WASHINGTON — Long-term care is "the big missing piece in health care reform," said Mr. Gleckman, but the president "has the biggest problem" in the nation, the legislation also requires an "urgent" measure of any allowed gifts or payments, regardless of their value. Under the stronger law, manufacturers can give physicians gifts only such as samples intended for patients, "reasonable quantities" of medical device evaluation or demonstration units, and copies of peer-reviewed articles. They still can provide scholarships or other support for medical students, residents, and fellows to attend educational events held by professional associations.

More Flu Preparation Needed
Federal and state governments need to do more to prepare for possible pandemic flu, the Government Accountability Office (GAO) said after reviewing the H1N1 flu outbreak. The office acknowledged pandemic planning throughout government but said that more efforts are needed to improve disease surveillance and detection, address issues of coordination between various governmental entities, and improve capacity for patient care in the event of a pandemic. The GAO warned that the H1N1 virus could return next fall or winter in a more virulent form. Meanwhile, a Robert Wood Johnson Foundation report on the recent H1N1 outbreak concluded that health officials reacted effectively but urged improvements in the ability of providers to manage a massive influx of patients.

Minorities, Docs Miscommunicate
Black, Hispanic, and Asian patients are more likely than white patients to report problems communicating with their physicians, the Agency for Healthcare Research and Quality said. The AHRQ found that 13% of black and Asian patients, and 12% of Hispanic patients, said they had trouble communicating with their doctors in 2005, compared with 9% of whites. Roughly twice as many non-Hispanic blacks as high-income blacks, regardless of their race or ethnicity, reported communication problems with their physician.

Bankruptcies, Illness Linked
Medical problems contributed to nearly two-thirds of all bankruptcies in the United States in 2007, according to a study in the American Journal of Medicine. Based on court-record reviews and interviews of more than 2,300 bankruptcy filers in California in 2002, the study found that, of filers cited medical debts and income lost to illness as reasons for seeking bankruptcy. Of these "medically bankrupt families," 9 out of 10 said they had medical debts over $5,000, and the rest owed creditors for medical bankruptcy because they had lost significant income because of illness or mortgaged a home to pay medical bills. Of-out-of-pocket medical costs averaged $17,943 for all medically bankrupt families, including the three-quarters that had to pay for insurance at the outset of their problems. Most medical debtors were well educated, owned homes, and had middle-class occupations, the study found.

Medical Homes, Clinics Urged
A series of innovations, including patient-centered medical homes and retail clinics staffed by nurse practitioners and physician assistants, would transform the primary care system into one that is higher in quality and more effective, according to a report from the Massachusetts-based New England Healthcare Institute. The report noted that "the promise of a high-quality primary care system has largely been frustrated" but said the current crisis in primary care offers an opportunity for change. In addition to urging adoption of the medical home model and retail clinics, the institute recommended such changes as shared medical appointments, open-access scheduling, more worksite wellness programs, and primary care home visits. The report said that improvements in health information technology could free physicians to spend more time with patients.

ED Overcrowding Continues
The emergency department wait time to see a physician for emergent patients—those who should be seen in 1-15 minutes—averaged 73 minutes in 2006. Half of such patients waited longer than recommended, the GAO said in a report. In addition, patients who should have been seen immediately waited an average of 28 minutes, and about three-quarters had to wait to be seen. Hospitals performed better with urgent cases: Those patients, who should be seen in 15-60 minutes, waited an average of 50 minutes, and only about 20% waited longer than recommended, the report said. Lack of improvement in emergency department wait times continues to be the main driver of ED overcrowding. ED boarding of patients who are waiting for an inpatient bed continues to be a problem, the GAO noted. The American College of Emergency Physicians warned that overcrowding and wait times will only grow worse as the general population ages. "People age 65 and older represent the fastest growing segment of the population and the group whose visits to the emergency department are increasing the fastest," Dr. Nicholas Joulives, ACEP president, said in a statement.

—Jane Anderson