







Customized Briefing for Chalmers Daniel



February 12, 2015

Leading the News

New Study Says Smoking May Be More Harmful Than Previously Thought.

The [New York Times](#)   (2/12, A17, Grady, Subscription Publication) reports a new study adds “at least five diseases and 60,000 deaths a year to the toll taken by tobacco” in the US, citing the New England Journal of Medicine. According to the paper, “before the study, smoking was already blamed for nearly half a million deaths a year in this country from 21 diseases, including 12 types of cancer.” The article notes that “the new findings are based on health data from nearly a million people who were followed for 10 years.” In an editorial accompanying the article, Dr. Graham A. Colditz, from Washington University School of Medicine in St. Louis, “said that the new findings showed that officials in the United States had substantially underestimated the effect smoking had had on public health.”

According to the [Los Angeles Times](#)   (2/12, Kaplan) additional diseases, “including breast cancer, prostate cancer, hypertensive heart disease and renal failure,” were “responsible for most of the rest of the observed deaths.” Providing details, the piece notes that “between 2000 and 2011, 16,475 (19%) of the 88,616 smokers died, as did 108,253 (23%) of the 469,141 former smokers and 56,649 (14.3%) of the 396,272 people who had never smoked,” according to the study. The paper notes that smokers “were more likely than nonsmokers to have died from one of the established smoking-related diseases.”

The [AP](#)   (2/12) reports the report “strengthens evidence” tying breast and prostate cancer to smoking. “It finds that female smokers’ risk of dying of breast cancer is 30 percent greater than for nonsmokers.” Meanwhile, “male smokers have a 40 percent greater risk of dying of prostate cancer than nonsmokers do,” the researchers found. Noting the relationship to smoking and diseases, the AP notes “one strong sign is that the risk of dying of these other conditions declined among people who quit smoking. The longer ago they stopped, the greater the drop in risk as time went on.”

The news was also covered by [Reuters](#)   (2/12, Emery) and [HealthDay](#)   (2/11, Reinberg).



Delivering World-Class Medical Education to
Improve Patient Care
CME on Demand at www.ccfcm.org



You Don't Want to Miss Cleveland Clinic's [Comprehensive Anesthesiology Review](#) – March 23-28, 2015, in Cleveland, OH. This course is designed to be a comprehensive review of anesthesiology, including clinical anesthesia and subspecialties such as cardiothoracic, obstetric and pediatric anesthesiology, critical care, acute and chronic pain medicine, and perioperative medicine. Included in perioperative medicine is coverage of the most common co-morbidities relevant to anesthesia and the basic science associated with anesthesia. Register today!







Watch [Tuberculosis Testing in the 21st Century Webcast Series](#) -- the complimentary CME-certified online series -- to gain insight from expert faculty on the evolution of TB from its history to current clinical strategies, the use of interferon-gamma release assays (IGRAs) for TB diagnosis, and current issues related to therapy, diagnosis, and management of latent TB infection. View the series today!

Clinical News



Advisory Panel Considers Changing Recommendations On Cholesterol.



In continuing coverage, [ABC World News](#) (2/11, story 10, 0:45, Muir) reported, “And we reported last night here on that major development on cholesterol and new guidelines expected to be modified. They could be modified dramatically, in fact.” Certain “foods we’ve been told to steer clear of, we can now eat.”



[TIME](#)   (2/12) reports, “In a statement, the U.S. Department of Health and Human Services says this: ‘The 2015 Dietary Guidelines Advisory Committee is currently finalizing its report to the federal government detailing its scientific recommendations for the U.S. Department of Health and Human Services (HHS) and U.S. Department of Agriculture’s (USDA) joint development of the Dietary Guidelines for Americans, 2015. We expect the Committee’s advisory report to be released to the public in the coming weeks.’” The [Fox News](#)   (2/12) website also covers the story.

Practice Management

Study: Cost Of ICD-10 Switch May Be Less Than Previously Estimated For Physicians In Small Practices.



[Medscape](#)   (2/12, Lowes) reports that research published in the Journal of the American Health Information Management Association suggests that “for physicians in small practices, the cost of switching to the controversial ICD-10 diagnostic codes on October 1 for clinical documentation and billing purposes is drastically less than previously estimated.”

[Health Data Management](#)   (2/12, Slabodkin) reports, “The survey of 276 physician practices of fewer than six providers found total ICD-10 related costs for an entire practice averaged \$8,167, while per provider expenditures averaged \$3,430.” These “estimates are in stark contrast to a 2014 update of a widely referenced 2008 report by Nachimson Advisors to the American Medical Association which estimated the cost for a small practice to implement ICD-10 was in the range of \$22,560 to \$105,506.”

[FierceHealthIT](#)   (2/12) reports that the study authors wrote, “These results represent the most comprehensive and current

data on the ICD-10 implementation costs actually being incurred in small physician practices.”



Experts Say 2015 Could Be “Year Of The Healthcare Hack.”



[Reuters](#)   (2/12, Humer, Finkle) reports that cybersecurity experts are warning that 2015 will be the “Year of the Healthcare Hack,” as hackers are increasingly attracted to the mountains of personal information stored by US health insurers and hospitals. Reuters notes that Anthem Inc, the second-largest US health insurer, last week disclosed a massive breach of its database containing nearly 80 million records.





[Modern Healthcare](#)   (2/12, Conn, Subscription Publication) reports that the Anthem cyberattack has placed the spotlight on data encryption as a possible defense against hackers. Of healthcare breaches “involving more than 500 individuals’ records since September 2009, 52% of the incidents were attributed to theft, 8% to loss of storage media, such as a laptop computer or thumb drive, and 4% to improper disposal, all potentially addressed by encryption, according to a list maintained by the Office for Civil Rights at HHS.” Modern Healthcare adds that under the 2009 American Recovery and Reinvestment Act, providers “are given a safe harbor from the law’s breach notification provisions if the data that’s stolen, lost or misplaced has been encrypted to the specifications of the National Institute of Standards and Technology.”



Health Policy and Legislation



Enrollment In Federal Marketplace Hits 7.75M As Deadline Nears.

The [Washington Post](#)   (2/12, Millman) reports in its “Wonkblog” that nearly 7.75 million people “have so far signed up for 2015 health plans through the 37 states using HealthCare.gov, as activity on the Web site picks up just days before the end of the Affordable Care Act’s second-ever enrollment period, Obama administration officials reported Wednesday.” About 275,000 people enrolled through the website between Jan. 31 and Feb. 6, marking “one of the busiest enrollment weeks in the past two months.” Kevin Counihan, chief executive of HealthCare.gov, said, “The enrollment experience between this year and last year is pretty dramatic.”



[Reuters](#)   (2/12) notes the latest figures do not include enrollment in the 13 state-run marketplaces.



[USA Today](#)   (2/12, O’Donnell, Ungar) notes that enrollment continues to grow “despite about 200,000 immigrants losing coverage because they couldn’t prove legal residency.” According to CMS, those 200,000 people “will be dropped from plans at the end of February.” CMS Principal Deputy Administrator Andy Slavitt said, “These are individuals who have gone through the process of attempting to confirm their citizenship or immigration status for their 2014 coverage and (despite) repeated outreach we’ve not received that documentation. ... So our requirements of enforcing the law will require us to remove these people from our coverage.” The [Wall Street Journal](#)   (2/12, Radnofsky, Subscription Publication) notes a provision in the ACA bars people living in the US without authorization from obtaining coverage under the health law.

The [Los Angeles Times](#)   (2/12) reports that enrollment in ACA plans “is on track to expand substantially over 2014” and “should top 10 million” when including sign-ups from the state-run exchanges. In more than a dozen states, enrollment is up more than 50 percent over last year. In “Wyoming, Oklahoma and Virginia, it is up nearly 60%, federal data show.”





[The Hill](#)   (2/12, Ferris) reports that enrollment is “surging in southern states, with increases of nearly 100 percent in some states compared to last year, federal health officials said Wednesday.” Texas, Louisiana, South Carolina and Mississippi “have each seen 80 percent more signups compared to last year, Deputy Administrator Andy Slavitt said.” Slavitt told reporters, “Real simply, I think word is spreading. I think word of mouth is spreading really positively as neighbors tell neighbors how easy it’s been to get coverage this year.”

Reports Show Subsidies Can Slash Costs For ACA Customers.



[USA Today](#)   (2/12, O’Donnell) reports that lower-income consumers “can slash their share of healthcare costs to an average of \$14 in co-payments when they visit their primary care doctors, and the percentage of costs they have to share for emergency room visits can be as low as 19%, according to a report out today from the Kaiser Family Foundation.” As the Feb. 15 deadline for ACA enrollment nears, the Kaiser report and a recently released Federal study on premium subsidies “show how little many lower-income consumers would have to pay out of pocket for coverage.” The article notes the HHS report found that the average premium for 2015 ACA plans is \$105 after tax credits.

[Congressional Quarterly](#)   (2/12, Subscription Publication) adds that the Kaiser analysis “examined the cost-sharing subsidies in silver plans for lower-income people in states that use healthcare.gov.” The report found the subsidies “slashed the average annual deductible for medical and drug coverage from \$2,556 for a single person to \$737 for people with income between 150 percent of poverty and 200 percent of poverty, and to \$229 for people with income below 150 percent of poverty.”



Jarrett Says Administration Will Not Compromise On ACA.



[The Hill](#)   (2/12, Sullivan) reports that White House senior adviser Valerie Jarrett on Wednesday “said the administration is not willing to compromise on ObamaCare.” In an interview on [NPR’s Morning Edition](#)   (2/11), Jarrett was asked if she could name anything in the law that the Administration would be willing to compromise on. Jarrett responded, “That’s kind of a theoretical question,” adding, “When you say ‘compromise,’ no, we’re not willing to compromise on providing access to affordable healthcare for all Americans.” She also alluded to Republican attempts to change the law, stating, “You can’t just say, ‘Yes I want everybody covered if they have a pre-existing condition, but no I’m not going to require everybody to have coverage.’ The numbers don’t work that way.”

Report: More Exchange Plans Placing Drugs For Complex Diseases In Highest Cost-Sharing Tier.

[Congressional Quarterly](#)   (2/12, Subscription Publication) reports that more plans on the ACA exchanges “are placing drugs to treat complex diseases at the highest cost-sharing tier in 2015 when compared to the previous year, according to a new analysis from the Avalere Health consulting firm.” The report found that 51 percent of exchange plans “put all multiple sclerosis agents, including generics, in the highest tier in 2015, up from 42 percent in 2014.” Twenty-nine percent of plans put protease inhibitors and available generics for HIV/AIDS patients on the specialty drug tier, compared to 16 percent in 2014. Caroline Pearson, vice president at Avalere, said in a release, “Enrolling in a plan that places all medications for a particular disease on the specialty tier can mean significant out-of-pocket costs for consumers, particularly if they do not qualify for cost sharing reductions.”

Florida May Lose \$1.3B In Low Income Pool Funding For Hospitals.





The [Gainesville \(FL\) Sun](#)   (2/12) reports in continuing coverage that Florida “is facing a \$1.3 billion hole in next year’s health care budget when the federal government stops paying hospitals with a large number of uninsured patients, a practice that was set to end as part of the Medicaid expansion that the Florida Legislature has refused to implement.” This week, Eliot Fishman, “the director of the Centers for Medicare and Medicaid Services’ Medicaid division, said there was ‘no way’ the” low-income pool (LIP) funding would continue when the current waiver expires on June 30. While there was uncertainty before about whether the program would continue, Gov. Rick Scott (R) included the money in his proposed budget.

The [Naples \(FL\) Daily News](#)   (2/12) reports that Republican lawmakers “suggested the feds are using the threat of pulling the LIP money to get Florida to go along with Medicaid expansion under the Affordable Care Act — something the House, at least, won’t



agree to.”

Research News



JAMA Study: FDA Data On Research Misconduct In Trials Left Unreported.

In continuing coverage, the [Wall Street Journal](#)   (2/12) “Pharmalot” blog reports on a JAMA Internal Medicine [analysis](#)   (2/10) that argues that the FDA does not have a “systematic method” for informing the public about breaches it finds in research standards. The authors argue this lack of transparency makes it difficult to figure out which clinical trials might have been tainted. As an example, the authors pointed to a clinical trial of Xarelto, which is marketed by Bayer and J&J, where the FDA found “systematic discarding” of medical records. This was not mentioned in the published article. Though Pharmalot says a J&J spokeswoman told the blog that after the audits, the data was reanalyzed and the conclusions remained the same as in the published article.



Keeping Systolic Blood Pressure Reading Below 140 May Help Reduce Stroke Risk In Healthy Older People.

[HealthDay](#)   (2/12) reports that research presented at the American Stroke Association’s annual meeting suggests that keeping one’s systolic “blood pressure reading below 140 helps reduce the risk of stroke in healthy people 60 and older.” Investigators found that “compared to participants with a systolic blood pressure below 140, the risk of first stroke was 70 percent higher in those with readings of 140 to 149.” The study indicated that “stroke risk was 80 percent higher for those with readings at or above 150 compared to those whose pressure was under 140.”



Giving Birth Prematurely May Be Linked To Increased Risk Of Heart Problems.

The [New York Times](#)   (2/12, Bakalar) “Well” blog reports that a review suggests that giving birth prematurely may be linked to an increased risk of heart problems. Investigators found that “women with a history of preterm delivery had double the risk for ischemic heart disease, stroke or other cardiovascular disease compared with those without such a history, and the association was independent of other risks.” The findings were published in *The European Journal of Preventive Cardiology*.



Lowering Blood Pressure May Reduce Risk For Many T2D Complications.



The [New York Times](#)   (2/12, Bakalar) “Well” blog reports that a review suggests that “lowering blood pressure can significantly reduce the risk for many of the complications of Type 2 diabetes.” The findings were published in *JAMA*.







Recent Stroke May Be Linked To Higher Risk Of Serious Driving Errors.

[HealthDay](#)   (2/12, Doheny) reports that two “small studies found that drivers who survived a recent stroke were more likely than other drivers to make serious driving errors.” Additionally, “stroke survivors” had a higher likelihood of getting “into collisions when in a simulated driving test environment.” The findings were presented at the annual meeting of the American Stroke Association.





Studies Connect BMI, Fat Distribution To Their Potential Genetic Drivers.



[TIME](#)   (2/12, Park) reports that two companion papers published Feb. 11 in the journal *Nature* “describe the results of two studies that connected the obesity-related factors of body mass index...and fat distribution to their potential genetic drivers.” The studies, which examined the “genomes of nearly 340,000 people,” were able to identify “areas in the human genome where people with different BMIs and different patterns of fat distribution varied in their genetic code.”

The [NBC News](#)   (2/12, Fox) website reports that one study “found 97 different DNA mutations that affect obesity,” and these mutations are located throughout the body, including the brain. Meanwhile, the “second study found 49 mutations that affect where that fat goes — and that helps explain why some people are apple-shaped while others are pear-shaped.” Both studies indicate that “obesity is a really complex disease.”

[HealthDay](#)   (2/12, Preidt) points out that the studies are “the first step toward identifying individual genes involved in body shape and size, the researchers said,” and “proteins produced by the genes could offer targets for the development of new drugs to fight obesity.” Also covering the story are [BBC News](#)   (2/12) and [The Guardian \(UK\)](#)   (2/12, Devlin).



Review: People With Mental Health Disorders May Die At Younger Ages.



The [Orlando \(FL\) Sentinel](#)   (2/12, Santich) reports that a [review](#)   published online Feb. 11 in *JAMA Psychiatry* suggests that individuals “with mental illness face twice the risk of dying early as the rest of the population — even though death is most often due to natural causes.” What’s more, even though “the mortality risk is highest for individuals with serious mental illness — such as major depression or schizophrenia — there is still an elevated death rate for milder, more common illnesses, such as anxiety.” Researchers reached these conclusions after having “analyzed more than 200 studies in 29 countries on six continents that compared death rates among those with mental illness versus a control group or the general population.”

[HealthDay](#)   (2/12, Norton) reports that the “risk of death from ‘unnatural causes’ — including suicide and accidents — was seven times higher” for people with mental illnesses. However, “their odds of dying from physical health conditions were also elevated, by an average of 80 percent,” the study found.



Also in the News

PBS Show Focuses On End-Of-Life Care Conversations.

The [Washington Post](#)   (2/11, Millman) reports in its “Wonkblog” blog, on the PBS “Frontline” documentary based on Atul Gawande’s end-of-life care book “Being Mortal.” It identifies the difficulties physicians face in having “honest conversations with their patients about end-of-life care” as a major theme.

Authors Identify Changes In End-Of-Life Care Over Past 40 Years. [Medscape](#)   (2/12, Hackethal) reports on an “overview of the past 40 years of work on improving end-of-life care,” published in the *New England Journal of Medicine*. The authors identify three stages in the 40 years of care with the first lasting from 1976 to 1994 focused on “establishing patients’ rights, advance directives, and the authority of surrogates,” while the second to 2009 “concerned clinical barriers to progress in end-of-life care,” and the third is “focused on reforming end-of-life care through institutions, systems, and finance.”

Type 2 Diabetes Medicine Could Be A New Lupus Treatment.

[Reuters](#)   (2/12, Liston) reports that according to researchers, a treatment involving the type 2 diabetes drug metformin combined with a glucose inhibitor could be a potential new treatment for lupus. The research was funded by grants from both the National Institutes of Health and the Alliance for Lupus Research.

Wednesday's Lead Stories

- [IOM Panel Says Chronic Fatigue Syndrome Is Real.](#)

- **IUDs Increasingly Promoted For Use By Teenagers.**
- **President Requests \$32 Million Increase In National Coordinator For Health IT Budget.**
- **Patients With Type 2 Diabetes Who Are Treated For Hypertension May Have Better Outcomes.**

Subscriber Tools

- [Change Email Address](#)
- [Send Feedback](#)
- [Unsubscribe](#)
- [Email Help](#)
- [Archives](#)
- [Read this briefing on free iPhone/iPad app - BulletinHC](#)

Advertise with BulletinHealthcare: Reach key professionals every morning ▶

IM Daily Brief is a digest of the most important news selected from thousands of sources by the editors of BulletinHealthcare. The presence of such advertising does not endorse, or imply endorsement of, any products or services by the Cleveland Clinic.

This complimentary copy of IM Daily Brief was sent to cbdmd1@gmail.com

For information on the Cleveland Clinic Center for Continuing Education, please contact Cleveland Clinic at 216-448-0770 or email clevelandclinicmeded@ccf.org

[Cleveland Clinic](#) | 9500 Euclid Avenue AC313, Cleveland, OH 44195

Copyright © 2015 by [BulletinHealthcare](#) | 11190 Sunrise Valley Drive, Suite 20 | Reston, VA 20191