based on the quality of care they provide, and how well they manage chronic disease states in the managed care setting. The bill will add an estimated $141 billion to the US debt over the next 10 years.

Commentary:

It appears that even Medicare has joined the trend of addressing quality over quantity – that is, physicians are to be rewarded by the quality of care they deliver and subsequent outcomes of therapy as opposed to the numbers of patients they see and procedures they order. But the success of an outcomes-based reward system is predicated on the fact that an efficient structure is in place for physicians to communicate and work with one another in an interdisciplinary, coordinated, and collaborative manner. This concept is easier said than done. Furthermore, the bill calls for an increase in premium payments from high-income, Medicare beneficiaries. Would such a measure be welcomed among this elderly and disabled population? Is it ethical for the government to require higher premiums from this subset of patients under the pretense of a social safety net program? Or is it just that these who have more contribute more for the general welfare of the community? These are some thoughts to ponder…

Sources: Cornwell, Susan. "Congress Approves Formula Fixing Medicare Doctors Pay." Reuters. Thomson Reuters, 14 Apr. 2015.

Carey, Mary A. "Congress Just Passed a Medicare 'Doc Fix.' Here's What That Means to You." Www.time.com. Kaiser Health News, 15 Apr. 2015.

Find out more

LOW-T in HIV

Approximately 50% of males with HIV are diagnosed with low-testosterone (Low-T) and are prescribed hormone replacement therapy. These individuals are prescribed testosterone products in order to compensate for their low levels and to decrease symptoms such as loss of muscle mass, fatigue, depression, decreased libido, etc. Additionally, studies are finding that men with low testosterone have shorter life spans as well as increased risk of diabetes and osteoporosis.

Commentary:

The number of middle-aged men seeking Testosterone Replacement Therapy (TRT) is on the rise, especially among the AIDs population. Note that there exists a normal decline in testosterone levels as men age, starting gradually at the age of 30. In addition, the blood levels of testosterone fluctuates with many factors, such as sleep, time of day, and medications. When diagnosing a patient with hypogonadism (e.g. low testosterone), clinicians must be wary of this natural phenomenon and fluctuation, while weighing the risks of treatment versus the actual clinical benefits. **Over-treatment with testosterone, such as treatment of those with normal testosterone levels, can have serious adverse effects, such as cardiovascular morbidity and mortality as well as increased risk of prostate cancer.**

Source:

http://cid.oxfordjournals.org/content/41/12/1804.long

http://www.hiv.va.gov/provider/manual-primary-care/androgen-deficiency.asp

http://hivinsite.ucsf.edu/InSite?page=md-expert-luetkemeyer

http://well.blogs.nytimes.com/2013/06/03/mens-use-of-hormone-on-the-rise/?_r=0

Transparent Electronic Health Record

The U.S. Department of Health and Human Services, along with Centers for Medicare and Medicaid Services (CMS) announced the release of the proposed Stage three rulemaking and the new edition of Health IT Certification Criteria; which aims to simplify Electronic Health Records (EHR) for the CMS. The proposed rule improves the way electronic health information is shared and simplifies requirements for providers by focusing on use of electronic health records and removing requirements that are no longer relevant. Specifically, it defines meaningful criteria that eligible professionals, hospitals must meet to qualify for Medicare and Medicaid electronic health records incentive payments. It also proposes a change in the EHR reporting period so that all providers would report under a full calendar year. The reason for these proposed rules are that it is part of a larger effort to promote interoperability among electronic health records, deliver better care, and spend healthcare dollars more wisely. This proposed rule will go into affect in 2017 or 2018.

Commentary:

The proposed rule creates transparency in medical records for patients. Patients will be able to have access to their physician's notes and other information related to their health record. Having transparent health records has advantages and disadvantages. The benefit of this transition into transparent health records is that it allows patients to become more knowledgeable about their medical conditions, immunization history, and other health related information. In addition, patients having access to their health records, may prevent errors such as coordination of care issues or duplication in therapy that the patient could recognize and correct.

This ultimately helps to reduce health care costs on preventable events. The disadvantage is that it creates unnecessary concern in patients about their health issues. Sometimes not knowing everything is a good thing.

Source: U.S. Department of Health & Human Services. "HHS announces proposed rules to support the path to nationwide interoperability." HHS News, March 20, 2015. http://www.hhs.gov/news/press/2015pres/03/20150320a.html

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