

# Candidates' Health Plans Murky on Cost-Cutting Details

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WASHINGTON — While health care has been a key issue in this year's presidential campaign, plans from both Barack Obama and John McCain are light on details when it comes to the most important aspects of the health system, including controlling costs, and improving efficiency and productivity.

The candidates have presented a wish list with very little detail on how they would accomplish the "fundamental change needed for our delivery system," said Paul B. Ginsburg, Ph.D., president of the Center for Studying Health System Change, at a briefing sponsored by the Alliance for Health Reform.

Economists have estimated that over the next decade, U.S. health spending will double from \$2.2 trillion to \$4.3 trillion. Dr. Ginsburg, along with Princeton University economist Uwe Reinhardt and for-

mer Centers for Medicare and Medicaid Services Administrator Dr. Mark McClellan, said that rising costs are largely being driven by variations in practice, growth in volume, and intensity of services.

Senator Obama has said that he favors health information technology, transparency of price, promotion of quality care, chronic care coordination, payment reforms for value, malpractice reform, and promotion of generics.

Most of these are old, but not worthless, ideas, said Dr. Reinhardt, James Madison Professor of Political Economy at Princeton.

He called Senator McCain a "true radical" for his proposal to eliminate the tax exemption for employer-provided health insurance. Individuals who purchase insurance on their own would instead receive a \$2,500 tax credit; families would receive \$5,000. "This is almost un-American—to take away a tax preference," said Dr. Reinhardt. ■

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## POLICY & PRACTICE

### Registry Urged for CAS Reporting

Use of specialty-society-developed registries to track carotid stent procedures should be considered if Medicare expands its coverage of them, according to comments submitted to the Centers for Medicare and Medicaid Services by the Society for Vascular Surgery in June. The comments were in response to CMS' February announcement that it is considering reinstating coverage of stenting for patients who are at high risk for carotid endarterectomy because of defined anatomic factors, and who have symptomatic carotid artery stenosis of 50%-90% or greater or asymptomatic carotid artery stenosis of at least 80%. If there is national coverage, specialty society registries could be used to serve as the carotid artery stenting (CAS) outcomes reporting mechanism, said SVS. The organization also requested that the reporting requirements be extended beyond the initial hospitalization, as has been proposed. It should be extended "to at least 30 days and potentially to 12 months [because] CAS procedures have event rates documented to occur after hospital discharge," said the SVS letter.

### Ischemic Stroke Admissions Drop

Ischemic stroke hospitalizations dropped by one-third from 1997 to 2005, according to the Agency for Healthcare Research and Quality's latest "News and Numbers." In 1997, 54 of every 10,000 Americans over age 45 years were hospitalized for ischemic stroke, but by 2005 that had dropped to 36 of every 10,000. Hemorrhagic stroke hospitalizations remained unchanged at 11 for every 10,000 Americans over age 45 years. Death rates were also higher for hemorrhagic stroke, at 25% for those hospitalized, compared with 6% for hospitalized ischemic stroke patients. The data are taken from Hospital Stays for Strokes and Other Cerebral Vascular Diseases, 2005, which uses statistics from the Nationwide Inpatient Sample.

### Half of America on Drugs

Medco Health Solutions has determined that 51% of insured Americans—children and adults—were taking prescription medications for at least one chronic condition in 2007. The pharmacy benefit management company analyzed a representative sample of 2.5 million people from its database. There was a surprise: 48% of women aged 20-44 years are being treated for a chronic condition, compared with 33%

of men. Antidepressants were the most common prescription for this age group, while the top therapies overall were antihypertensives and cholesterol cutters. Hormone therapy use by women aged 45-64 years declined from 30% in 2001 to 15% in 2007. The data "paint a pretty unhealthy picture of America," Dr. Robert Epstein, Medco's chief medical officer, said in a statement. "But there is a silver lining: It does show that people are receiving treatment which can prevent more serious health problems down the road."

### MDs Don't Promote Research

Nearly 95% of Americans in a recent survey said that their physicians have never spoken to them about participating in a medical research study. The survey results, released by the Society for Women's Health Research, also found that fewer than 10% of respondents had ever participated in such a study. Further, women were less likely than were men to know that research opportunities were available. About 73% of women were aware of research opportunities, compared with 83% of men who were surveyed. Women were also more likely to say that they were too old or too sick to participate in research, according to the study. For example, 7.2% of women said that their age made them hesitant to participate in clinical research, compared with 2.4% of men. "Women 65 and older are among the fastest growing segments of our population, and we have very little health research data on them," Sherry Marts, Ph.D., vice president of scientific affairs for the Society for Women's Health Research, said in a statement. The telephone survey included responses from 2,028 U.S. adults.

### CBO Casts Doubt on IT Savings

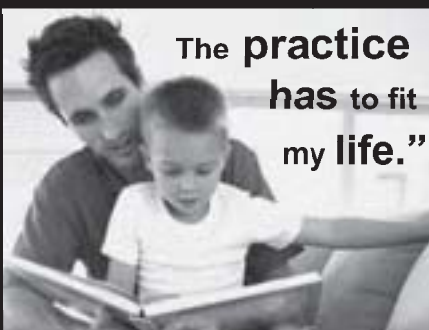
Health information technology, when combined with other reforms, can help reduce health spending in certain settings, according to a report from the Congressional Budget Office. However, the adoption of health IT alone will not produce significant savings. For example, institutions that have successfully used health IT to lower costs are generally integrated health care systems such as Kaiser Permanente. "Office-based physicians in particular may see no benefit if they purchase [an electronic health record]—and may even suffer financial harm," the CBO report said. The full report is available online at www.cbo.gov.

—Alicia Ault

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