

Maine's Health Insurance Program Is Struggling

BY MARY ELLEN SCHNEIDER
New York Bureau

As more state policy makers consider their options for expanding health insurance coverage, the experience of Maine's Dirigo Health may offer a road map for avoiding potential missteps.

Under the Dirigo Health initiative, which began in 2005, the state offered subsidized health insurance for small businesses, self-employed workers, and low- and moderate-income individuals through a program called DirigoChoice. In addition, the state increased the annual income eligibility level for its Medicaid program, MaineCare, to include parents of children under age 19 years who were at or below 200% of the federal poverty level.

The goal behind the Dirigo Health initiative has been to provide access to affordable health coverage for every Maine resident by 2009. ("Dirigo," part of Maine's motto, means "I direct" in Latin.)

Although the program has seen success in targeting subsidies to low-income individuals, it also has run into problems meeting its financial goals and hitting enrollment targets, according to a report commissioned by the Commonwealth Fund. The report evaluated the program as of September 2006.

"The implementation can be just as difficult as actually passing the law," said Debra J. Lipson, the lead author of the report and a senior researcher at Mathematica Policy Research Inc., based in Washington.

When the Dirigo Health Reform Act was passed in 2003, the program was touted as a means to achieve universal access to health insurance and targeted the 136,000 uninsured Maine residents. The state estimated that in the first year of the program, it would enroll about 41,000 individuals.

But the program has fallen short of those expectations and, as of September 2006, had enrolled about 11,100 individuals in DirigoChoice. About 5,000 individuals were enrolled in the MaineCare expansion. An additional 18,100 individuals were covered through an earlier MaineCare expansion that targeted low-income childless adults.

The higher total enrollments in the two MaineCare expansions indicate that states

can have success in increasing enrollment when they offer fully subsidized insurance options, the researchers concluded. But, as in the case in Maine, those expansions come with a large price tag.

Another problem for the Maine program is that DirigoChoice remains unaffordable for many small employers. About 700 small firms were enrolled in the program as of September 2006, comprising about 2.5% of all eligible small businesses. About 83% of firms that did not offer the program or any other health coverage said they failed to offer benefits because premiums were too high, according to the report.

Paying for the program also has been difficult in Maine. Most of the cost was supposed to be offset by savings from lower uncompensated care. But how savings are measured has been controversial from the start, and the program has not been able to generate enough revenue, the report said.

The savings offset payment formula even was challenged in court by insurers and the state's chamber of commerce. Although the Maine Supreme Court sided with the state in May 2007, the formula is widely viewed as "politically unsustainable in its current form," according to the report.

The type of enrollment in the Dirigo Health program also has created funding problems for Maine. For example, enrollment by previously uninsured individuals has been lower than expected, leading to a lower reduction in charity care costs and limiting the revenues that could be raised for the program. As a result of this and other revenue shortfalls, the state has had to institute periodic enrollment freezes.

Creating affordable health insurance options was a challenge in Maine because there was little provider competition and a highly concentrated insurance market, the report noted.

In many ways the Maine experience is a cautionary tale for other states, said Taren Bragdon, CEO of the Maine Heritage Policy Center in Portland. The program missed the mark by not limiting benefits to only the uninsured, he said, and states with limited resources should consider taking a more targeted approach. ■

The full report is available online at www.mathematica-mpr.com/health/dirigochoice.asp.

Film Examines High Risk of Suicide Among Physicians

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, "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, Dr. Clayton, medical director of the American Foundation for Suicide Prevention (AFSP), said at the annual meeting of the American College of Psychiatrists.

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 Hos-

pital. 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 includes interviews with two spouses of 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.

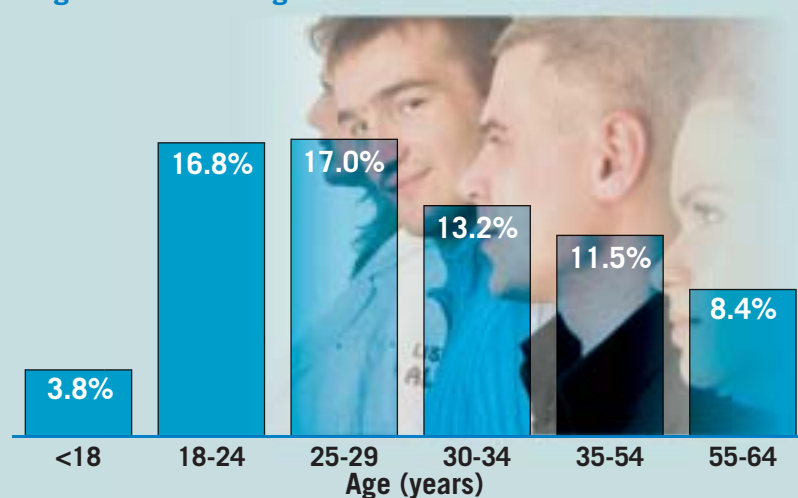
From the larger film, a 13-minute short about the medical student also has been under development. "We lose about an entire medical school class a year—of physicians—of suicide every year," she said.

"Struggling in Silence," created by AFSP, was partly funded by the American College of Physicians, Wyeth Pharmaceuticals, and proceeds from a fundraising walk held in Boston, Dr. Clayton said. ■

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.

DATA WATCH

Young Adults Have Highest Uninsured Rate Over a 2-Year Period



Note: Based on data for people who were uninsured during 2004-2005.
Source: Agency for Healthcare Research and Quality

INDEX OF ADVERTISERS

Abbott Laboratories		Novartis Pharmaceuticals Corporation	
Corporate	12	Exelon	54a-54b
TriCor	17-18	Ortho-McNeil Neurologics, Inc.	
Amylin Pharmaceuticals, Inc.		Topamax	10a-10d
Byetta	20-22	Pfizer Inc.	
Calpis Co., Ltd.		Lipitor	3-4
Ameal bp	37	Aricept	29-30
Cephalon, Inc.		Purdue Pharma L.P.	
Amrix	13-14	OxyContin	9-10
Endo Pharmaceuticals		Rexall Sundown, Inc.	
OPANA	33-36	Osteo Bi-Flex	5
Forest Laboratories, Inc.		Takeda Pharmaceuticals North America, Inc.	
Namenda	22a-22b	Amitiza	25-27
Lexapro	38a-38b, 39	Corporate	53
Bystolic	41-48	Wyeth Pharmaceuticals Inc.	
Merck & Co., Inc.		Corporate	60
Januvia	6a-6b	Xcel Energy	
Corporate	30a-30d	Corporate	15

UPCOMING MEETINGS

Society of Hospital Medicine

Society of General Internal Medicine

American Society of Addiction Medicine

American Association for Cancer Research

American Academy of Neurology

British Society for Rheumatology

American Surgical Association

We Are There For You