

# Dateline Washington

prepared by the Division of Advocacy and Health Policy

## Bills target combat and civilian trauma

In Spring 2007, Congress worked on several bills pertaining to trauma services. Examples are as follows:

- Congress passed the fiscal year (FY) 2007 supplemental appropriations bill, which includes \$600 million for the U.S. Department of Defense health program for traumatic brain injury (TBI) and post-traumatic stress disorder treatment. It also allocates \$331.7 million for research, development, testing, and evaluation. President Bush signed the legislation.

- The House FY 2008 Labor, Health & Human Services, and Education Appropriations bill was reported out of committee with zero funding for the Health Resources and Services Administration's Trauma-Emergency Medical Services (EMS) program. At press time, the Senate version of this legislation had not been filed, and the College continued advocating for full authorization at \$12 million.

- On May 23, Rep. Jim Matheson (D-UT) introduced H.R. 2464 to reauthorize the Children's Emergency Medical Services Act. The bill would authorize \$25 million annually for efforts to improve EMS for children and adolescents. The bill has been referred to the House Energy and Commerce Committee.

- On March 7, Sens. Orrin Hatch (R-UT) and Edward Kennedy (D-MA) introduced S. 793, legislation that reauthorizes the TBI Act, and on March 8, Rep. William Pascrell, Jr. (D-NJ), introduced a House companion bill. At press time, the bills were being reviewed in the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Energy and Commerce, respectively.

## GAO testifies on Medicare efficiency

The U.S. Government Accountability Office (GAO) recently presented testimony before the House Ways and Means Health Subcommittee based on their analysis, *Medicare: Focus on Physician Practice Patterns Can Lead to Greater Program Efficiency*. Although the GAO study focused on generalist physicians—who described their specialty as being general, internal medicine, or family practice—the office asserts that its methodology would be useful in profiling medical specialists as well. Based on 2003 Medicare claims data, the analysis found that physicians with a disproportionate share of costly cases were more likely to have patients receiving hospital or home health services. The GAO also concluded that outliers were less efficient. According to the GAO, the Centers for Medicare & Medicaid Services (CMS) has the tools to evaluate the efficiency of physicians' practices, substantial experience in adjusting for differences in patient health status, and a track record in physician education programs. Therefore, the GAO maintains that CMS could lead an educational effort that uses efficiency profiling and provides physicians with reports comparing their efficiency with that of their peers.

In addition, the GAO concludes that CMS' use of the sustainable growth rate (SGR) system to moderate physician spending growth and to update payments lacks incentives for the efficient use of resources. Copies of the report can be downloaded from the GAO's Web site at <http://www.gao.gov/new.items/d07862t.pdf>.

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## **Chapter leaders, young surgeons meet**

Approximately 100 chapter leaders and young surgeons participated in the College's 2007 Leadership Conference, June 3–6, in Washington, DC. A total of eight members of Congress addressed the attendees, providing their insights into where health care reform legislation is heading and how to effectively communicate with policy-makers. Congressional participants included the following: Reps. Pete Session (R-TX); Phil Gingrey, MD (R-GA); Charles Boustany, MD, FACS (R-LA); Bart Gordon (D-TN); Tom Price, MD, FACS (R-GA); Earl Pomeroy (D-ND); and Pete Stark (D-CA), Chairman of the House Ways and Means Health Subcommittee. Sen. Jack Reed (D-RI) spoke to participants in a Capitol Hill reception.

Other highlights of the meeting included sessions on how Capitol Hill works, pay for performance, leadership, and generational factors that affect volunteerism. ACS President Edward M. Copeland III, MD, FACS, provided opening remarks that focused on the lessons he has learned throughout his distinguished surgical career.

Subsequent to the meeting, the College awarded the Arthur Ellenberger Award for Excellence in State Advocacy to Andrew L. Warshaw, MD, FACS, of Boston, MA. Dr. Warshaw has spent many years in his surgical career advocating for patients and for the surgical profession.

## **Debridement billings need more oversight**

The Office of the Inspector General (OIG) of the U.S. Department of Health & Human Services issued a report on June 14 recommending that CMS strengthen Medicare safeguards to prevent improper payments for surgical debridement services, either through a new national coverage determination or better carrier policy guidance. According to the OIG, 64 percent of surgical debridement services that Medicare reimbursed in 2004 fell short of program requirements, resulting in approximately \$64 million in improper payments. These improperly paid services most often were provided by podiatrists (66%), with general surgeons performing them 10 percent of the time. To view the report, visit <http://www.oig.hhs.gov/oei/reports/oei-02-05-00390.pdf>.

## **AHRQ resource designed to improve safety**

The Agency for Healthcare Research and Quality (AHRQ) recently released *Mistake-Proofing the Design of Health Care Processes*, a new resource designed to improve safety in health care environments. The electronic reference contains tips on inexpensive mistake-proofing, the benefits of root-cause analysis, and creative uses for nonmedical products in medical settings. Specific examples include (1) marking floors to delineate quiet zones that reduce interruptions to nurses that could result in medication errors; (2) using a pen, microchip, and wristband to minimize the chances of wrong-site surgery; and (3) attaching chemical light sticks to intravenous tubes for fluid identification. The resource offers 150 examples, most with photographs, and is available online at <http://www.ahrq.gov/qual/mistakeproof>.