Film Looks at Physician Depression and Suicide Risk

BY GREG MUIRHEAD
Contributing Writer

KAUAI, HAWAII — U.S. physicians have among the highest suicide rates of any occupation in this country, and a 1-hour documentary has been made to illuminate this problem, Dr. Paula Clayton reported.

The hope is that the documentary, which is titled "Struggling in Silence: Physician Depression and Suicide," will foster a change in the practice and culture of medicine so that physicians begin to feel free to seek psychiatric help when they need it, said Dr. Clayton, medical director of the American Foundation for Suicide Prevention (AFSP), at the annual meeting of the American College of Psychiatrists.

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According to a clip from the film shown at the meeting, 300-400 physicians commit suicide each year. The clip showed interviews with a medical student in San Diego, a surgeon from Arkansas, and a physician at Massachusetts General Hospital.

The first two described their struggles with depression, and in the third interview, the physician discussed her difficulties in dealing with bipolar disorder.

The film also includes interviews with two spouses who were survivors of husband physicians who committed suicide, Dr. Clayton said.

The film is scheduled to be aired on PBS stations in May, although the date had not yet been set at press time.

In addition, a set of slides related to the topic of the film is being developed that can be used at medical schools, in residency programs, and at hospitals, according to Dr. Clayton.

Those slides will be available over the next few months.

From the larger film, a 13-minute short about the medical student also has been under development.

"We lose about an entire medical school class a year—of physicians—to suicide," Dr. Clayton said.

"Struggling in Silence," created by AFSP, was partly funded by the American College of Physicians, Wyeth Pharmaceuticals, and proceeds from a fund-raising walk that was held in Boston, commented Dr. Clayton.

U.S. Health Care Spending Set To Hit $4.3 Trillion by 2017

BY MARY ELLEN SCHNEIDER
New York Bureau

Health care spending in the United States is projected to consume nearly 20% of the gross domestic product by 2017, according to estimates from economists at the Centers for Medicare and Medicaid Services.

Health care spending growth is expected to remain steady at about 6.7% a year through 2017, with spending estimated to nearly double to $4.3 trillion by 2017, the CMS analysts said in a report published online in the journal Health Affairs.

The 10-year projections come from the National Health Statistics Group, part of the CMS Office of the Actuary, and are based on historical trends, projected economic conditions, and provisions of current law.

The analysts project that spending for private sector health care will slow toward the end of the projection period, while spending in the public sector, including Medicare and Medicaid, will increase. Much of the increase will be fueled by the first wave of baby boomers entering Medicare in 2011.

The increase in the number of Medicare enrollees is projected to add 2.9% to growth in Medicare spending by 2017, according to the report.

The CMS economists projected that growth in spending on physician services would average about 5.9% per year through 2017, compared with 6.6% from 1995 to 2006.

These projections are based on current law, which calls for steep cuts to physician payments under Medicare over the next several years.

If Congress were to provide a 0% update to Medicare payments over the next decade, the average annual growth from 2007 to 2017 would rise to 6.2%, according to the report.

On the hospital side, growth in spending is projected to accelerate at the beginning of the projection period because of higher Medicaid payments but to slow toward the end as a result of projected lower growth in income.

Home health care will likely be one of the fastest growing sectors in health care from 2007 through 2017, with an average annual spending growth rate of 7.7%, according to the report.

Additionally, growth in prescription drug spending is expected to accelerate overall through 2017, because of increased utilization, new drugs entering the market, and a leveling-off of the growth in generics.

The analysts reported that Medicare Part D would have "little impact on overall health spending growth" through the year 2017.

POLICY & PRACTICE

Rheums to Be Hit Hard by Fee Cuts

With only a couple of months left before a Medicare physician fee cut of more than 10% is scheduled to go into effect, the American Academy of Rheumatology is warning that such a cut could be devastating to rheumatologists and their patients. The projected cut, which will go into effect on July 1 if Congress does not act, is based on the sustainable growth rate formula (SGR) that links physician payments to the gross domestic product. The formula is flawed, the American Academy of Rheumatology said, not only because medical costs rarely fall in line with GDP, but because the sustainable growth rate formula also includes other costs that physicians have no control over, such as the cost of drugs. "The outcome is inevitable—without fundamental change, rheumatologists will be forced to start closing their doors to patients on Medicare, and these patients will be without care," Dr. David A. Fox, ACR president, said in a statement. At press time, Congress was considering proposals to avert the scheduled cut. For example, one bill (S. 2785) would replace 18 months of cuts under Medicare with payment updates.

Falls Injure 5% of Those Over 65

Nearly 5% of individuals aged 65 years and older sustained an injury from a fall during a 3-month period, according to the Centers for Disease Control and Prevention. About 5.8 million Americans aged 65 and older reported falling at least once during a 3-month period, and for 1.8 million individuals, the fall was significant enough to either require a visit to the doctor or restrict activity for at least a day. The estimates, which were published in the March 7 issue of the Morbidity and Mortality Weekly Report, are based on data from the 2006 Behavioral Risk Factor Surveillance System. Reports of falls were similar among men (15%) and women (16%), but women had significantly more fall-related injuries, (36%), compared with men (25%). "Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression," the researchers at the CDC wrote.

Merck Makes Headway on Claims

About 47,000 individuals have registered eligible injuries as a result of taking the drug Vioxx, and more than 44,000 of those individuals have already submitted some or all of the materials that are needed to qualify for an interim payment, according to Merck & Co. The registration is part of a process to resolve state and federal product liability claims of myocardial infarction and ischemic stroke filed against Vioxx. Under the agreement, which was reached last November, Merck must pay $4.85 billion into the resolution fund in installments. Merck does not admit either causation or fault as a part of the settlement agreement. In order to qualify for payment, claimants must produce medical proof that they incurred a myocardial infarction or ischemic stroke, document receipt of at least 30 Vioxx pills, and have ingested the Vioxx pills within 14 days before the claimed injury. Those who meet the eligibility requirements will have their claims evaluated by the claims administrator. Merck plans to continue to fight all of the claims that are not part of the resolution program, according to a statement from the company.

CMS Finds Improper Payments

More than $371 million in improper Medicare payments was collected from or repaid to health care providers and suppliers in 2007 as part of a demonstration program that used recovery audit contractors in California, Florida, and New York, the Centers for Medicare and Medicaid Services announced. Almost all the improper payments (96%) that were identified in 2007 were overpayments collected from providers, while the remaining 4% were underpayments that were repaid to providers. Most of the improper payments occurred when health care providers submitted claims that did not comply with Medicare's coverage or coding rules, and more than 85% of the overpayments collected and almost all underpayments refunded were from claims submitted by inpatient hospitals. The demonstration program began in 2005 and was expanded to include Massachusetts, South Carolina, and Arizona in 2007.

Woodcock Named CDER Head

Dr. Janet Woodcock has been named director of the FDA's Center for Drug Evaluation and Research. Dr. Woodcock, a rheumatologist, served as director of CDER once before, in the 1990s, and has served as acting director since October 2007. The drug industry's chief lobbying group, PhRMA, welcomed the appointment. Dr. Woodcock "has demonstrated willingness to work with diverse partners, including researchers, Congress, the White House, patients, and pharmaceutical research companies," said a statement from the group. However, there was dissent from Public Citizen's health research group director Dr. Sidney Wolfe, who commented in an interview that he's "not terribly hopeful" that Dr. Woodcock will lead the center well, because she doesn't like conflict or controversy. "I don't think she's the kind of CDER director we need right now," Dr. Wolfe said. "She's aware of a number of drugs on the market that should be taken off the market, but I don't think she has the fortitude to do something about it." CDER is charged with assuring that safe and effective drugs—including prescription, over-the-counter, and generic products—are available to Americans.

—Mary Ellen Schneider