Health Business Blog
Focusing on business issues in health care. Written by David E. Williams of MedPharma Partners

Health Wonk Review: In Their Own Words

September 15th, 2011 by David E. Williams of the Health business blog

Welcome to the Health Wonk Review. Rather than following my usual hosting path of pithy commentary on each post, I'm letting the bloggers tell their own stories. Enjoy!

Health policy

John Goodman's Health Policy Blog explores the phenomenon of people seeking jobs based on the health benefits.

Under federal law, employers are treated just like insurance companies: They can't deny employment or health insurance to people on the grounds that they are likely to need a lot of medical care. Nor can they charge a higher premium to employees based on their health status.

Colorado Health Insurance Insider points out some unintended consequences of high-risk pools.

The requirement that applicants be uninsured for six months prior to applying for coverage is a barrier that keeps people from applying. I understand the idea behind the six months without coverage requirement (to limit enrollment in what Congress thought would be a very popular plan), but it seems that the provision is actually causing adverse selection instead: People have to be uninsured at least six months before they can apply, but once they qualify, they have coverage for pre-existing conditions right away. That's likely to encourage people to go more than six months without coverage and wait until they are in need of care to sign up.

Managed Care Matters analyzes the Super-Committee and concludes:

There's some hope that statesmen-like traits will somehow take hold in the group and we'll actually see them arrive at a grand bargain. If such a happy event occurs, expect to see subsidies for Medicare Advantage programs cut, a potential increase in eligibility age for Medicare recipients, decrease in hospital reimbursement under Medicare and means testing premiums for Medicare

The John A. Hartford Foundation is in the midst of strategic planning for 2013, and would love some help to fill in the blank:

Because the number of older adults is growing rapidly (some 10,000 turn 65 each day) and, therefore, rates of chronic illness and health care use/spending are increasing rapidly, we must _____.

The Apothecary decries a "ridiculous" move by the federal government to block modest Medicaid reforms in Illinois.

Block grants are the fulcrum of Medicaid reform. By giving states control over Medicaid dollars, the program can be run more efficiently, directing more resources to those who they're actually meant for, thereby improving Medicaid's disastrous health outcomes. Progressives regularly express concern about wasteful health-care spending. So why not let those closer to the problem try to do something about it?

Wright on Health argues that strange as it may seem –and hard as The Apothecary tries to prevent it– ObamaCare may become popular over time.

When it was first passed, Medicare was hugely unpopular among the public. Over time, public acceptance grew, to the point that Medicare's popularity was actually one of the biggest political obstacles to the enactment of the ACA. Perhaps people will passionately support "Obamacare" decades from now. After all, the case of Medicare shows that it can happen–and has happened before.

InsureBlog wants to make clear where it stands on PPACA, before offering his thoughts on a Kaiser Health News roundtable.

The Obamneycrap evil mandate will probably come to a head next spring, just as the 2012 campaign is heating up. This should make an interesting sidebar.

Health Care Renewal examines the weird beast that is ALEC:

Reporters and bloggers have been probing ALEC (American Legislative Exchange Council), a shadowy non-profit organization known to be funded by the rich, right-wing Koch brothers. Now it turns out that ALEC has been involved in health policy, and that it's backers include numerous large corporations, leading to some amazing juxtapositions. The organization was involved in transforming the recent US health care reform effort into a means to enrich commercial health insurance, in part by backing the infamous "mandate" for all US citizens to buy commercial health insurance. However, the Tea Party and other ALEC-backed right wing organizations are now attacking this provision as against personal liberty and unconstitutional.

Cost containment

Health Beat argues that contrary to the conventional wisdom, Medicare spending is not doomed to grow fast forever. Providers can trim the fat.

It appears that Medicare's outlays are now growing at 4 percen a years. As the provisions in the ACA that will rein in Medicare spending begin to be implemented (cutting overpayments to Advantage insurers, and reducing those annual updates to institutional providers by 1 percent a year), it is quite possible that annual growth in Medicare reimbursements will fall to 2.50 percent– just 0.50 percent above growth in GDP. The aging of the boomers is not likely to reignite Medicare inflation anytime soon.

New Health Dialogue writes of the lack of magic bullets and what to do about it.

Recapping Don Berwick's keynote: the current system of medical care is based on treating infectious diseases and other acute-care instances–a situation in which there is often a single, simple cure. That medical system doesn't work well for the challenges we're facing now– managing and preventing chronic illness. Dr Berwick drew on an idea from the response to climate change to illustrate how we can move to a more effective system and stabilize costs.

Healthcare Economist writes of Spain, making me realize his is the only non-domestic contribution to this edition.

How is an economic crisis affecting hospital staffing levels in Spain? The Healthcare Economist reports.

The delivery system

Healthcare Recon's analysis suggest a slow rollout of ACOs is the ideal outcome.

A relatively small share of initial ACO participation in the CMS program is desirable, not a sign of failure; too fast an uptake can disrupt the economics of the rest of the provider system, encouraging undesirable capacity exits (given looming baby-boomer demand) or, worse, provoking crippling provider resistance to the overall program. In this context, the rather laborious rules CMS has offered may have had an incidental – even semi-intentional – benefit.

Information technology

Disease Management Care Blog frets that the shift away from PCs may alter the imperatives for Meaningful Use.

Dr. Sidorov examines the commoditization of the personal computer and the implications for the electronic health record. The Feds have invested a lot of our nation's treasure in the electronic health record, and just when that investment is gaining steam, the PC tower is giving way to handhelds and "the cloud."

The Healthcare IT Guy has some soothing words for the rest of us.

Regulatory compliance officers need not fear open source in medical devices or mission-critical healthcare IT projects.

Healthcare Technology News brings us word of Query Health

Query Health will establish standards for distributed population queries of electronic health records and other sources of health information. The ultimate success of the effort relies on the participation of a wide range of stakeholders including patient advocates, clinicians, health IT

experts, health systems, payers and other interested parties. The Query Health Initiative is an Open Government Initiative that is consensus-based, transparent, and open.

Drugs and TV

Workers' Comp Insider takes note of Florida's efforts to close down the pill mills.

Florida doctors bought 89% of all the Oxycodone sold to practitioners nationwide last year and thousands of outside visitors flocked to the state to buy drugs at the 1,000+ pain clinics. But armed with new legislation, the state is cracking down hard by shutting down pill mills and suspending the licenses of about 80 physicians who were high-volume prescribers.

Gary Schwitzer's HealthNewsReview Blog provides more evidence of why you can't trust what's on TV.

[I offer] criticism of what NBC's Andrea Mitchell said on the air when she announced that she had breast cancer. Many other women with breast cancer reacted with constructive criticism about what they thought were misstatements in her televised message.

Consumer engagement

Healthcare Talent Transformation says physicians should not fear the engaged patient:

Doctors should be appreciative, not be intimidated by a patient who wants to be involved in his/her own care. Here is my first-hand account of participatory medicine and its impact on the patient.

Health Access Blog argues that at least when it comes to PPACA, ignorance is not necessarily a bad thing.

A new KFF poll shows that as time goes on, people actually become less knowledgable about the Affordable Care Act. That could be good, to the extent that means less misinformed and less opinionated. But it raises the question of what policies and practices are needed to inform people about the law–especially those who would directly benefit.

Meaningful Health IT News is enthused about Care for Your Care, a public/private initiative to raise awareness about the quality of health care and teach consumers how to seek out better quality.

I truly hope people will view this campaign for what it really is, an effort to engage patients in their own care and open some eyes about the quality problem, not an insidious plot. Unfortunately, in a society that values sound bites over substance, this may be a losing battle.

Prepared Patient Forum notes that we like health care numbers but that we place too much emphasis on them.

Advances in technology have made it possible to quantify – and thus monitor – a seemingly infinite number of physiological and psychological health-related states…Most of these numbers represent a marker that is potentially modifiable by some action we can take, often with guidance from and in collaboration with our clinicians. But while a change in a number may affect the course of treatment or indicate a higher or lower risk, it doesn't guarantee a certain effect or outcome, as much as we would like it to.

And that will do it for this edition, folks.