A patient has to be able to predict the future to know which plan to join, says Ellen Camerieri of the Bronx.

The Medicare drug benefit was one of 50 resolutions chosen as the "top" issues on aging by the 1,200 delegates at the meeting. Delegates were then charged with drafting implementation strategies suggesting how these resolutions might be put into action. Nearly half of the resolutions addressed health care issues, including Medicare and Medicaid, long-term care, and training health care personnel.

The new drug benefit is "clearly in line" with the principles of the White House Conference on Aging to promote the dignity, health, and economic security for current and future generations, Mike Leavitt, secretary of the Department of Health and Human Services, said in his address to the delegates. "The benefit will be of immediate help to older Americans now." Plus the next group of rapidly expanding aging Americans, the baby boomers, said Mr. Leavitt, who said he helped his own parents enroll in the drug benefit.

His remarks were a hard sell for the delegates, which included governors, members of Congress, and representatives from the National Congress of American Indians, national organizations, academia, business, and industry.

The main source of frustration has been the complexity of the plan, said Ellen Camerieri, a delegate from the Bronx, N.Y., and executive director of Riverdale Senior Services Inc. "Secretary Leavitt talked about how easy it is to sign up...and to get your family together to do it. But if you're an aging patient and you don't have a family..."

The same complexity, she said, there's a sense of "confusion and paralysis" over the drug benefit.

Opting into a new drug program under the benefit can be daunting, especially if a beneficiary has a Medigap policy that's not a union or government policy. To help them bridge the gap between what Medicare covers and what the actual costs are. You have a vast number of seniors who have had no access to 46 Medicare policy, and now must decide whether to continue in the new version of that policy under Part D, or go to the [numerous] other odd policies [offered] within their state.

Dr. Mark McClellan, CMS administrator, assured delegates that the agency is taking steps to ensure that there is not any lapse in drug coverage. "For example, we have worked closely with states over the past year to obtain very high match rates between their enrollment information and Part D enrollment—match rates well over 99%.

The agency also has developed a process for a "point of sale" solution, if the beneficiary somehow has not been automatically enrolled in Part D. In addition, multiple efforts are taking place to provide counseling and assistance to beneficiaries, he said.

Seniors "can ask" before they sign up for the plan whether all of the drugs they are taking now are covered, and the agency has tools so that patients can find the lowest cost for a particular drug. Dr. McClellan said.

Yet, he praised the new 800-MEDICARE customer service line evoked jeers from some delegates. "He claims that every call was answered right away," said Steve Kofahl, a delegate from Seattle. But when one of Mr. Kofahl's employees tried to call the number to get information, that person "could not get through."

The problem is a patient has to be able to predict the future to know which plan Part D is for, she said. CMS Assured delegates that the agency has tools so that patients can find the lowest cost for a particular drug, Dr. McClellan said.

Most physicians have kept their doors open to Medicare patients despite previous reductions in their pay, according to a study from the Center for Studying Health System Change (HSC). The proportion of U.S. physicians willing to treat Medicare patients stabilized during the last half of 2004 and the first half of 2005, with nearly 75% reporting services they have had with new Medicare patients. In 2004-2005, 73% of physicians reported accepting all new Medicare patients, an increase from 71% in 2000-2001, but not statistically different. Physicians' willingness to treat Medicare patients remained high, despite a 5.4% payment cut in 2002 that was not fully offset by smaller increases in subsequent years. Only 3.4% of physicians reported closing their practices to new Medicare patients in 2004-2005, also statistically unchanged from 2000-2001. Moreover, the proportion of primary care physicians accepting all new Medicare patients increased significantly from 62% in 2000-2001 to 65% in 2004-2005. "While concerns about Medicare beneficiary access have focused on physician payment, policy makers should recognize that Medicare fees are only one factor in physician decisions to accept new patients," said HSC president Paul B. Ginsburg, Ph.D.

Ban on False Information

The Health and Human Services Department may not deliberately disseminate false or misleading scientific information under a recent federal law. The provision, part of the fiscal 2006 HHS appropriations law, also prohibits the questioning of scientific advisory panel nominees about their political affiliation, voting history, and positions on topics unrelated to the capacity in which they are to serve. "If your doctor gives you misleading scientific information, it's called malpractice," said Dr. Francesca Grifo, senior scientist and director of the scientific integrity program at the Union of Concerned Scientists. "It should already have been illegal for political appointees in government posts to knowingly provide false information, so this ban at HHS represents a modest but important first step in ensuring scientific integrity in federal policy-making and better health care for us all."

Cardiac Rehab Coverage Expanded

Medicare is proposing to expand national coverage for cardiac rehabilitation services to three additional groups of beneficiaries: those who have had valve repair or replacement, percutaneous transluminal coronary angioplasty (PTCA), and heart or combined heart-lung transplant. "With this proposed coverage decision, (the Centers for Medicare and Medicaid Services) seeks to expand coverage to a greater number of beneficiaries with cardiac illness," said Administrator Dr. Mark McClellan. "But just as importantly, we hope that our proposed decision will raise the public's awareness regarding cardiac rehabilitation services in general."

The agency has proposed that cardiac rehabilitation services be comprehensive and include medical evaluation, education, and nutrition services. Medicare has covered cardiac rehabilitation services for beneficiaries following heart attack, coronary artery bypass surgery, and angina since the 1980s and this coverage will continue in the new version of that policy.

The Medicare drug benefit was one of several other industrialized nations on various clinical indicators and in reported patient experiences, and that health care costs continue to increase.