Fishing for a Forum on Health Policy

Congress phases out a federal center while the private sector tries to fill the gap

The recent medical extravaganza in Salt Lake City, in which an artificial heart was implanted into a patient with serious heart disease, raises a host of questions about medical care, its safety, efficacy, economics, and ethics. It is also a classic example of the way in which advances in technology force difficult political and economic choices. Who is an appropriate candidate for coronary artery bypass surgery? Who should perform the operation? How effective is the new diagnostic tool called nuclear magnetic resonance? Should Medicare cover the cost of liver transplants?

In spite of the importance of such issues, opposition from the American Medical Association (AMA) and manufacturers of medical devices last year killed a federal agency that most agree was doing a useful job in examining the questions. The issues are vexing enough on scientific grounds. But their complexity is compounded by the fact that they pit powerful and competing groups against one another.

In light of this, the federal agency, called the National Center for Health Care Technology, was considered especially valuable because it provided a nonpartisan forum in which all the players in health policy—the federal government, medical societies, private insurers, and the device industry—could hash things out. During the past year, a handful of private organizations have developed programs to fill the gap left by the center's demise. But health care leaders say that none of the programs is satisfactory because each is subject to charges of bias.

The National Center for Health Care Technology was established by Congress in 1978. It was a small agency with a big mission—too big, some say. With a $4-million budget, the center was charged with reviewing health care including its safety and costs. It was designated to work closely with the Medicare program and private insurers in developing its projects. Its staff had hopes of awarding grants to researchers to conduct clinical trials, but the plan never got off the ground.

The center's most visible achievements were numerous reports that examined the clinical value of certain medical procedures. It reviewed, for example, the state of the art of coronary artery bypass surgery, set guidelines when dental x-rays should be used, and outlined when cesarean sections should be performed.

But the center also issued reports that were important in terms of cutting health costs. Based on six recommendations by the center, Medicare saved potentially $100 million to $200 million a year, according to studies by the University of California at Los Angeles. The agency, for instance, advised Medicare not to cover radial keratotomy, a controversial eye surgery to correct myopia, hyperthermia in cancer treatment, and dialysis for schizophrenias. In a seventh study, the center advised Medicare not to reimburse patients for plasmapheresis to treat rheumatoid arthritis. That recommendation alone would have saved Medicare perhaps $10 billion a year if coverage had been granted, according to the University of California study.

The private sector found the center evaluations useful too. Lawrence Morris, a senior vice president of Blue Cross–Blue Shield Association in Chicago remarks that the organization found several reviews helpful. Steven Severts, an official at Blue Cross–Blue Shield of New York says that the center, which was directed by a former National Institutes of Health scientist, Seymour Perry, was "highly efficient, ran on a low budget, and was highly respected."

The center generated wide support from groups including the American College of Physicians, the Association of American Medical Colleges, insurance carriers such as Mutual of Omaha, and Representative Henry Waxman (D–Calif.). "It had great potential," says Linda J. White, a health care analyst at the American College of Physicians.

But two groups felt particularly threatened by the agency—the AMA and the Health Industry Manufacturers Association. Both viewed the center as a regulatory agency and they wanted no part of it. Last year, they lobbied successfully to ax the center's budget.

The center's charge included a mandate to examine economic issues in health care. The AMA complained that the subject should be taboo for the center. Cost was a consideration only for the individual physician, AMA argued. It said the center should not make general statements about appropriate medical care. All in all, the AMA argued, the center was trying to dictate the practice of medicine. Perry rebutted the association's arguments in a special report in the *New England Journal of Medicine*: "How an average practitioner, conscientious and thorough as he or she might be, could be expected to determine the safety and efficacy of such complex technologies as positron emission tomography or percutaneous transluminal coronary angioplasty was never made clear by the AMA."*

The center was also empowered to name medical procedures or devices that it considered experimental rather than standard medical practice. The Health Industry Manufacturers Association raised a howl, accusing the agency of attempting to stifle innovation.

The center "was an easy target," says Charles Sanders, former chairman of the center's advisory council, who is executive vice president of E. R. Squibb & Sons. Although many groups did not actively oppose the center, neither did they come to its aid on Capitol Hill. "Everyone was trying to protect his own turf," says Sanders.

After the center folded, the Department of Health and Human Services (HHS) maintained a staff to undertake similar responsibilities according to the staff's new director, Harold Margolise. He notes that its budget is nearly the same as the center's at $3.6 million and that the staff has almost doubled.

But another HHS official in health care policy complains that only a skeleton of the old center remains. The new unit, the Office of Health Technology Assessment, avoids the subject of cost analysis, he says. The unit conducts a review only at the suggestion of Medicare, but not of private insurers or others. The Medicare review program is "limping along," the HHS official said.

To some outside the government, the office seems very obscure and of little consequence. William Dolph of the AMA said that the federal unit "seems extraordinarily confused. I just really don't know what they're doing."

Meanwhile, medical societies, insur-

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ers, and the medical device industry have either established or stepped up their own programs. But they have all been subject to charges of bias.

The various plans differ in the type of information they gather. The AMA's new project will take an opinion poll of its members to evaluate a certain procedure or instrument. The AMA staff will review the scientific literature and compare its findings with the poll. As one HHS official says, "It's democratic, but it's not scientific."

At present, the program avoids the subject of cost. But according to one AMA official, that may change. The official says he is not sure how the association will fend off the same charge it leveled at the federal center—that it is dictating medical practice.

The American College of Physicians has set up a project that is more sophisticated than the AMA's. Its reports will be compiled from opinions garnered from various medical specialty organizations and a literature review. Their reports will be peer reviewed by members and nonmembers of the organization.

Blue Cross–Blue Shield has intensified its review program and is working closely with the American College of Physicians. On the basis of its own study, the company recently announced a major change in coverage that is expected to generate annual savings of several hundred million dollars. The company stated that respiratory therapy is administered much too often and unnecessarily. Under new policy it will pay for it only in limited circumstances. The Blue Cross position was endorsed by the American College of Physicians, the American College of Surgeons, and the American Academy of Pediatrics.

The Institute of Medicine is also considering the idea of creating a health care panel, but discussions are very preliminary. The thinking is that the institute group would substitute for the federal center as a neutral body. But there is already grumbling from representatives of medical societies and insurance companies that ideas for the formation and specific duties of the panel are too nebulous.

Many policy analysts would like to see a federal center revived. Morris of national Blue Cross–Blue Shield says that it makes sense if only because the federal government is a major buyer of health care through Medicare.

A place is needed where all the groups can sit down and discuss health care issues, said one HHS official. "But there's no place to go right now."

—**MARJORIE SUN**

After the Shake-up at NSF

Donald N. Langenberg, who was asked to resign last month as deputy director of the National Science Foundation (NSF) to make way for a new management team, has been named chancellor of the University of Illinois at Chicago Circle. He will assume his new post on 1 February. Meanwhile, the National Science Board has established a search committee to look for Langenberg's replacement. The committee, which includes Edward A. Knapp, NSF's new director, will also recommend candidates for three other top NSF posts: assistant director for biological, behavioral, and social sciences, which is being vacated by Eloise E. Clark, who was also asked to resign last month; assistant director for mathematical and physical sciences, which is currently unfilled; and assistant director for astronomical, atmospheric, earth, and ocean sciences, which is currently filled by Francis S. Johnson, who is returning to the University of Texas (*Science*, 24 December, p. 1286). All four posts are presidential appointments, and thus the White House will make the final decision.—**COLIN NORMAN**

Stanford Patent Claim Is Put Under Wraps

Stanford University has decided to keep private its future discussions with the United States Trademark and Patent Office about a key gene-splicing patent application.

The application is based on the work of Stanley Cohen of Stanford and Herbert Boyer of the University of California at San Francisco. In August, it received a preliminary rejection from the patent office.

Because of wide interest in the matter, Stanford—unlike a majority of applicants—had previously made public the documents it submitted to the patent office. But apparently in response to bad press, the university is now going to be tight-lipped about its future responses to federal questions and objections to the patent claim.

Stanford complains that the rejection created "erroneous public impressions," according to Robert M. Rosenzweig, university vice president of public affairs. He said that the rejection is a procedural step by which the patent office secures more information about the application.

Nevertheless, some patent lawyers, after reading the publicly available document that disclosed the grounds of the rejection, expressed doubt whether the patent could win approval. Their concern was heightened more recently by information contained in Stanford's appeal to the rejection (*Science*, 26 November, p. 868).

Rosenzweig said that the initial decision to open the file was "an experiment with some risks attached . . . in our judgment, the experiment has failed." The university, he said, will reopen the file for inspection after the patent office makes a final decision.

—**MARJORIE SUN**

Fallout from Nuclear Power in Space

The Defense Department's plan to build a new generation of compact nuclear reactors to power laser battle stations and other military satellites (*Science*, 17 December, p. 1199) has an ominous history. In 1964, a U.S. nuclear-powered satellite burned up on reentry and contaminated the atmosphere with plutonium. Unlike the breakup of a Soviet nuclear satellite over Canada in 1978, the U.S. accident received almost no publicity at the time. Moreover, a recent military-sponsored symposium on space nuclear power made no mention of the accident and its fallout.

The incident began on 21 April 1964 when a Transit navigational satellite was launched from Vandenburg Air Force Base in California. On board was a power supply known as SNAP-9A, a radioisotope thermoelectric generator that was fueled with about 1 kilogram of plutonium-238. The rocket's engines failed in mid-flight, and the satellite and its lethal payload came crashing back into the atmosphere over the Indian Ocean.

Plutonium is one of the world's most toxic metals. Its radioactivity shows up in bones and lungs.

In 1964, search teams using sophisticated air sampling techniques

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