POLICY & PRACTICE

New NIH Neuroscience Group

The National Institutes of Health announced last month that it had established the Emerging Neuroscience and Training Integrated Review Group. The new group is designed to "provide advice and recommendations to the [NIH] Director … on the scientific and technical merit of applications for grants-in-aid for research," as well as advice on contracts related to neuroscience research and training. The committee will continue indefinitely, according to an announcement in the Federal Register. For more information, visit http://cms.csr.nih.gov/PeerReviewMeetings/CSRIRGDescription/ETTNIRG/.

Data on Elderly Glossed Over

Food and Drug Administration regulations for drugmakers conducting clinical trials encourage the inclusion of elderly participants and the reporting of data by age, but the agency is not effective in getting its medical officers to include data on elderly patients in new drug application (NDA) reviews, according to a report by the Government Accountability Office. The report was based on a review of 36 NDAs submitted from January 2001 to June 2004 for drugs to treat diseases that could affect elderly patients. All the NDAs had at least one trial that included elderly participants, but a third of the agency's NDA reviews had no documentation on safety or efficacy for that age group. In addition, reviewers are not required to establish whether there was a sufficient number of elderly patients in a trial, and if they do address sufficiency, they do not have to document their methods.

E-Prescribing Reduces Errors

Electronic prescribing significantly reduced medication errors, according to data from the Southeast Michigan ePrescribing Initiative (SEMI), a coalition of automakers, health plans, health care providers, a drug manufacturer, and a pharmacy benefits manager. The SEMI results show that among a sample of 3.3 million e-prescriptions, a severe or moderate drug-to-drug alert was sent to physicians for about 33%, resulting in a change to or cancellation of 41% of those scripts. In addition, more than 100,000 medication allergy alerts were presented, of which 41% were acted upon. And when a formulary alert was presented, the physician changed the prescription 39% of the time to comply with formulary requirements. "The benefits of e-prescribing are overwhelming in terms of reducing medication errors, lowering prescription drug costs for patients and plans, and decreasing physician practices' administrative costs," said Marsha Manning, General Motors' manager of Southeast Michigan Community Health Care Initiatives, in a statement.

Low Health Literacy Is Costly

Researchers found that 87 million adults, or 36% of the adult U.S. population, have basic or less-than-basic health literacy skills. Using data from the 2003 Department of Education National Assessment of Adult Health Literacy, they estimated that low health literacy costs the U.S. economy between $106 billion and $236 billion a year. "Our findings suggest that low health literacy exacts enormous costs on both the health system and society," lead author John A. Vernon, Ph.D., said in a statement. The report, "Low Health Literacy: Implications for National Health Policy," was supported by a grant from Pfizer Inc.

One-Third of Americans Uninsured

Almost 35% of Americans had no health care coverage for at least part of 2006-2007, up from 30% in 1999-2000, Families USA reported. Of these, 19% were uninsured for longer than 1 year; more than half were uninsured for longer than 6 months. Of the 89.6 million people who lacked coverage, 71% had full-time jobs and another 9% were working part time; only 17% were unemployed. The numbers are substantially larger than those published by the U.S. Census Bureau (which cites 47 million uninsured in 2006, or 16%), because those statistics include only those who were uninsured for a full year. The report is at www.familiesusa.org.

Medicare Out-of-Pocket Spending Up

The percentage of income that Medicare beneficiaries spend on out-of-pocket health care costs is rising, according to a study published in the November/December issue of Health Affairs. The median amount of income that Medicare beneficiaries spent out of pocket was 12% in 1997, but rose to 16% in 2003. Study authors Patricia Neuman, Sc.D., of the Henry J. Kaiser Family Foundation and colleagues noted that in 2003, the 25% of beneficiaries with the highest out-of-pocket expenses spent at least 30% of their income on health care, whereas the top 10% spent at least 58%. "Our findings suggest that giving elderly and disabled Medicare beneficiaries more 'skin in the game' could make health care less affordable and accessible for all but the highest-income beneficiaries," the researchers said.

—Joyce Frieden

Edwards Outlines Plan for Tort Reform, Universal Coverage

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — According to Democratic presidential candidate and malpractice attorney John Edwards, the best way to solve the malpractice insurance crisis is to put the onus on the malpractice attorneys.

The former senator from North Carolina spoke at the first of a series of health policy forums with presidential candidates sponsored by Families USA and the Federation of American Hospitals.

"I think that the bulk of the problem is created when cases are filed in the legal system that should never be there," he said. "The result is years of litigation and costs incurred by the health care provider that should not have been incurred. What I would do is put more responsibility on the lawyers."

In Sen. Edwards' ideal world, before a medical malpractice case could be filed, the plaintiff's lawyer would have to conduct a complete investigation, which would include independent review by at least two experts in the field "who determine that the case is, first, meritorious, and second, serious," he said. "Then you require the lawyer to certify that that has been done as part of the filing. . . . If they fail to certify, the lawyer should bear the cost. If they do it three times, it's three strikes and you're out; you lose your right as a lawyer to file these cases."

The bigger topic at the forum, though, was covering the uninsured. In February, Sen. Edwards unveiled a universal coverage plan, which calls for expanding both the State Children's Health Insurance Program and Medicaid, and for keeping Medicare in place. Employers would be required either to provide coverage to employees or to contribute to a system of regional Health Care Markets—nonprofit purchasing pools offering a choice of insurance plans. At least one of the plans would be a public plan based on the Medicare program.

Once the markets were set up and other provisions put in place—including tax credits to help people purchase policies and limits on premium contributions for low- and moderate-income families—an individual mandate would go into effect requiring all citizens to obtain health insurance. The penalty for people who didn't sign up for coverage would likely be "losing your individual tax exemption or some [other] tax consequence for not signing up," Sen. Edwards said at a press conference after the forum. "Anybody who comes into contact with the health care system or any public agency will be signed up. If you go into the emergency room and are not part of the system, in order to get care you will be signed up."

By allowing prescription drugs to be 'safely imported' into the United States, the government would save on Medicare.

SEN. EDWARDS

To help save costs in Medicare, Sen. Edwards said beneficiaries should have a "medical home" with a single provider responsible for coordinating chronic care "so we don't have overlapping care or unnecessary care."

He also said that he favors three steps to lower the cost of prescription drugs in the Medicare program: using the bargaining power of government to negotiate prices with pharmaceutical companies, allowing prescription drugs to be "safely imported" into the United States, and "[doing] what we can constitutionally to control drug company ads on television."

This universal coverage plan "was not intended to take us from where we are today directly to [a single-payer system]," Sen. Edwards said at the forum. "It was intended to allow Americans to decide whether they want government-run health care, or whether they want to continue the private system they have today."

He noted that there are "real benefits to single-payer [systems]. The administrative cost associated with [government-run systems like] Medicare is 3%-4%, compared with 30%-40% profit and overhead in private insurance companies." But some people hate single-payer systems like those in Canada and the United Kingdom, and they say that people have to wait too long for some procedures, he added.

"We're going to let Americans make that decision" by choosing which type of plan they prefer, he said. "Over time, we will see in which direction this system gravitates. It will be an extraordinary American model for what works and what doesn't work."

Sen. Edwards said that the cost of his plan was estimated at $90 billion to $120 billion, and he would pay for it by rolling back tax cuts for Americans making more than $200,000 per year.

A reporter asked Sen. Edwards about the differences between his plan and that of Sen. Hillary Rodham Clinton (D-N.Y.), another Democratic presidential candidate. Sen. Clinton released her plan in September, and it contained many provisions similar to Sen. Edwards' plan, such as an array of private plans for people to choose from as well as a public plan similar to Medicare.

"One difference [is] . . . how big a priority you made this and how early you came out with a comprehensive plan," he said. "It's a huge priority to me, and I will not bend on universal [coverage]." Further, "Sen. Clinton appears to believe that you can take money from health insurance and drug company lobbyists and sit at the table with them and negotiate a compromise. I absolutely reject that. The way you get it done is to convince the American people about the rightness of what you want to do," Sen. Edwards said. ■

Election 2008

Editors Note:

This look at the health care proposals of former Sen. John Edwards (D-N.C.) is the first in an occasional series highlighting the health policy views of those seeking to be our next president. Each article is based on a 1-hour health policy forum with an individual candidate held at the Kaiser Family Foundation in Washington, D.C., and sponsored by Families USA and the Federation of American Hospitals. Forums announced so far feature Sen. Hillary Clinton (D-N.Y.), Rep. Dennis Kucinich (D-Ohio), Sen. Joe Biden (D-Del.), Sen. John McCain (R-Ariz.), Sen. Christopher Dodd (D-Conn.), former Gov. Mike Huckabee (R-Ark.), Gov. Bill Richardson (D-N.M.), and Rep. Ron Paul (R-Tex.).