

Health Wonk Review

Health Wonk Review: the heatwave edition

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Given the time of the year and the weather, you wouldn't blame our health wonks if there were all lazing around at the beach, but judging by this week's submission, they are all braving the heat and hard at work. And it is hot. It's sizzling outside and on fire in DC as the budget battle heats up and the debt ceiling deadline looms ever closer.

Our wonks are hot too. We kick off this week's edition with Health Wonk Review founder Joe Paduda jumping into the fray. In [who passed Part D and why you should care](#) posted at *Managed Care Matters*, Joe holds some feet to the fire for the deficit.

And before the budget cutting cuts too close to the bone, DC policy makers might consider posts from two of our wonks: At *California Healthline*, Dan Diamond reports on the recently released [Oregon Health Study on Medicaid which some have called the "Most Important Study in Decades"](#) and asks about its potential effect on health reform/health policy discussion. And in the first of a two-part series posted at The John A. Hartford Foundation blog's *Health AGenda*, Chris Langston posts his concerns that in the current budget-cutting environment, we may be [throwing out the baby with the bathwater](#) with the recent focus on Medicare hospice costs.

While we're dealing with heated issues related to reform, next stop is *Health Beat* for a post in Maggie Mahar's series on [myths surrounding medical malpractice](#). She deconstructs 7 "myths" which are used to support caps on malpractice awards and looks at the political underpinnings for the push for malpractice reform. She makes the case for meaningful reform under the Affordable Care Act that will achieve a balance of financial carrots and sticks designed to enhance patient safety.

The devil is in the details

As we move deeper into the implementation of the Affordable Care Act, many of our wonks have opinions on its progress. As would be expected on a complex initiative that continues to draw heat, not everyone would characterize the changes as progress.

To start, it can be helpful to look at the way the debate has been framed. Joseph White looks [The Mixed \(De\)Merits Of 'Bending The Cost Curve'](#) at *Health Affairs Blog*, tracing the development of the phrase. He argues the risks of this now ubiquitous metaphor outweigh its benefits - particularly in how it reflects the dominance of the debate by budgetary perspectives, favoring

the interests that benefit from high costs now by devaluing approaches that would reduce costs more quickly.

And in another post at *Health Affairs Blog*, Tim Jost tackles [the proposed regulations for Health Insurance Exchanges](#) in the first of a three part-series of posts. Part 1 introduces the regulation and deals with the exchanges themselves; Upcoming posts will analyze the provisions of the regulations addressing qualified health plans (QHPs) and health insurance issuers (part 2) and the reinsurance, risk corridor and reinsurance regulations issued the same day (part 3).

At *The Apothecary*, Roy Avik offers a play-by-play replete with video clips of a recent congressional [hearing on Independent Payment Advisory Boards \(IPAB\)](#). Avik's take: "I thought that we had a fairly productive discussion about the ins and outs of Medicare's problems, and IPAB's role in addressing them."

At *InsureBlog*, Bob Vineyard looks at the numbers for the [Pre-existing Condition Insurance Plan \(PCIP\)](#) and finds them lacking.

Jaan Sidorov of *The Disease Management Care Blog* suggests that there is one question any hospital board should ask management about [participating as an Accountable Care Organization \(ACO\)](#), which are risk-bearing arrangements.

The Affordable Care Act contains requirements and deadlines for the implementation of electronic medical records, collectively known as Meaningful Use (MU). At *Healthcare Talent Transformation*, David Scher breaks down the truths and common fallacies associated with [Meaningful Use of Electronic Medical Records: A Practical Overview](#).

Stateside

At *John Goodman's Health Policy Blog*, **John** takes a look at [the difference that RomneyCare has made](#). He says that most conservative critics of Massachusetts health reform have focused on any piece of bad news about the program they can find. The thinking has been that if this is the model for the federal legislation everyone calls "ObamaCare" it's got to have a lot of defects, right? But he notes that "The real story coming out of Massachusetts is that the whole thing is a yawner."

Anthony Wright of *Health Access Blog* says that the real work of health reform is in setting up the Exchanges, and he reports on [progress and milestones in the California Health Benefits Exchange](#).

At *Colorado Health Insurance Insider*, Louise Norris tell us that in Colorado, [the rules are changing for employer funding of individual health insurance](#). The Division of Insurance's stance regarding the use of Health Reimbursement Account (HRA) funds has changed again, with rules appearing to to have has both relaxed and tightened.

Docs and dollars

Many of our wonks have been looking at the issue of how physicians get paid.

At *Health Care Renewal*, Roy Poses observes that having the former CEO of a health care corporation that paid more than \$1 billion to settle fraud charges as Governor of Florida seems to have led to some interesting investigative reporting. In his post [Would You Like Fries With That? - The Fast Food Model for the Corporate Physician](#) he cites a story about the health care corporation with which Rick Scott was most recently associated as an example of what happens when the distinction between physicians and hamburger flippers is blurred.

[Do physicians make more money when they treat more complex patients?](#) Jason Shafrin, *The Healthcare Economist*, examines a recent study in Denmark to see whether this has proven true.

At *Health Business Blog*, David Williams helps us to understand the economics of health care credit cards for elective procedures: [Why do doctors offer credit cards? It helps them avoid discounting](#)

Over at the *e-CareManagement blog* Vince Kuraitis teams up with Jaan Sidorov to discuss [the 100 year shift](#), in which they see the potential for "a tectonic realignment among physicians, hospitals and payers." In the first of a seven part series, they offer an overview of trends - noting that physicians' economic interests are increasingly aligning WITH payers and AWAY FROM hospitals. Will this result in doctors and payers eventually sitting on the same side of the negotiating table?

Consumer care

At *The New Health Dialogue*, director Shannon Brownlee makes the case that [less is more](#) when it comes to angiograms, the imaging test that precedes an angioplasty or stent. She discusses a report by Grace Lin and Rita Redberg, cardiologists at the University of California, on three focus groups with groups of cardiologists who talked about three hypothetical patients. If your cardiologist recommends you undergo an angiogram, this paper will likely give you a reason to question that recommendation closely.

At *HealthNewsReview Blog*, Gary Schwitzer has a pair of posts that raise questions about the proliferation of robotic surgery despite questions about evidence for benefits, harms - and costs. One talks about how Wisconsin hospitals with robots [double prostate removals within 3 months](#) and a second on [the dearth of studies on the effectiveness of robotic surgery](#) - a case of enthusiasm which has not been matched by comparative studies.

At the *Improving Population Health* blog, David Kindig talks about environmental issues as a factor in public health in the post [Population Health and the Physical Environment: Beyond Air and Water](#).

Tinker Ready reports and interesting case study of ADA accessibility adaptations that go well beyond Braille and ramps in her post [Universal design: The science of access at the Museum of Science](#) at *Nature Network Boston* - a refreshing story of progress.

Occupational health

Here at Workers' Comp Insider, our focus is generally on the occupational health arena, and we recently looked at whether [OSHA's Voluntary Protection Program \(VPP\) is broken](#). A recent

study points out that several program participants have had multiple fatalities - should they retain their status that allows exemption from programmed OSHA inspections?

That concludes this issue of Health Wonk Review. Our next issue - and final issue of the summer season -- will be hosted at Joe Paduda's [Managed Care Matters](#) on August 4.