

Health Wonk Review: Supreme Court week

By David E. Williams

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Welcome to the latest edition of the Health Wonk Review. I thought all the posts I received were good, so I've included everything here. Hope you enjoy it.

Supreme Court

I expected that half this week's submissions would relate to the Supreme Court's deliberations on the Affordable Care Act. But there were only three posts on that topic, perhaps because other bloggers have the path of avoiding subjects where the mainstream media is pouring in tons of time and resources.

Two of the submitters are strongly convinced the Court will uphold the law. Maggie Mahar, writing at healthinsurance.org argues that "the hullabaloo is totally unwarranted... I cannot believe for a minute that this Court wants to go down in history as the Gang of Nine that quashed the most important piece of legislation that Congress has passed in 47 years."

At [Managed Care Matters](#), Joe Paduda cites a "general consensus of legal experts" that the individual mandate will be upheld, and notes that health plans are expecting the law to be upheld and are preparing "fast and furiously" for full implementation.

William Sage also seems to expect the law to stand. As he writes on the [Health Affairs Blog](#), the first of 10 things he learned from Day Two of the oral arguments is, "Reports of the mandate's death are greatly exaggerated." Number 10 is, "Justice Scalia comes from another planet."

The Way Back machine

While the SCOTUS posts are right up to the minute, two submitters take us back in time. Dan Diamond of the [Advisory Board Company's Daily Briefing](#) dials us back to the Mad Men era of the early 1960s when the AMA approved TV scripts and half of adults smoked but few were obese. There's a nifty infographic to sum it all up.

Julie Ferguson of [Workers' Comp Insider](#) invites us back a further four decades to review a prescient 1925 article about telemedicine.

Wonks among us

The wonky core of the HWR is upheld by a some of our veteran contributors, who analyze various aspects of health care reform and the workings of the marketplace.

[HealthBlawg's](#) David Harlow welcomes us to the world of health insurance exchange regulations and the difficulty most states have in getting their exchanges ready in time.

Kelley Beloff of [InsureBlog](#) shares her lack of enthusiasm for Medicare's Sustainable Growth Rate approach and so-called "doc fix" legislation.

Financial incentives matter in health care, even in the Netherlands. That's the conclusion posited by Jason Shafrin of [Healthcare Economist](#). Abolishing cost-sharing boosted patient-initiated utilization. Introducing fee-for-service led to more physician-initiated utilization.

At [John Goodman's Health Policy Blog](#), Greg Scandlen explains that even though "almost everyone" says fee-for-service is the big problem in health care, "almost everyone" is wrong. He points to third-party payment as the culprit.

Consumer Operated and Oriented Plans (CO-OP's) were the fallback position of Affordable Care Act supporters who championed a public plan. The CO-OPs have now been funded and the Robert Wood Johnson Foundation's [Pioneering Ideas](#) shares an informative Q&A with CO-OP sponsor, Sara Horowitz of the Freelancers Union.

On the [Disease Management Care Blog](#), Jaan Sidorov informs us that the chaos of EHR implementation destroys cues and reorders organizational habits, forcing a ground-up restructuring of clinical routines. Maybe we don't need expensive computer systems, but can achieve the same results by tearing up paper charts and having docs start over from scratch.

Pfizer's unprecedented efforts to defend Lipitor sales after patent expiration is bearing fruit after a slow start, reports Adam Fein on [DrugChannels](#). That has big implications for the raft of blockbusters losing patent protection over the next year or two.

In California, a move is underway to limit out-of-pocket expenses. Anthony Wright from [Health Access Blog](#) shares the details.

Putting the patient second (or lower)

A few bloggers sent in posts that help remind us that not everything in medicine is "patient centered."

Roy Poses of [Health Care Renewal](#) draws our attention to a convoluted attempt by the European Society of Cardiology to defend financial relationships among physicians, medical societies and industry. "It should be no surprise that it took a full page of the article to list all the financial relationships among its authors and such corporations. So in a self-referential way, this again demonstrates the hazards of conflicts of interest, in that they confuse the thinking of the conflicted."

Can Someone Override Your Advance Directive? asks Amy Berman on the [Health AGenda](#) blog. I think you can probably guess the answer. In this case it happened to a patient who was pressured to lift his Do No Resuscitate order by a surgeon.

Hospitals love high tech, pricey, and profitable robotic surgery and proton beam therapy as Gary Schwitzer shares in a series of posts [here](#), [here](#), [here](#) and [here](#) from *Health News Watchdog blog*. The marketing approach can be aggressive and inappropriate, we learn.

Well, well, wellness

Colorado may still be the least obese state, but even there obesity is now over 20 percent and rising fairly quickly. Louise Norris of [Colorado Health Insurance Insider](#) walks through all the key Colorado population health stats.

[Corporate Wellness Insights](#)' Fiona Gathright has the perfect antidote to rising obesity rates and "sitting disease." No surprise, the answer is "awesome wellness benefits."

Kindred Karnival

The very first edition of the [HealthCare Social Media Review](#) will be up next Wednesday on the HealthWorks Collective. "This carnival is intended to showcase posts about health care social media use, best practices, guides, resources, case studies, experiences, new techniques and technologies and new social media communities and tools. We seek to spread the word that the use of social media in health care is becoming unavoidable and is of critical importance to both patients and providers worldwide."

I expect this carnival to draw submissions from many in the Health Wonk Review community, and it's conveniently scheduled on weeks HWR doesn't publish. I'll be hosting one of the first editions here on the Health Business Blog.

Finally, [Wright on Health](#) hosts the next Health Wonk Review.