U.S. Releases Health Plan for Emergencies

BY MARY ELLEN SCHNEIDER

The U.S. government has released its plan to deal with the health consequences associated with major national emergencies such as disease outbreaks, natural disasters, and terrorist attacks.

The National Health Security Strategy, available at www.hhs.gov/disasters, marks the first time the federal government has put together a comprehensive strategy that is focused specifically on protecting people's health during an emergency, according to the Health and Human Services department.

The plan outlines several objectives including fostering integrated, scalable health care delivery systems; incorporating postincident health recovery into planning and response; maintaining a workforce necessary to respond to health emergencies; and preventing or minimizing emerging threats to health. HHS will update the plan every 2 years to reflect advances in medicine and public health.

Although the National Health Security Strategy was prepared by the federal government, HHS Secretary Kathleen Sebelius said that for the plan to be effective, it requires participation from everyone in the nation.

"Responsibility for improving our nation's ability to address existing and emergency health threats must be broadly shared by everyone—governments, communities, families, and individuals," she said in a statement. "The [strategy] is a call to action for each of us so that every community becomes fully prepared and ready to recover quickly after an emergency."

The new national plan provides a framework for physicians, in particular, to begin planning for their response to an emergency, Dr. Georges C. Benjamin, executive director of the American Public Health Association, said in an interview. Many of the obstacles faced in the aftermath of Hurricane Katrina could have been addressed in a systemic way if a strategy like this one had existed at the time, he said.

This year, HHS officials, with the help of government and external partners, plan to analyze health care workforce levels, seeking to identify any areas where there is a shortage when it comes to health security readiness. For example, shortages have already been identified in the number of public health nurses, epidemiologists, and laboratory personnel, according to HHS.

Dr. Benjamin said that workforce is a major issue. Whereas part of the solution will likely involve recruiting more people to the health care field, it will also involve asking clinicians to expand their traditional scope of practice. For example, there are a range of emergency skills that practicing internists are trained in, but don't use in daily practice. As part of emergency planning, they may need to refresh those skills, he said.

Emergency skills also must be taught so that health care providers are ready for the long term, Dr. Benjamin said. That means reexamining graduate medical education to ensure that the full range of practitioners—physicians, nurses, physician assistants, and nurse practitioners—are able, he said.

In addition to staying current on emergency skills, physicians also need to consider how a major crisis would affect their practice, Dr. Benjamin advised, adding they should identify the most likely emergency scenarios in their area and think through their role in an emergency. That should include examining employment policies and ensuring safe storage of medical records. Physicians should also plan for the recovery from an emergenc, such as having a plan for how to get rapidly re-credentialed in another hospital or state if necessary, he said. ■

CMS Report: Rate of Health Care Spending Growth Slowed in 2008

Health care spending in the United States grew less than 5% in 2008, the slowest growth rate since the federal government officially began measuring it in 1960, according to a report from the Centers for Medicare and Medicaid Services.

But the figures show that although the rate of increase is slower than in previous years, health care spending is still outpacing the gross domestic product (GDP). In 2008, health care spending rose 4.4% to $2.3 trillion, compared with a 2.8% rise in the GDP. And health spending continues to consume a larger portion of the overall GDP: 16.2% in 2008, compared with 15.9% in 2007 (Health Affairs 2010;29:147-55).

The overall slowdown in health spending growth is reflected in slower rates of increase in hospital spending, physician services spending, retail prescription drug spending, and spending for nursing home and home health services. For example, spending on physician and clinical services rose 5% in 2008, down from 5.8% in 2007. The deceleration in physician services was driven by a decrease in patient volume, even as the intensity of services picked up in 2008.

While spending rates slowed in many areas, the federal government's share of health spending soared in 2008, rising from 28% in 2007 to nearly 36%, according to CMS. The increase is due in part to the Recovery Act, which retroactively shifted $7 billion in federal funds to Medicaid to assist budget-challenged states at the end of 2008.

—Mary Ellen Schneider

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Mental Health Care Still a Stigma

A survey conducted for the American Psychiatric Association has found that workers are more concerned that seeking mental health treatment will affect their employment status than they are that seeking care for a physical ailment will do so. Harris Interactive conducted the national online survey last August with 2,000 adults, 1,100 of whom were employed full- or part-time. Among the respondents, 76% thought their employment status would be affected if they sought treatment for drug addiction, 73% for alcoholism, and 62% for depression. In comparison, 55% said seeking diabetes treatments and 54% said getting heart disease care might affect job status. The APA pointed out that it works to eliminate barriers to mental health care through its Partnership for Workplace Mental Health.

Tobacco Act Gets Singed

A federal district court has struck down parts of the Family Smoking Prevention and Tobacco Control Act of 2009, saying that some of the landmark law violates tobacco makers' free speech rights. The U.S. District Court for the Western District of Kentucky ruled it unconstitutional for government to ban color and images in tobacco advertising. However, the court upheld provisions of the law requiring large, strongly worded warnings on tobacco packaging, prohibiting companies from making health claims about tobacco products without Food and Drug Administration review, and banning tobacco-branded events and merchandise, such as T-shirts. American Thoracic Society president Dr. J.R. Curtis said in a statement that the society is still "confident that the FDA will exercise its new authority to reduce tobacco use [in the United States] by stopping the efforts of big tobacco to market its dangerous products to minors, and by giving current smokers more motivation to stop smoking."

No Smoke, No Device Authority

The U.S. District Court for the District of Columbia ruled that the FDA does not have the authority to regulate so-called e-cigarettes—electronic cigarettes—as drug-device combinations. E-cigarettes are battery-powered devices that deliver vaporized doses of nicotine to be inhaled. The FDA had detained multiple shipments of e-cigarettes imported by one company, Smoking Everywhere, saying that they were unapproved drug-devices. Judge Richard Leon disagreed with FDA's justification for its action. However, he didn't address whether the agency has authority to regulate e-cigarettes under the Family Smoking Prevention and Tobacco Control Act, which President Obama signed into law last June—after the e-cigarette shipments in this case had been halted.

'Extraordinary' Drug Price Hikes

The Government Accountability Office said 416 brand-name pharmaceutical products had "extraordinary" price increases from 2000 to 2008. While this represents only 0.5% of all brand-name products, most of the increases ranged from 100% to 499%, the GAO said in a report released in early January (GAO-10-201). More than half of those products were in three therapeutic classes: central nervous system, anti-infective, and cardiovascular. One possible reason for the price inflation, said the agency: The drugs are bought from wholesalers, repackaged and resold at higher prices to physicians or hospitals. The Pharmaceutical Research and Manufacturers of America (PhRMA) industry group said the report "focuses only on a small number of selected brand medicines rather than the entire prescription drug market."

FDA OK'd 26 New Meds in 2009

The FDA approved 19 new chemical entities and 7 new biologics in 2009, according to Washington Analysis, a Washington-based investment adviser. Among the new chemical entities were Eli Lilly's oral platelet inhibitor Effient (prasugrel) and Sanofi-Aventis's antiarrhythmic drug Multaq (dronedarone). In his report, Washington Analysis' Ira Loss said he expected more approvals this year because the agency claimed it wouldn't let statutory approval dates be overridden and it received more money for reviews.

Many Girls Involved in Violence

About one-quarter of all adolescent females engaged in some sort of violent behavior in the past year, according to a report from the Substance Abuse and Mental Health Services Administration. Looking at data from 2006 to 2008, the researchers found that nearly 19% of adolescent girls reported getting into a serious fight at school, 14% participated in a group-against-group fight, and nearly 6% attacked others with the intent to seriously hurt them. Some teens were in more than one category. The teenagers who engaged in violent behavior were more likely to binge on alcohol or abuse drugs, the study showed. "Acts of teenage violence are most commonly associated with boys," the report said. However, "it is clear that the problem is pervasive among girls as well." Pediatricians should consider the issue when seeing adolescent female patients, the report concluded.

—Alicia Ault