



POLICY & PRACTICE

WANT MORE HEALTH REFORM NEWS?
SUBSCRIBE TO OUR PODCAST — SEARCH
'POLICY & PRACTICE' IN THE ITUNES STORE

Kids Safe With Cell Phones

Cell phones do not, after all, appear to increase brain tumors in children and adolescents who use the devices, according to a study published in the *Journal of the National Cancer Institute*. The multicenter case-control study was conducted in Denmark, Sweden, Norway, and Switzerland, and included 352 children aged 7-19 years diagnosed with brain tumors between 2004 and 2008. Some of the subjects had used cell phones for more than 5 years. "The absence of an exposure-response relationship either in terms of the amount of mobile phone use or by localization of the brain tumor argues against a causal association," the authors said.

Multiple Sclerosis Is Costly

Certain multiple sclerosis therapies result in modest health benefits but come at significant cost to patients, according to a study published in *Neurology*. "Using DMT [disease-modifying therapies] for

10 years resulted in modest health gains ... compared to treatment without DMT," the authors reported. They looked at the costs and effects of three beta interferons (Avonex, Betaseron, and Rebif) and glatiramer acetate (Copaxone). The cost-effectiveness ratio of all four therapies "far exceeded" \$800,000 per quality-adjusted life-year, the team reported. Using any of the therapies for 10 years offered patients only about one extra quality-adjusted month of life. "Use of DMT in MS results in health gains that come at a very high cost," the researchers concluded.

Emergency Scanning Way Up

Use of computed tomography in emergency departments more than quadrupled between 1996 and 2007, according to a study published in *Annals of Emergency Medicine*. The authors analyzed data from the National Hospital Ambulatory Medical Care Survey representing 1.29 billion emergency department en-

counters, indicating that 97.1 million patients (7.5%) underwent at least one CT scan during that period. While 3.2% of the patients received CT in 1996, 13.9% did by 2007. The authors noted that the increase has been associated with a decline in hospital admissions but that that effect has stabilized in recent years. CT scanning increased most among patients with chest pain, shortness of breath, abdominal pain, and flank pain, the authors reported. "Research on understanding how and under what conditions CT is being performed in the ED and developing better strategies for optimizing its use in this setting is needed," they said.

Haiti Volunteers Needed

The American Academy of Neurology is seeking neurologists to volunteer to ease Haiti's physician shortage since the country's devastating earthquake last year. The academy is working with Operation Blessing International, which provides housing, meals, and in-country transportation to volunteers. In Haiti, "there continues to be a lack of medical care to support those affected by the earthquake and poverty overall," Dr. Anthony G. Alessi, an academy fellow and longtime volunteer with Operation Blessing Inter-

national, said in a statement. Volunteers will diagnose, treat, and manage conditions such as brain injuries, multiple sclerosis, and stroke, he said. To see trip dates and to volunteer, visit www.ob.org/haitiprojects/volunteer.asp.

Physicians Delay Retirement

Slightly more than half of physicians have changed their retirement plans since the Great Recession hit in 2008, and 70% say they'll need to work longer until retirement, according to a survey by staffing firm Jackson & Coker. Many of the doctors said they're pursuing ways to augment their income as a result. Most of those who have changed their plans had intended to retire within 6 years, and 46% blame depletion in their personal savings or unexpectedly poor growth in their nest eggs for delay. Nearly one-third of physicians postponing retirement said they will pursue locum tenens or part-time assignments, while about one-quarter said they'll continue to work for their current employers. About one-fifth said they intend to move to another position in the same field, and another fifth said they'll leave medicine and try a new career.

—Naseem S. Miller

IMPLEMENTING HEALTH REFORM Health Insurance CO-OPs

As part of the Affordable Care Act, Congress created an alternative to traditional, for-profit private insurance plans. Consumer Operated and Oriented Plans (CO-OPs) will be consumer-run, private plans that use profits to lower premiums, increase benefits, expand enrollment, and improve quality of care.

Unless repealed, CO-OPs will be available to individuals and small businesses through the state-based health insurance exchanges starting in 2014. In July of this year, the Department of Health and Human Services proposed how CO-OPs should be structured and how they can become eligible for federal loans.

Economist Sara R. Collins, Ph.D., vice president of the affordable health insurance program at the Commonwealth Fund, explained what CO-OPs will need to do to succeed.



Dr. Collins: The most successful existing examples of regional health cooperatives are those with strong links to high-performing integrated care systems, such as HealthPartners in Minneapolis-St. Paul and Group Health Cooperative in Seattle.

The keys to these organizations' success include a consumer-focused mission, accountability resulting from a consumer-elected board, close links with care systems and networks of providers, a regional focus integrating a broad range of services, commitment to evidence-based care and informed patient engagement, strategic use of electronic health records to support care redesign, a patient-centered medical home model of primary care, efforts at care coordination, and greater accountability for the total care of patients.

DR. COLLINS

Similar successful examples of nonprofit, integrated delivery systems with affiliated health plans, though not consumer governed, are Geisinger Health Systems in Pennsylvania, Intermountain Healthcare in Utah, and Kaiser Permanente.

CNN: What will be the keys to success for these plans?
Dr. Collins: The keys will be the ability to purchase care on favorable terms and the ability to offer high-quality networks of providers. One of the most significant challenges facing newly formed cooperatives will be their ability to gain market share in highly concentrated insurance markets. There are only three states in the country where the two largest health plans dominate less than 50% of the market.

In addition, extensive consolidation in hospital and other provider markets across the country has substantially reduced price competition in those markets. Consequently, large insurance carriers and large provider systems individually negotiate prices, with those prices ultimately reflecting discounts off list prices that physicians and hospitals charge patients

without insurance. Prices vary widely, and the lowest rates are not available to all health plans.

Newly formed cooperatives will thus be at a considerable disadvantage in obtaining favorable provider rates in most local markets, which will in turn make them less competitive in insurance exchanges and in the individual and small group markets. The extent to which the new state insurance exchanges are able to encourage the participation of high-value health plans could increase the likelihood that cooperatives can gain a toehold in competitive markets.

CNN: What will this program mean for physicians in large and small practices?

Dr. Collins: The emphasis on integrated delivery systems will benefit several types of providers. While the law precludes existing plans such as the Geisinger Health Plan from serving on the boards of cooperatives receiving grants, it does not preclude the new cooperatives from contracting with Geisinger's integrated system of providers. In the absence of such an integrated delivery system, cooperatives might contract with multispecialty group practices, clinics, and hospitals, with a goal of integrating care systems.

One such example is the Marshfield Clinic, a nonprofit, physician-governed, multispecialty group practice serving residents of rural Wisconsin through a regional ambulatory care system, an affiliated health plan, and related foundations supporting health research and education. Newly formed cooperatives might also contract with community health centers as a dedicated set of primary care providers. Available in every state, community health centers are linked through a common mission, and formally through national organizations such as the National Association of Community Health Centers. Thus, they have the potential to become multistate networks. ■

DR. COLLINS has led the Commonwealth Fund's national program on health insurance since 2005. She has done surveys and authored reports on health insurance, and has provided testimony to congressional committees.

CLINICAL NEUROLOGY NEWS: What's the rationale behind creating a nonprofit alternative to traditional private insurance?

Dr. Collins: The intent is to encourage the development of health plans with a strong consumer focus that are accountable to their members and that will use their members' premiums and revenues to improve health care rather than increase profits. Toward this end, the law specifies that the governance of the CO-OPs must be subject to a majority vote of its members, and the organizations are required to operate with timeliness, responsiveness, and accountability to members.

Profits must be used to lower premiums, improve benefits, or finance programs aimed at improving the quality of care for members. The law specifies that the HHS, in determining loan awards, would give preference to those plans that utilize integrated care models.

CNN: What does the history of health cooperatives in the United States tell us about how these CO-OPs might perform under health reform?