

POLICY & PRACTICE

Costs Higher With Managed Care

Although managed care can reduce the state's cost of caring for individuals with severe mental illness who are receiving Medicaid, it may actually increase the burden for the patients, according to a new study that was led by researchers at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. The study compared costs in two Medicaid managed care plans with a standard fee-for-service Medicaid plan. Medicaid saved money with the managed care plans, but the patients in the fee-for-service plan had "significantly lower costs" than those who were in managed care. Managed care costs were higher because patients relied more on family caregiving, according to the authors. "For adults with severe mental illness, it appears that efforts to contain Medicaid mental health costs may result in deflecting costs back to these vulnerable persons and onto their families and friends," the authors concluded. The study was published on-line in the *American Journal of Psychiatry* on Jan. 15.

Drug Prevention Grants Available

The White House Office on National Drug Control and the Substance Abuse and Mental Health Services Administration (SAMHSA) are making \$19 million available to fund Drug-Free Communities Support Programs. The program was created in 1997 and given a 5-year reauthorization in 2006. The grants are aimed at supporting community-based programs to prevent and reduce substance abuse. Each grantee will receive up to \$125,000 per year in federal matching funds for a 5-year cycle. The application deadline is March 21.

HHS Names Autism Panel

The Health and Human Services department has named a new committee, authorized under the Combating Autism Act of 2006, to facilitate the exchange of information on autism activities among federal agencies as well as coordinate autism-related programs and initiatives, according to a statement from HHS. Dr. Thomas R. Insel, director of the National Institutes of Mental Health, will chair the panel; its first task will be to develop a strategic plan for autism research to guide public and private investments.

Scant Number of New Approvals

The Food and Drug Administration approved only 17 new molecular entities (NMEs) in 2007, the lowest number since 2002. This comes on the heels of two previous years with only 18 NME approvals each. NMEs are unique products. Those approved in 2007 included two HIV therapies; four oncology products; two antihypertensives; one antibiotic; and one NME each to treat Parkinson's disease, pulmonary hypertension, impetigo, acromegaly, attention-deficit hyperactivity disorder, and phenylketonuria.

Also approved were an imaging agent and injection to prevent the loss of blood volume during surgery as well as a handful of biologics, an influenza vaccine, and an avian flu vaccine.

Coverage Improves Health

Uninsured adults 55-64 years old, particularly those with cardiovascular disease or diabetes, saw their health improve significantly once they became eligible for Medicare, a study from Harvard Medical School, Boston, reported. The study looked at more than 5,000 adults who were continuously insured and more than 2,200 who were uninsured persistently or intermittently in the decade before they became eligible for Medicare. The researchers found that, compared with previously insured adults, previously uninsured adults reported significantly improved health trends after age 65, both overall and for measures related to mobility, agility, and adverse cardiovascular outcomes. Depressive symptoms did not improve significantly in uninsured individuals with these other conditions once they became eligible for Medicare, but depressive symptoms did improve in previously uninsured adults without these other conditions once they became eligible for Medicare. By age 70, the differences in health status between the previously uninsured and those who had been insured continuously were reduced by about half. The study appeared in the Dec. 26 issue of *JAMA*.

Consortium Starts Genome Project

A consortium of research organizations from around the world, including the National Human Genome Research Institute, is planning to sequence the genomes of at least 1,000 individuals. The idea, being called the 1000 Genomes Project, is to create a detailed and clinically relevant picture of human genetic variation. The data from the project will be made publicly available at no cost. "This new project will increase the sensitivity of disease discovery efforts across the genome fivefold and within gene regions at least 10-fold," Dr. Francis S. Collins, director of the National Human Genome Research Institute, said in a statement. "Our existing databases do a reasonably good job of cataloging variations found in at least 10 percent of a population. By harnessing the power of new sequencing technologies and novel computational methods, we hope to give biomedical researchers a genome-wide map of variation down to the 1 percent level." The project is being supported by the Wellcome Trust Sanger Institute in Hinxton, England; the Beijing Genomics Institute; BGI Shenzhen in China; and the National Human Genome Research Institute, part of the National Institutes of Health. More information about the project is available online at www.1000genomes.org.

—Alicia Ault

Sen. Clinton Urges Bigger Role for Nonphysicians

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — According to Sen. Hillary Rodham Clinton (D-N.Y.), primary care physicians don't get enough pay or respect, and there aren't enough of them. Her response to the problem? The federal government should try to help increase the supply of primary care doctors, but in the meantime nurses, pharmacists, and others should fill the gaps in care.

"I'm intrigued by the fact that a lot of states are permitting pharmacists to give vaccines," Sen. Clinton, a candidate for the Democratic presidential nomination, said at a health policy forum sponsored by Families USA and the Federation of American Hospitals. "What other functions can we delegate out, given appropriate oversight and training?"

For example, she said, "I think nurses have a great opportunity to do much more than they're doing. If we're not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses, and they've got to be given the authority to make some of these

[treatment] decisions, because otherwise people will go without care."

Sen. Clinton, who is in her second Senate term, said that health care would be her top domestic priority if she were elected president.

"This is, for me, a moral question and an economic one," she said. "Do we want to continue to be so unequal and unfair that, if you are uninsured and you go into the hospital with someone who is insured, you are more likely to die?"

Sen. Clinton said she learned a lot from her experience in her husband's first presidential term when she led his efforts to develop a universal health care plan.

"The fact that the White House took on the responsibility of writing the legislation turned out to be something of a mistake," she said at the forum, part of a series of presidential candidate health policy forums underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

She said that now she sees the president's role on health care as "setting the goals and framework but not getting into the details."

Further, the Clinton plan of the early 1990s was just too complicated, she said. "It was a source of concern to a lot of Americans who didn't understand how it could work, and it certainly wasn't presented in the best way."

This time, Sen. Clinton has a different plan. The "American Health Choices Plan" would allow people to keep their current insurance coverage, but if they

didn't like their current insurance or were uninsured, they could choose from a variety of plans similar to those offered to federal employees. They would also have the option of enrolling in a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and fully portable, and that insurers would be barred from discriminating against enrollees based on preexisting conditions.

Large employers would be required to offer coverage or help pay for employee health care; small businesses would not be required to offer coverage, but they would be given tax credits to encourage them to do so.

She estimated the cost of her plan at \$110 billion per year and said it would be paid for by rolling back tax breaks for Americans who make more than \$250,000 annually.

Sen. Clinton said critics who called her plan a back door to a single-payer, government-run health care system were either misinformed or were misrepresenting her proposal.

"I've included the public plan option because a lot of Americans want it," she said. "It will not create a new bureaucracy; it will

not create a government-run system unless you think Medicare is government run. In Medicare, you choose your doctor, you choose your hospital—you have tremendous choice."

Sen. Clinton predicted that a lot of people would still choose a private plan because "if the private plans are competitive and smart, they'll offer a lot of new features. What are we afraid of? Let's see where competition leads us."

Sen. Clinton also expressed her support of the increased use of electronic health records to make the health care system more organized. "It's very hard to think about having a system when you don't have any way for people to move [their records with them] from place to place and job to job."

Paying providers based on their outcomes was another recent innovation mentioned by Sen. Clinton. She lauded the Bush administration for announcing that the Medicare program would no longer pay for care occurring as a result of medical errors. "That kind of connection between pay and performance, quality and results ... makes sense. It's hard to do, but we have to experiment."

The recent increase in cases of nosocomial infections such as methicillin-resistant *Staphylococcus aureus* "should be a wake-up call for everybody," Sen. Clinton said. "A couple of hospitals I'm aware of have changed their infection control policies; they have cut the rate of hospital-borne infections. Everybody should be expected to do that." ■

Election
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