



## The Pulse of the Medicolegal Climate, PQRI Changing

Just as summer heats up, so are some medicolegal and physician reporting issues. Here's a look at some that are making waves:

- The medical board of North Carolina is planning on posting malpractice information on a web site about its doctors on the grounds of public service. The board is proposing that limited data regarding malpractice payments going back seven years be disclosed because, "In the information age, the age of empowerment, the public demands information about things that affect them," David Henderson, the medical board's executive director, told The News and Observer.

Payment amounts and patient information would not be identified and doctors would be given forum on the site to comment on what transpired, if the motion is approved at a June 30th public hearing. North Carolina would become the 23rd state to reveal all medical malpractice payments. The web site would also take steps to educate the public that malpractice payments don't necessarily indicate negligence, some specialties like neurosurgery tend to have higher malpractice claims and would note if the medical board had publicly disciplined the doctor.

The issue is being fought by the North Carolina Medical Society, a group that represents 11,000 state doctors, who says

its implications are too far-reaching. "In these litigious times, sometimes lawsuits are filed for no good reason, but physicians decide to settle them for business reasons," said Bob Seligson, the society's executive vice president, to The News and Observer.

- A successful lawsuit by a group attempting to force the Department of Health and Human Services to release specific data about physicians from the Medicare claims database in Illinois, Maryland, Virginia Washington state and Washington D.C. is being appealed. The idea behind the lawsuit, by Consumer Checkbook, a non-profit group, is that the information will tell consumers how many times a physician has performed a procedure—likely translating to how "good" a doctor is, in their minds. The information would be posted online.

But the HHS has appealed the decision, in somewhat odd fashion, saying the didn't object to the group's objectives but wanted a higher court to clarify the lower court rulings, according to the Los Angeles Times. "While Consumers Checkbook seeks to post the number of times a provider has performed a specific service, the quality measures used by HHS generate more valid, specific, and comprehensive information on the quality of care delivered," they say in a release.

The value of the database had been restricted due to a decades-old policy that protected the information of doctors. But in his written opinion, U.S District Court Judge Emmet G. Sullivan said only part of physicians' business transactions are at risk of disclosure, "not intimate facts about their personal lives. [D]isclosure of the physician information is not 'clearly unwarranted' in the light of the important public interests at stake."

- The Centers for Medicare and Medicaid Services have announced new options for the Physician Quality Reporting Index in an attempt to increase participation. One choice would enable physicians to report quality data to a medical registry, which would submit the information to CMS, according to the Kaiser Foundation. CMS says, "Participating eligible professionals can choose to report data on individual measures or groups of measures that capture a number of data elements about common care processes for diabetes, kidney disease and preventive medicine."

Also, CMS will offer doctors with new reporting periods, granted they report on groups of quality measures. "Participants may now start reporting in July 2008 and still be eligible to receive an incentive payment" in 2008, CMS says, according to the Kaiser Foundation. **PN**

### SHORT TAKES

■ **Working It.** While returning to work following a stroke has a strong association with greater quality of life, there can be several road blocks stopping a patient's transition back to the work force. And according to a study out of the George Institute of International Health in Australia, psychiatric factors are among them. Researchers assessed issues that influence the likelihood of getting back to work 1,429 patients with first time strokes and found, as expected, that stroke severity was independ-

ently associated with a lower probability of returning to work. But the researchers also discovered that psychiatric problems, such as anxiety, insomnia and depression, were also independently associated with a lower probability of returning to work. Of the 155 patients gauged one month after stroke, psychiatric problems were present in 64 percent of those not working compared with 43 percent of those working again.

■ **ADAPT to New Thinking.** Cognition does not improve in older adults with a family history of Alzheimer's when they take naproxen and celecoxib, and naproxen could have a

slightly detrimental effect, according to a study in the upcoming July issue of Archives of Neurology. The ADAPT Research Group held a randomized clinical trial of 2,117 people age 70 and older with a family history of AD. Between March 2001 to December 2004, 617 received 200mg of celecoxib twice a day, 596 received 220mg of naproxen sodium twice a day and 904 received placebo. Treatment was stopped in December 2004 because a different study found increased cardiovascular risks associated with celecoxib. "The ADAPT cognitive function results through six months after study treatment cessation do not show a protective effect with the use

# Mixed News on Efforts to Prevent Cognitive Impairment

**W**ith not much in the way of substantial help from prescription drugs to aid problems like memory loss and reduced cognitive function, neurologists often have to look outside the traditional pharmaceutical means to offer help to their patients. Recommending DHEA supplements and an active lifestyle are two avenues physicians often urge patients to explore. But two new separate studies only makes the case for one of them.

• Despite some clinical and personal observations, a new study shows no evidence that DHEA supplements benefit cognitive function in healthy older adults and the study group concludes that DHEA supplements should not be recommended for treatment of cognitive function or well-being in the general public. Published in the May issue of the *Journal of the American Geriatrics Society*, the research was the first long-term study—lasting one year—to scrutinize the effects of supple-

ments in healthy older men and women.

The researchers followed 110 men and 115 women aged 55 to 85 who received 50mg doses of DHEA or placebo. The subjects were given six cognitive function tests and measures ranging from depression to sexual function were taken at the beginning of the test and after one year. Aside from the cognitive function results, no difference was seen between the DHEA and control group in any of the quality-of-life measures.

Clinical trials examining the effects of DHEA on cognition and quality of life had been inconsistent. These typically showed either positive or no effect and had small sample sizes and durations, and didn't include subjects with ages related to higher rates of memory loss and cognitive problems. And contrary to the previous studies, the subjects in the *Journal of the American Geriatrics Society* study were not selected for lower levels of DHEA, meaning the outcome would be closer to what one

would see in the general population.

• A study in the *American Journal of Public Health* finds that a more active social life helps maintain memory because it raises feelings of self-worth, and interacting with peers can present older individuals with new challenges, allowing brains to stay fit.

The study authors looked at data on almost 17,000 people who were 50 and older and were participants of the Health and Retirement Study. Study subjects memorized 10 words and over six years were tested to remember the list as researchers gauged any drop in recall.

From 1998 to 2004, the average score declined and people who were more socially active at the start of the study experienced a slower degeneration in memory than those who were less active, the authors say. Social integration was assessed by measuring volunteer activities, frequency of contact with children and neighbors and marital status. **PN**

of NSAIDs and may suggest that cognitive scores are lower," the authors write. "The global summary scores, which combine the results from seven individual tests in the cognitive assessment battery, were significantly lower over time for naproxen, but not for celecoxib, compared with placebo."

■ **Doubling Up on PD Surgery.** If agreeing to electrode implantation for PD can be excruciatingly difficult decision for patients who don't respond to drug treatments, one can only imagine how difficult it would be to agree on a second operation, especially after an unsuccessful attempt the first time. But patients who opt for a second go-around, an electrode re-implantation, there might be some benefit, according to a new study published in the May issue of *Archives of Neurology*. Study authors followed seven patients age 49 to 70 with PD, who continued to experience severe symptoms despite electrode implantation and were operated on again and had the electrodes re-implanted 12 to 23 months later. Six of the patients showed improvement following the second surgery. While not on medication, the procedure bettered the patient's

motor scores by nearly 27 percent after the first surgery and about 59 percent following the second operation. Dosing of levodopa was decreased from 1,202mg to 534mg.

■ **Making the Grade.** Having at least a high school diploma means seniors will spend more of their older years without cognitive problems, yet they will die earlier after the loss becomes evident compared to those with less than 12 years of formal schooling. The study, published in the June issue of the *Journal of Aging and Health*, revealed that a 70-year old with a high school education can expect to live without cognitive impairment for two-and-a-half longer than someone of equal age and less than 12 years of education, and spend one year of remaining life with impairment, roughly seven months fewer than person with less education. Curiously, the results also showed the group with more education had more severe cognitive impairment and were in worse health. For example, an 80-year old with at least 12 years of school and experiences severe mental loss has a 23 percent of dying within a year after the diagnosis, roughly six

percentage points more likely than a less-educated 80-year old with impairment.

■ **Extending Relief.** Phase III study results show that the investigational hydrocodone bitartrate and acetaminophen (HC/APAP) extended release medicine, taken twice daily, significantly lowered chronic low back pain intensity with 12-hour dosing versus placebo. The results were announced May 8th at the American Pain Society's 27th Annual Scientific Meeting in Tampa. The current drug combination must be taken every four to six hours. The researchers examined 511 patients in a multi-center, double-blind, placebo-controlled for 12 weeks, and patients received one tablet of HC/APAP extended release, two tablets HC/APAP extended release or placebo twice daily. Researchers said mean change from baseline chronic low back pain intensity was significantly lower in patients taking one of the active drugs—either one or two tablets taken twice daily compared to those taking placebo (8.6, two tablet,  $p=0.001$ ; 13.3, one tablet,  $p=0.002$  versus 22.2, placebo). Nausea, constipation, diarrhea and headache were the most common side effects in any group. **PN**